

# MICROAGGRESSIONS WORKSHOP

Presented By:

Natalya Mason (Community Engagement Specialist) & Erin Walling (Social Accountability Strategist)

# AGENDA

1:30-1:45 Introduction to Workshop

1:45-2:15 Basic Concepts

2:15-2:45 Microaggressions in the Context of Health Care

2:45 - 3:00 Break

3:00 - 4:00 Break-out Groups: Analysis and Discussion of Cases

4:00 - 4:30 Sharing of results in Large Group and Wrap-Up

**BY THE END OF THIS SESSION,  
STUDENTS WILL BE ABLE TO:**

1. Define a microaggression and identify when microaggressions occur in the health care setting.

2. Discuss the importance of power dynamics and intent vs. impact as key factors in the overview of microaggressions

3. Recognize the impact of microaggressions on health outcomes for patients, health providers and health learners.

4. Employ strategies to interrupt microaggressions when they occur using a variety of communication techniques.

**LAND  
ACKNOWLEDGMENT**

# GROUP GUIDELINES

1. Confidentiality
2. Share the mic
3. Listen
4. Take care

# ABOUT ME

I am an educator and social worker who was born and raised in Saskatoon, SK. I am a second-generation Canadian, and a settler here on Treaty Six Territory. I hold a B.A. in Psychology from the U of S, and a BSW from the U of R. I also hold an M.A. in Women's, Gender, and Sexualities Studies. I am a queer feminist living in contradiction, committed to continuous learning and unlearning. I use the pronouns she/her.



## ABOUT ERIN

I have been the Social Accountability Strategist with the Division of Social Accountability since 2017. I am a fourth generation settler in Saskatoon on Treaty six Territory and Homeland of the Metis. I have been dedicated to healthcare improvement and health education improvement for over 20 years. I have an undergraduate degree in Medical Microbiology and a Master's degree in Community Health And Epidemiology.



# ABOUT US

- **Vision:** Inspire transformative learning, research and action to achieve social justice and health equity.
- **Mission:** We join forces with communities to advance relevant and impactful health professional education, research, service and advocacy. We foster an anti-oppressive culture within our college that incorporates multiple ways of knowing, being and world views. Our decisions and actions are intentionally viewed through the lenses of: equity, anti-oppression, authentic engagement, excellence

