ABSTRACT

This manuscript explores the somatic experiences of microaggressions, understanding rupture as a result, and ways to repair this rupture in therapeutic settings. The authors investigate the process of somatization in relation to microaggressions through a detailed case study. Furthermore, they emphasize the physical manifestations of this somatization, and propose somatic interventions that aim to restore harmony in an individual’s relational embodied encounters.

Keywords: Microaggressions, rupture, repair, relational embodied encounters

Microaggressions are subtle and often unintentional racial slights or indignities that convey hostile, negative, or derogatory attitudes towards individuals from marginalized populations (Sue et al., 2007). While microaggressions are more subtle, they are known to have a more profound impact on individuals than overt forms of isms (Sue et al., 2007). Microaggressions are known to feel like “death by a thousand cuts” (Johnson et al., 2018; Nadal et al., 2011). Microaggressions convey implicit messages to those on the receiving end, such as being a second-class citizen, ascription of intelligence, status as a perpetual foreigner, and many more (Sue et al., 2007; Sue & Spanierman, 2020). While these experiences can impact an individual’s mental health through self-doubt, questioning reality, frustration, anger, and many more (Sue et al., 2007; Sue & Spanierman, 2020), microaggressions can bring out a visceral somatic experience that can impact an individual in many ways. The somatic experience of hearing microaggressions is often the first response an individual encounters before sinking into their emotions and thoughts around those experiences. As a result, it is imperative to explore the impact of microaggressions through an individual’s lived somatic experience of the interaction.
Victims of microaggressions often find themselves caught in a challenging situation, as described by Sue and his colleagues (Sue et al., 2007; Sue & Spanierman, 2020). They face a catch-22 dilemma when deciding how to respond to microaggressions. On the one hand, responding immediately to a microaggression may risk their experience being invalidated or dismissed by others who may not perceive the subtle nature of the aggression. On the other hand, if they choose to delay their response until a later time, the opportunity to address the microaggression effectively may have passed.

Researchers have noted somatization of microaggressions resulting in fatigue, exhaustion, migraines, diabetes, sleep disturbances, and more (Ong et al., 2013; Sue & Spanierman, 2020; Torres-Harding, 2020). In this manuscript, we explore the somatization of microaggressions through a detailed case study that describes a rupture in a clinical setting, and the process of healing the rupture through somatic healing.

Case Study

Joanne is a 35-year-old White therapist working with Maya, an 18-year-old immigrant woman of South Asian descent. Joanne, in her attempt to understand Maya’s struggles with her family, unintentionally slips into a stereotype. She remarks, “That must be tough, given that Asian families are usually strict, aren’t they?” Joanne’s intent isn’t malicious, but her words leave a mark.

Maya’s stomach drops. She becomes silent. On an emotional level, Maya feels a sudden surge of surprise and confusion. These feelings quickly give way to a sense of hurt and indignation, a reaction to having her unique experiences and struggles reduced to a cultural stereotype. Her body tightens to become smaller, while she also feels an urge to fight back, but she holds this, and it’s exhausting. This emotional response is accompanied by feelings of alienation and invalidation, as the space that was once therapeutic and understanding now seems to be tainted by bias and misunderstanding. She subtly looks at the door, then the floor; feels her body wanting to leave, but fighting to stay. This energy is spent trying to find safety. Cognitively, Maya wrestles with a sense of disbelief, questioning whether Joanne’s comment was indeed a microaggression. This questioning stems from the subtlety of microaggressions, which often leave the recipient questioning their perceptions. However, as the sessions continue, Maya starts to trust her interpretation, recognizing the comment as a microaggression that has disrupted the therapeutic alliance. This is made worse given the therapist hasn’t even acknowledged what she said, and Maya is left holding the bag, again. Immediately after Joanne’s comment, Maya’s body goes into a state of high alert, signaling distress. Her shoulders tense, her breath becomes shallow, and she unconsciously wraps her arms around herself – a physical manifestation of her need for comfort and protection. All of a sudden, she feels really exhausted. This immediate somatic response is a clear indication of the impact of Joanne’s comment, despite its subtlety. She is left feeling unseen, invalidated, and reduced to a stereotype.

In the sessions that follow, Maya appears guarded and less open, affecting the therapeutic rapport they had built over weeks. Her acute somatic responses evolve into chronic ones. Maya begins to experience increased levels of anxiety, reflected in her continued shallow breathing and constant tension in her shoulders. Her sleep becomes disrupted, possibly due to the heightened state of arousal and the emotional distress triggered by the microaggression. Maya also becomes more guarded in her interactions with Joanne. This is seen in her nonverbal cues – reduced eye contact, crossing her arms over her chest, and maintaining a greater physical distance. These changes are indicative of the rupture in the therapeutic alliance, and Maya’s attempt to protect herself from further hurt.

Joanne, eventually noticing this change, wonders if her generalized comment about Asian family dynamics may have led to this shift. In the next session, Joanne decides to address the issue directly. She expresses her observations about the change in Maya’s behavior, and discloses her concerns about her previous comment, apologizing for the unintended hurt. Acknowledging the impact of her words is the first step towards repairing the rupture.

Joanne invites Maya to express her feelings, and Maya shares her hurt and anger about the comment, stating that she felt stereotyped and misunderstood. Here’s how the conversation goes:

J: Maya, I’ve noticed you’ve been protecting yourself more in session lately, and it’s made me reflect on what happened for you to need to do that. I remember saying something about Asian families usually being strict, and I sincerely regret making that over-generalizing statement. I did not meet my need, or your need, for respect in that moment. This rupture is my responsibility, and I’ve
been grappling with shame about hurting you. I am sorry I hurt you, and I promise to endeavor not to make over-generalizing statements anymore. It will take some time for me to repair this rupture, I want you to know your needs and feelings matter to me, and I want to earn your trust by showing you that through my words and actions. I also want you to know that I am working on my assumptions in personal therapy, and I am open to hear anything you need to say, when you feel ready to share. I also understand if you feel I am not a sensitive enough match for you. I intend to grow to be reliable support for you.

