Understanding Microaggressions and Implicit Bias Workshop

Michelle Guy, MD
Clinical Professor of Medicine
University of California San Francisco

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WHAT IS MICRO-AGGRESSION?

Dr. Chester Pierce, a professor of psychiatry and education at Harvard, first introduced micro aggressions in 1969:

- In referring to incessant "offensive mechanisms" aimed at Blacks on a daily basis and "which are designed to reduce, dilute, atomize, and encase the hapless into his 'place.' The incessant lesson the black must hear is that he is insignificant and irrelevant" (Pierce, 1969, p. 303)

Dr. Derald Wing Sue, a professor at Columbia University and a prominent scholar in this field offers this definition:

“Micro aggressions are brief, everyday exchanges that send denigrating messages to a target group such as people of color, women and gays (Sue, et al., 2008).”
What are Microaggressions?
TYPES OF MICRO AGGRESSIONS

Slights, insults or comments about a person’s social identities that leave the person feeling othered, excluded or not being seen.

The intersections among the isms (e.g. sexism, racism, heterosexism, ageism) are identified as part of a larger system of inequality.

Modes fall into three main categories: verbal, physical and symbolic

- **Verbal** – both insults and back-handed compliments
- **Physical** – body language, touching, eye contact
- **Symbolic** – visual messages, cues

RECOGNIZING & RESPONDING TO MICRO AGGRESSIONS

*A conscious choice made with the intent of surviving*, as opposed to defensive strategies that are often unconscious reactions to what individuals experience as life threatening situations.

**Adaptive Strategies** – allows for self-protection or survival
- Ignore/Silence
- Personal Change strategy

**Generative Strategies** – enables one to change the relationship with the perpetrator
- Educate
- Engage
- Confront

* Use of Humor was noted within each of the generative strategies

The Players

• The “Victim”— the one impacted by the microaggression
• The “Perpetrator”— the one committing the microaggression regardless of intention
• The “Bystander”— the silent witness
• The “Ally”— the witness who responds/supports to the victim
• The “Upstander” — the witness who responds to the perpetrator
Creating an Inclusive Learning Environment

1. It’s important to name and call out mistreatment and microaggressions as either an ally or upstander.
   a) An ally supports the person who is microaggressed (victim)
   b) An upstander intervenes and speaks directly to the person committing the microaggression (perpetrator)
   c) You may not always do it perfectly, but saying nothing is equal to participating in the harm—lead with empathy and humble inquiry

2. Consider hierarchy, power and privilege dynamics
Upstander

- **Assertive** – Let’s get some help.
- **Action-oriented** - Together we make a difference in this situation.
- **Courageous** - We can find resolution
- **Compassionate** - We need to find a way to help both the “victim” and “offender” for the sake of our community
- **Leader** - Let’s figure this out together!

Bystander

- **Cautious** – Should we get involved?
- **Open** – I’ve never done this before, but together, maybe we can help
- **Doubtful**– Can this be resolved?
- **Clarity** – How should we proceed?
- **Follower** – I’m down to help as long as there’s support and guidance.

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The Bystander/Upstander: An Observer

Very often the Bystander and the Upstander share the same feelings when witnessing harm. They both may have empathy for the victim and perpetrator depending on the situation.

Empathy is not required to act.

The difference between the two is in how they respond to a situation.

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Upstanding

• Bystander vs. Upstander: Call to action and engagement
  • In the moment
    • Can we take a time-out so we can unpack that a bit?
    • I’m confused about what you just said - would you explain a bit more?
    • I’m uncertain about how to talk about what you just said. I need to give it some thought and get back to you later.
    • I heard you say ________. Will you clarify what you meant?
    • When I heard your comment I felt/thought ...
    • I’m thinking about how what was said could impact women...
    • I’m curious about...
    • Can you help me understand...
    • We seem to see this differently, can you share more about your perspective?
Upstanding

• Later:
  • May I speak with you about something that’s been bothering me?
  • May I ask you a question about what happened? I’d like to understand where you’re coming from.
  • Would it be OK if we spoke with you about something we observed/experienced?
  • I’m uncomfortable too, but we’ll get through this together.
• Being an upstander is not easy to do.
• Practice, practice, practice.
• The role of the “observer” is fluid. Being a Bystander or an Upstander is not a fixed point.
• Be kind to yourself! Be in a position to learn and grow from all experiences (positive and negative) in the process to affect change within an environment.
• **Remember to breathe**
• **Direct Question:** *What do you mean? Can you explain?*

• **Assume the Best:** *I know you didn’t really mean that, but it came across this way ...*

• **Call Someone In:** *Can we talk about what just happened?*

• **Call Someone Out:** *That’s not cool. We have to do better.*

• **It’s Just A Joke:** *I know you think it’s just a joke, but I don’t think it’s that funny.*

• **Honesty:** *The truth is, that makes me uncomfortable. Thanks for understanding.*

• **Curiosity:** *I wonder if we could provide better care if we did “x”?