**ANTI-RACIST EDUCATION**

**AUTHENTIC  
PARTNERSHIPS**

**HEALTH EQUITY**

**COMMUNITY ENGAGEMENT**

**ADVOCACY**

**GLOBAL HEALTH**

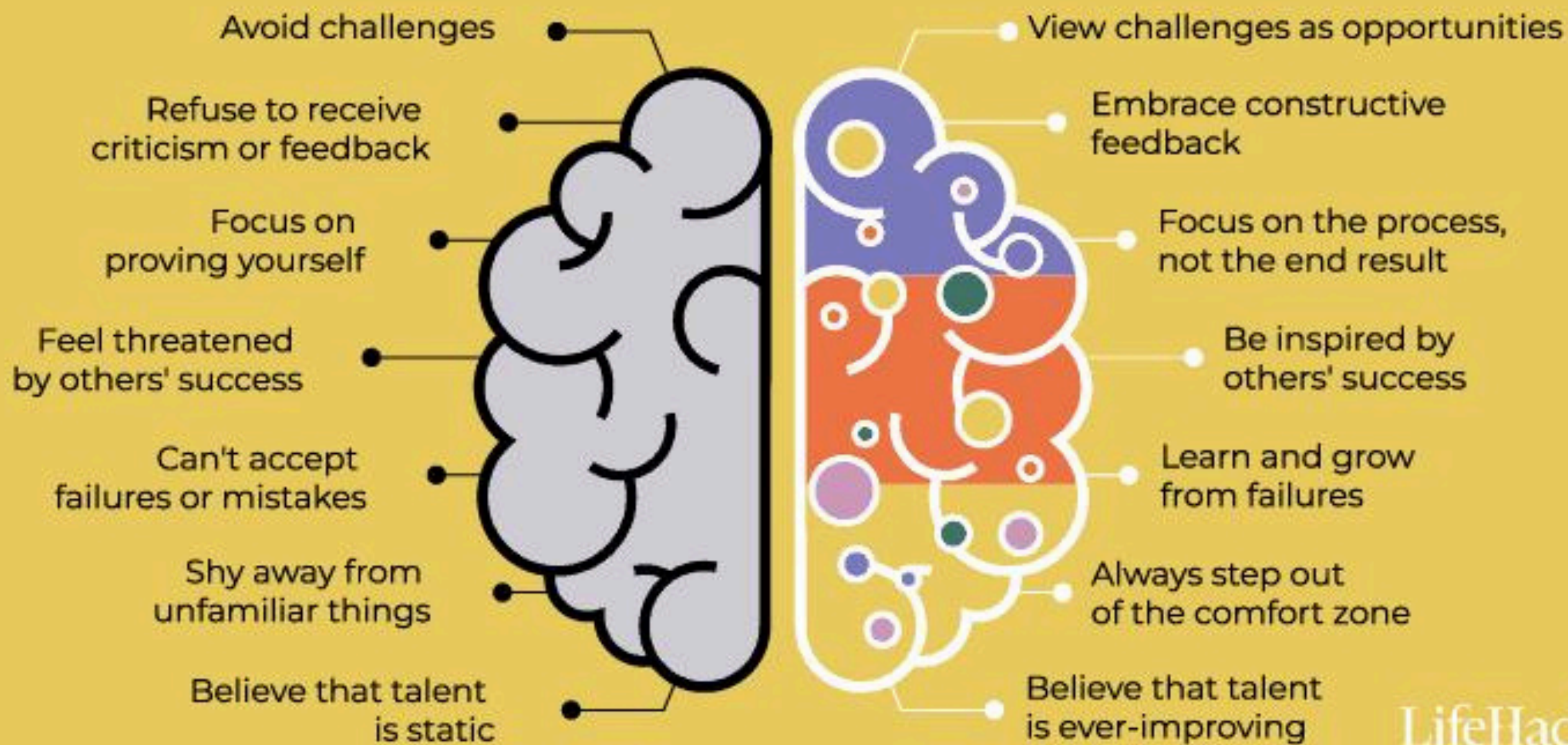
# SOCIAL ACCOUNTABILITY

Definition of Social Accountability of  
Medical Schools:

"The obligation to direct their education, research and service activities towards **addressing the priority health concerns** of the community, region and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public."