M: [looks down and fiddles with her fingers, takes a deep breath] I have been struggling with our sessions ever since that comment about Asian families being strict. I have been exhausted before, during, and after sessions. I was very confused and taken aback by that statement, given I had just described my family as being extremely laid back a few sessions before.

J: And of course, you would feel exhausted after being on the receiving end of a stereotypical microaggression from someone you hoped to trust. I’m really sorry.

M: [Silence]

J: When you are ready, could you tell me about how you felt in your body?

Maya reveals her somatic reactions; how her body had tensed and her heart rate increased. She admits that these sessions have been causing her stress and sleepless nights since the incident. Joanne listens attentively, validating Maya’s feelings, and apologizes sincerely. She affirms that such stereotypes are inappropriate, acknowledging that her comment was a misstep. She reassures Maya that her individual experience is what matters in their sessions, not preconceived cultural stereotypes.

They also explore the somatic reactions together. Joanne guides Maya through some grounding exercises to help her reconnect with her body and release some of the tension that had built up. Over time, they rebuild their therapeutic relationship, with Joanne consistently demonstrating her commitment to understanding Maya’s unique experiences and avoiding cultural assumptions. She further invests in educating herself about the diverse cultural backgrounds of her clients to avoid similar incidents in the future.

Joanne takes a thoughtful and multifaceted approach to addressing the microaggression with Maya, starting with self-reflection and leading to direct conversation, validation, apology, and an ongoing commitment to change.

1. **Self-reflection.** After noticing a shift in Maya’s behavior during their sessions, Joanne starts reflecting on her own actions. She thinks back on their recent sessions, trying to identify any potential missteps. It is during this process of self-reflection that Joanne recognizes the potential harm of her comment about Asian families being strict.

2. **Direct conversation.** Once Joanne realizes her mistake, she decides to address it directly in their next session. She initiates a conversation about the change in Maya’s behavior, and brings up her comment, acknowledging that it was inappropriate and could have been hurtful.

3. **Validation.** Joanne invites Maya to share her feelings and experiences, and when Maya expresses her hurt and anger, Joanne validates these feelings. She doesn’t dismiss or minimize Maya’s emotions, but instead acknowledges that they are a legitimate and understandable response to the microaggression.

4. **Apology.** Joanne apologizes sincerely for her comment, recognizing the harm it caused. Her apology is not conditional or defensive; instead, it centers on Maya’s experience and the impact of her words. This apology is a crucial part of the repair process, demonstrating Joanne’s understanding of her mistake and her commitment to rectifying it.

5. **Somatic healing.** Joanne acknowledges the physical impact of the microaggression on Maya. She introduces grounding techniques, helping Maya reconnect with her body, and providing tools to manage stress and anxiety. This focus on somatic healing not only helps address the immediate somatic responses but also validates the importance of bodily experiences in therapy.

6. **Ongoing commitment.** Joanne communicates her ongoing commitment to understanding Maya’s unique experiences and avoiding cultural assumptions. She reassures Maya that her individual experience is what matters in their sessions, not preconceived cultural stereotypes. Joanne also commits to educating herself
further about diverse cultural backgrounds to avoid similar incidents in the future.

Microaggressions can occur in clinical settings, even when therapists strive to be culturally competent. Therefore, to move towards a culturally affirming stance, it is important for therapists to acknowledge the potential for microaggressions, and actively work to create a safe and inclusive environment for all clients, regardless of their cultural identities. Therapists should be aware of the potential for somatic ruptures in therapeutic relationships as a result of microaggressions, and work to proactively repair those ruptures. Somatic ruptures can occur when a client experiences a disconnection between their mind and body, often as a result of trauma or other adverse experiences. Microaggressions can trigger these ruptures, leading to feelings of disconnection, mistrust, and even retraumatization. To repair these ruptures, therapists can work to create a safe and validating environment where clients feel heard, seen, and understood. This can involve validating the client’s experiences, apologizing for any unintentional harm caused, and working collaboratively with the client to rebuild trust and connection. It is also important for therapists to continue to educate themselves on the impact of microaggressions and other forms of oppression on mental health and well-being.

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Shreya Vaishnav, PhD, APCC, is an Assistant Professor in the Counseling Department at Palo Alto University. She identifies as an immigrant from Mumbai, India. Her expertise lies in working with immigrant populations on cross-cultural issues, specifically South Asian immigrants and first-generation Asian Americans. Her research focuses on the impact of microaggressions on students from marginalized identities, and she has facilitated workshops on navigating and responding to microaggressions in academia. She has also led research projects on effective mentoring practices for students and faculty, strengths-based approaches in working with students from marginalized backgrounds, and social justice advocacy.

Dareen Basma, PhD, LPC, is the Associate Dean of Diversity, Inclusion, Climate and Equity (DICE) at Heinz College at Carnegie Mellon University. Dr. Basma is an educator, researcher, and clinician whose work is grounded in social advocacy, community engagement, and the dismantling of oppressive systems. She firmly believes that in order for social and racial justice to prevail, they must be addressed within institutional and cultural contexts, rather than solely as issues to be resolved through individual enlightenment. As a result, much of Dr. Basma’s career has focused on the development of research, teaching, training curricula, and clinical practice that aims to do so.
REFERENCES