• **Acknowledge Wrong:** *I see what’s happening here, and I feel bad about it.*

• **Best Interest:** *You’re a good person who cares about others, but what you said could be interpreted as . . .*

• Sally M. Evans, Prevention Education Trainer
Some tips for the “Perpetrator” *(when someone speaks up)*

**Do’s**
- Take a deep breath
- Listen
- Remain open
- Ask questions if you don’t understand something
- Offer an apology
- Say, “Thanks for the feedback.”

**Don’ts**
- Defend your actions
- Justify
- Assign blame
- Invalidate someone else’s experience
- Express anger
- Make it about yourself

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Intent (Aim) vs. Impact (Target)

Perpetrator - Intent
- I thought that was okay
- It was a compliment
- I was expressing my appreciation
- I was looking to find some common ground
- It was a joke!
- I was trying to make you(me) more comfortable
- I don't see color...

Victim & Bystander - Impact
- That was hurtful
- That was cruel
- I’m weak
- I feel disrespected and belittled
- I feel shamed
- I’m not welcome
- It's not safe here
- I don’t trust this place
- From now on I’m keeping to myself

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Reflect on our Privilege/Power...

• Be vulnerable, admit mistakes, harm we’ve caused, work we need to do

• Good apologies focus on people impacted, not intent
  • “I recognize that I have work to do.” I’m going to pay closer attention going forward.” “I am going to take some time to reflect on this.”

• Listen to/value stories of hurt, fear, anger, trauma based on prejudice, harm, marginalization, and disparate treatment
  • These stories are important, not owed
  • Retelling these stories can be very difficult
  • Recognize the work it takes to share them
  • Express thanks for the opportunity to learn
GENERATIVE STRATEGIES

❖ Direct Question: What do you mean? Can you explain?
❖ Assume the Best: I know you didn’t really mean that, but it came across this way …
❖ Call Someone In: Can we talk about what just happened?
❖ Call Someone Out: That’s not cool. We have to do better.
❖ It’s Just A Joke: I know you think it’s just a joke, but I don’t think it’s that funny.
❖ Honesty: The truth is, that makes me uncomfortable. Thanks for understanding.
❖ Curiosity: I wonder if we could provide better care if we did “x”?
❖ Acknowledge Wrong: I see what’s happening here, and I feel bad about it.
❖ Best Interest: You’re a good person who cares about others, but what you said could be interpreted as . . .

Sally M. Evans, Prevention Education Trainer
Interprofessional Key Concepts for Creating an Inclusive Learning Environment

- Issues of hierarchy and power are prominent in healthcare and are some of the most challenging issues to address.
- Are all team members included in the discussions and are diverse viewpoints incorporated?
- Do stereotypes or assumptions about roles of different health professions affect team collaboration or patient care?
- Is there space amongst the team for all members to address bias or stereotypes voiced by another team member about patients?
Dr. Sue offers 5 suggestions for things individuals can do to avoid perpetuating microaggressions:

1. Be constantly vigilant of your own biases and fears.
2. Seek out interaction with people who differ from you (in terms of race, culture, ethnicity, and other qualities).
3. Don't be defensive.
4. Be open to discussing your own attitudes and biases and how they might have hurt others or in some sense revealed bias on your part.
5. Be an ally, by standing personally against all forms of bias and discrimination.
THE INCLUSIVE LEADER: PERSONAL ACCOUNTABILITY

Adapted from: The Power of Personal Accountability, by Mark Samuel & Sophie Chiche, Xephor Press, 2004
The Upstander in a Collective Culture Paradigm Ubuntu—”I am because we all are”

- Within every bystander exists an upstander
- What are my responsibilities as a member of the this committee?
- What is my relationship to this community?
- Where do opportunities exist to partner with others?
- What is my relationship to others?
- Who else shares my concerns and perspective?

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1. Anti-oppression work is done on an individual, interpersonal, institutional, and societal level.

2. Anti-oppression work is incremental continuous-process improvement.

3. We ALL commit microaggressions because we ALL have biases, both implicit and explicit, yet through working on #1 and #2 principles we can create new vocabulary and practices for creating a more inclusive learning and work environment.