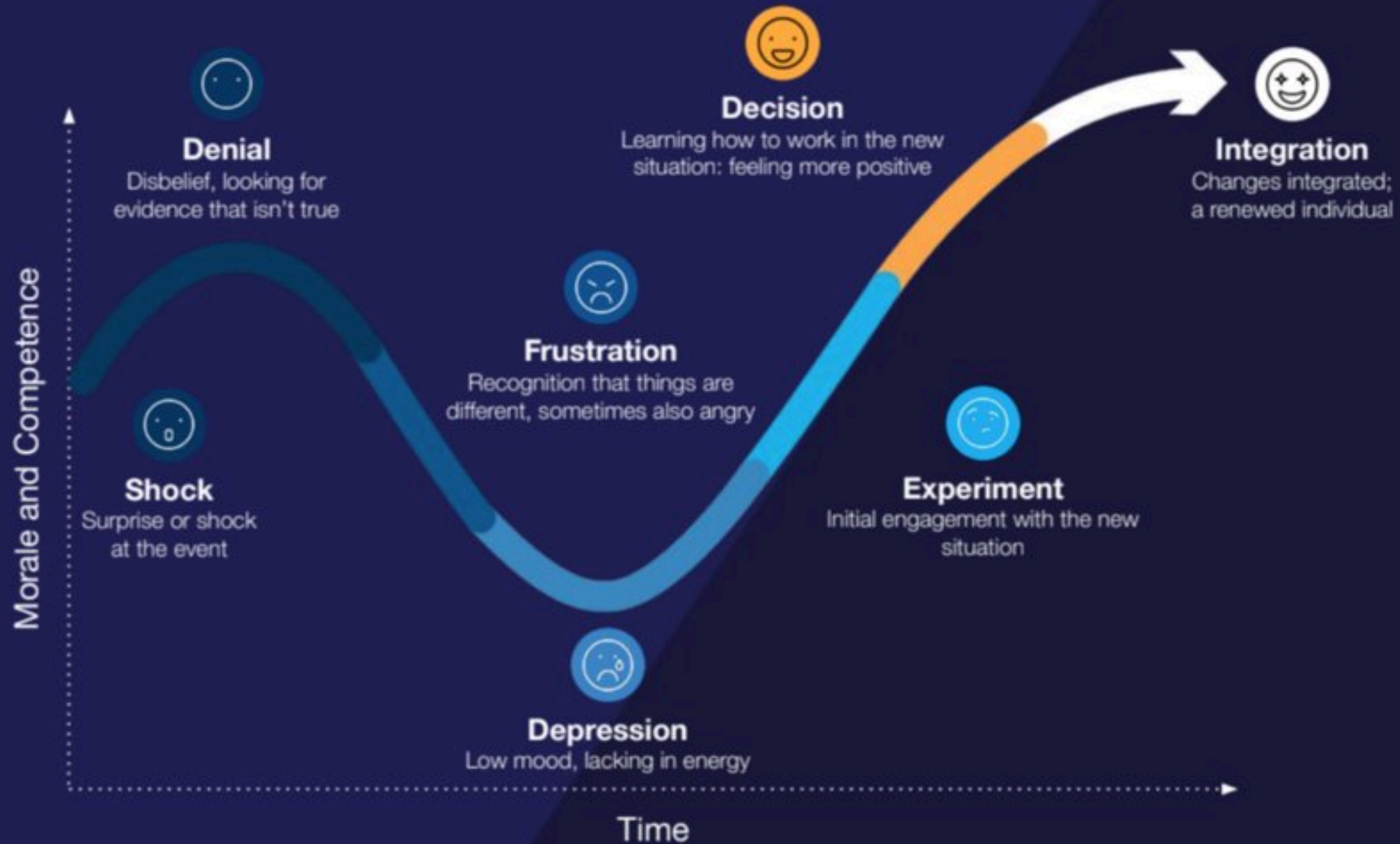


# Fixed Mindset vs Growth Mindset



# Change Curve

## Emotional Response to Change





Black Lives Matter:  
 Anti-Racism Resources for Social Workers and Therapists  
 Adaptation from Dr. Andrew M. Ibrahim

# WHEEL OF POWER

Each and every one of us came into this world with a particular social location. Where you were born, the language your parents spoke, and the colour of your skin all contribute to your experiences in this world. While some identities give us advantages or privileges, others create disadvantages or oppressions. Being aware of our privileges help us to ensure that we don't contribute to harm for those who have marginalized identities.



01

Power

mobility, influence, authority, and agency by virtue of social location. Power is granted through social structures and conventions.

02

Privilege

unearned advantages/benefits, given to an individual or group that fits within a specific space.

03

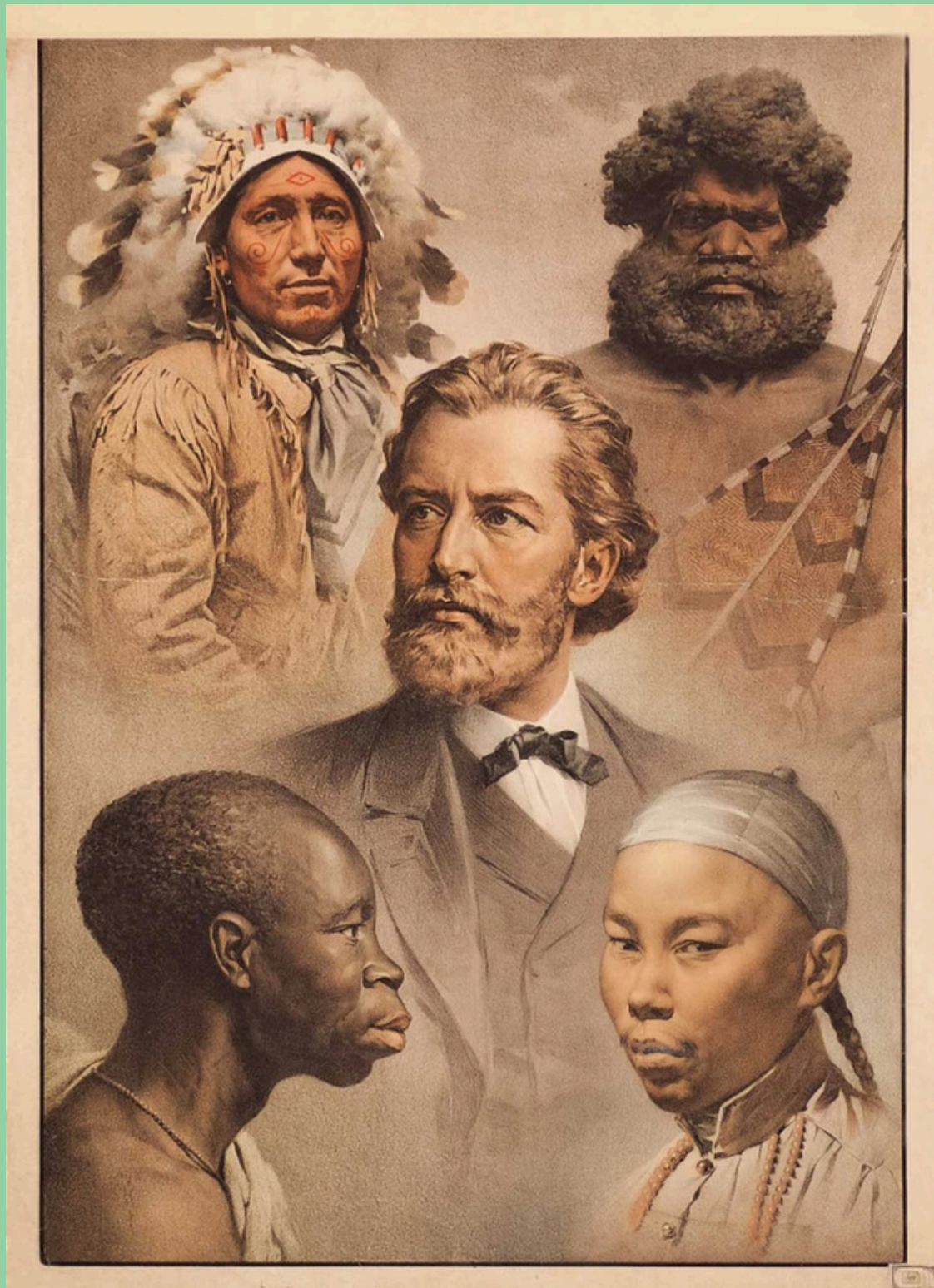
Dominant

the group or culture that exercises power over others or dominates a space or other groups.

# **UNLEARN RACISM AS A PERSONAL PROBLEM.**

Racism is bigger than one individual, their ignorance, or their hatred. Racism is a complex set of social and institutional systems. You're either fighting the system or you are complicit.

**WHAT CAME FIRST?  
RACE OR RACISM?**



# What is race anyhow?

- It's a MYTH
- Race is a social construction
- Scientific racism emerged in the 19th century
- There is no way to define race biologically
- Race was historically classified using phenotypical features such as skin colour, hair colour and texture, and physique
- People were divided into the 5 races (australoid, mongoloid, negroid, caucasoid, amerindian)
- These categories existed solely to classify humans into a hierarchy of intelligence and civilizability

# What does it mean to be white?



The Iberians are believed to have been originally an African race, who thousands of years ago spread themselves through Spain over Western Europe. Their remains are found in the barrows, or burying places, in sundry parts of these countries. The skulls are of low, prognathous type. They came to Ireland, and mixed with the natives of the South and West, who themselves are supposed to have been of low type and descendants of savages of the Stone Age, who, in consequence of isolation from the rest of the world, had never been out-competed in the healthy struggle of life, and thus made way, according to the laws of nature, for superior races.

- Whiteness is not a distinct category
- Over the course of history, different groups have been able to become white
- Racialization is a useful process for strategically dehumanizing different groups of people
- Becoming white is a process of assimilation

An example of 19th-century scientific racism from the influential American publication Harper's Weekly which created a racial hierarchy, placing White Anglo-Saxon Protestants ("WASPs") in the role of the "superior" race, while subordinating the Irish and then Africans as "inferior".

## HOW DOES RACISM MANIFEST IN CLINICAL SETTINGS?

Racism is a key determinant of health and well-being

- Experiences of racism manifest as chronic stress and trauma
- Stereotypes about Black and Indigenous people often depict them as being more aggressive, violent, and angry
- Indigenous people in Canada report poorer levels of health than non-Indigenous Canadians, and higher rates of chronic conditions. (Hahmann & Kumar, 2022)
- A study of 453 incidents of violence at a psychiatric hospital found no racial difference in the number of incidents, but non-white patients were restrained at 4x the rate of white patients (Baker, 1999)
- Consider now debunked diagnoses like drapetomania

## **IN PLAIN SIGHT: ADDRESSING INDIGENOUS-SPECIFIC RACISM AND DISCRIMINATION IN B.C. HEALTH CARE (2020)**

- Indigenous people encounter racism and discrimination in the B.C. health care system, including stereotyping, unacceptable personal interactions and poorer quality of care.
- Many Indigenous respondents felt unsafe when accessing health care services and interacting with health providers – some noting that they “never” feel safe, and many sharing that they “always” have negative experiences.
- Over half of Indigenous respondents had experienced workplace discrimination themselves, most often came from a colleague or fellow student, or from an individual in a position of authority over them.

# OVERT RACISM

Generally socially unacceptable

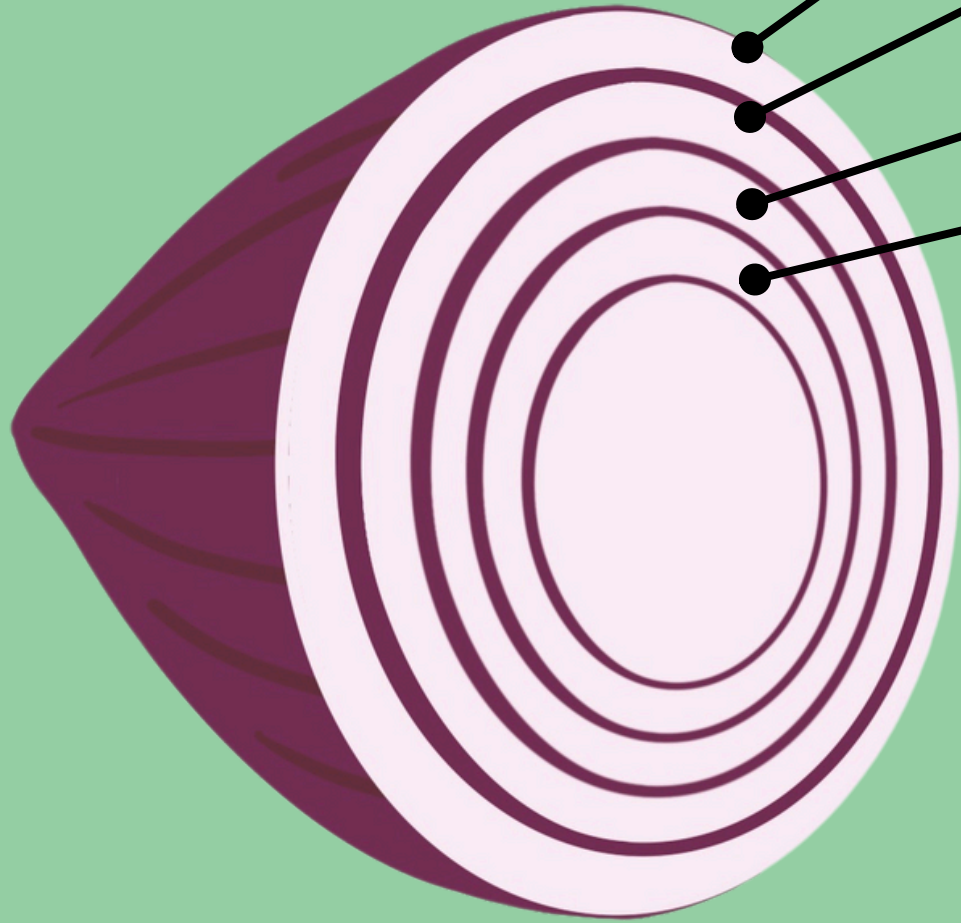
Hate crimes •  
Lynching •  
Anti-immigrant violence •  
Blackface/Brownface •  
Painting swastikas • Burning crosses • Racial slurs • The Ku Klux Klan • Public harassment of POCs speaking other than English

# COVERT RACISM

Socially acceptable/practiced

White silence • Racial profiling • Denying institutional racism • Police brutality against People of Color (POC)/'Law and order' • Tone policing • "There's only one human race" • Invalidating or disbelieving POC experiences with racism • Touting respectability politics • Fear of People of Color • Denying white privilege • 'Bootstrap theory' • Microaggressions • Rewriting history • Eurocentric school curricula • 'All Lives Matter' • Using POC culture as Halloween costumes • "You don't have an accent!" • "But they have Black colleges!" • Prioritizing white people as experts on everything • Denial of racism • Tokenism • Cultural appropriation • Treating children of color as adults • 'You're so articulate' • White self-segregating neighborhoods, churches, schools • "Where are you REALLY from?" • Weaponizing whiteness • Coded racist language and actions • "My intention was not racist!" • Racist sports mascots • Mass incarceration • Colorism • School-to-prison pipeline • English-only • Fetishizing POC • Meritocracy myths • "We need qualified people" • Eurocentric beauty standards • 'White savior' complex • Claiming 'reverse racism' • Colorblindness • 'Playing the race card' • Excusing/ 'white-splaining' racism • Mission trips

# RACISM HAS LAYERS

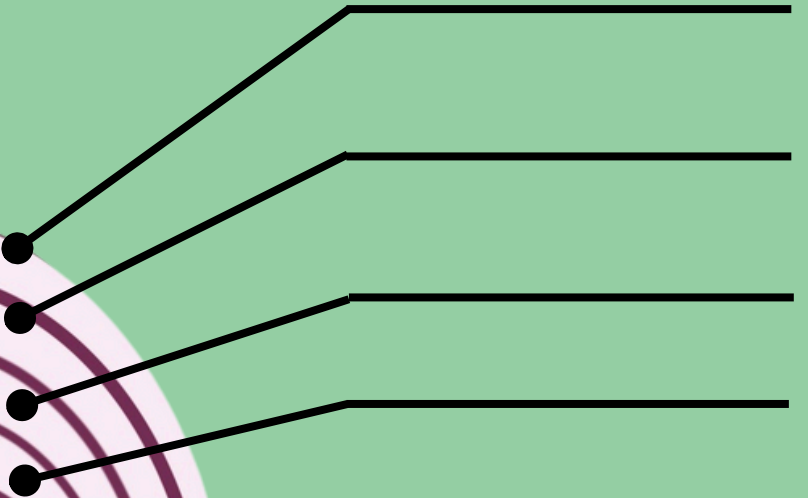


Structural Racism

Institutional Racism

Interpersonal Racism

Individual Racism



**01** Structural racism encompasses the entire system of white supremacy, present in all aspects of society, including history, culture, politics, and economics.

**02** Institutional racism occurs within institutions. It is discriminatory treatment, unfair policies, and inequitable opportunities and impacts.

**03** Interpersonal racism occurs between individuals. This includes public expressions of prejudice, bias, hate, and bigotry.

**04** Individual racism lies within individuals. These are private manifestations that reside in the individual.

## DR. CHESTER PIERCE

The term microaggressions was originally coined by American Psychiatrist Dr. Chester M. Pierce to talk about the way he saw non-Black Americans treating their Black neighbours.

**"one must not look for the gross and obvious. The subtle, cumulative mini-assault is the substance of today's racism"**  
(Pierce, 1974).



“

Psychologist Derald Wing Sue defines microaggressions as: “brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership.”

# WHAT ARE MICRO- AGGRESSIONS?

01

Symptomatic of systemic racism and sexism.

02

Subtle, insidious, not overtly aggressive.

03

Well-intentioned but dismissive comments.

04

Patronizing attitudes and communication.

05

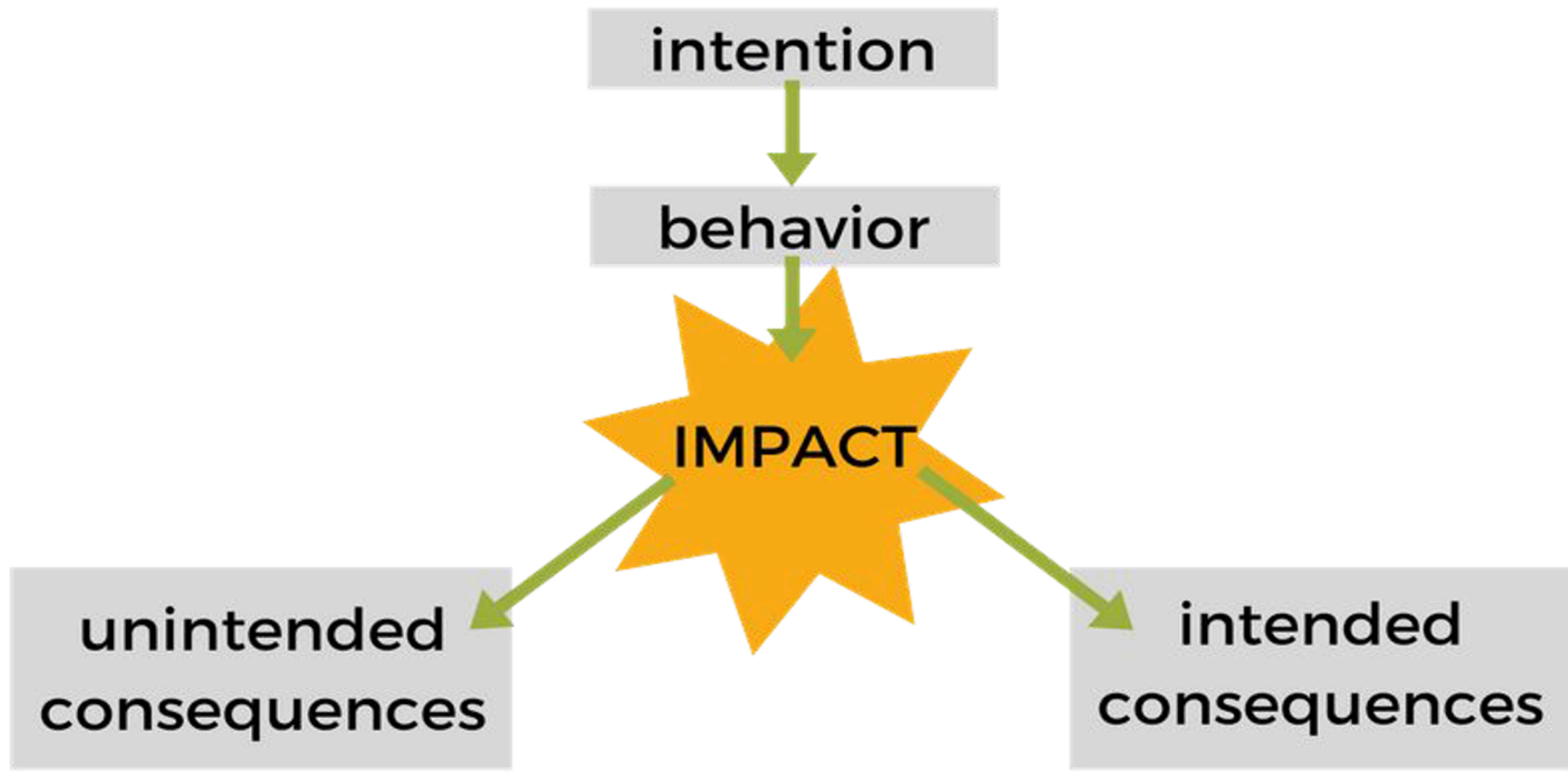
Messages that imply white or male superiority.

## TYPES OF MICROAGGRESSIONS

***Microassaults*** are explicit verbal or nonverbal attacks meant to hurt the intended victim through actions such as name-calling, avoidant behaviour, or discriminatory actions (e.g., displaying a swastika or using well-known discriminatory language).

***Microinsults*** are a form of communication that conveys insensitivity and demeans a person's identity (e.g., a retail worker follows a person of colour around their store, assuming they will shoplift).

***Microinvalidations*** are a form of communication that excludes or negates the thoughts, feelings, or experienced realities of an individual (e.g., asking a gay couple who is the "man" and who is the "woman" in the relationship).



## EXAMPLES FROM THE HRC REPORT

- “For me, as a student, I’ve had multiple encounters. Whether it’s someone making a joke about a person of color, or someone saying things to me directly about my skin color or my ethnicity. I often times feel silenced.”
- “Honestly, like it was a pretty small incident, but it had been repeating over and over ... making weird comments about my skin tone.”
- “Male surgeons telling female students interested in surgery: “Don’t expect your male colleagues to pick up your slack when you have kids and go down to part time.” Being told surgery ‘isn’t good for women.””



“

"It's a monumental task to get white people to realize that they are delivering microaggressions, because it's scary to them. It assails their self-image of being good, moral, decent human beings to realize that maybe at an unconscious level they have biased thoughts, attitudes and feelings that harm people of color."

- Dr. Derald Wing Sue

# COMMON DETOURS

**I'm colourblind**

**Bootstrap Theory**

**Reverse racism**

**The White Knight**

# DISRUPTING RACIST DISCOURSES AND PRACTICES

01

Analyzing your own privilege to identify allyship spaces.

02

Where we have privilege, we have power to be allies.

03

Compassion as an approach to challenge racism.

04

Calling people in / soft on person, hard on issue.

05

Moving from guilt to activating solidarity and allyship.

“

“I have almost reached the regrettable conclusion that the Negro's great stumbling block in the stride toward freedom is not the White Citizen's Council-er or the Ku Klux Klanner, but the white moderate who is more devoted to "order" than to justice”

- Dr. Martin Luther King Jr.

# DISRUPTING RACIST DISCOURSES AND PRACTICES

06

From individual shame and blame to systems change.

07

Transformation happens in moments of discomfort.

08

Taking responsibility for impact vs intent.

09

Quiet does not equate just or peaceful.

10

Politeness can be oppressive.

# 5 DS OF BYSTANDER INTERVENTION

1

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**Direct** - Verbally address the microaggression and respond to the perpetrator in real time.

2

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**Distract** - Defuse the situation by shifting the focus of the perpetrator to prevent further harm.

3

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**Delegate** - Entrust the response to another individual who may be able to better approach and engage the offending party.

4

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**Delay** - Discuss the microaggression with the perpetrator at a different time and place.

5

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**Display Discomfort** - Express nonverbal discomfort or concern in the immediate aftermath of the incident.

## CALLING OUT

Calling someone out means addressing problematic behaviours as they are happening. This educates the individual responsible, as well as those present, in the moment. Call outs are effective and necessary, but also alienating.

## CALLING IN

Calling someone in also aims to change problematic behaviours. Calling people in is rooted in community and connection, and the recognition that people are doing their best. Calling people in can be more compassionate, but requires energy and patience.



# Calling yourself out

Own this work. We're all bound to make mistakes. If you notice that you've made a mistake, don't wait for someone else to correct you. Calling yourself out educates the people around you, it signals that you are committed to this work, and it allows you to lead by example. It also requires vulnerability.

# BECOMING AN ALLY

1. Understanding oppression, how it came about, how it is held in place, and how it stamps its pattern on the individuals and institutions that continually recreate it
2. Understanding different oppressions, how they are similar, how they differ, how they reinforce one another
3. Consciousness and healing
4. Becoming a worker for your own liberation
5. Becoming an ally
6. Maintaining hope

(Bishop, 2015)

# The Ally Continuum

**01**      **Apathetic**  
no understanding of the issues

**02**      **Aware**  
knows basic concepts, not active on behalf of self or others

**03**      **Active**  
well-informed, sharing and seeking diversity when asked/prompted

**04**      **Advocate**  
committed, routinely and proactively championing inclusion

Adapted from Jennifer Brown