
The harmful effects of perceiving racial microaggressions: A study with Black Brazilians in Brazil

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SWPS University of Social Sciences and Humanities

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*I dedicate this work to my parents who taught me to go forward and face the
world for what I believe.*

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I want to express my gratitude to everyone that somehow was involved with this Master thesis in an academical, a professional, or a personal way. I would never expect to be pursuing a master's degree abroad during a pandemic with all the ups and downs that this situation held, and with all the fear and uncertainty spread. Despite all of that: I am here, which makes even more special to say thank you.

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Love will save us all.

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Resumo

Nas últimas décadas, ações discriminatórias explícitas têm sido moralmente rejeitadas pela sociedade devido a leis contra o racismo. Todavia, expressões racistas mais sutis, como por exemplo microagressões, tem sido percebidas pelos população-alvo. A percepção de microagressões continua sendo prejudicial para o bem-estar psicológico das pessoas, mas apesar das evidências, pouco se sabe sobre mecanismos de proteção relacionados a isto. Este estudo visa compreender os efeitos da microagressão racial para o bem-estar subjetivo, perpassando processos psicológicos que possam proteger membros de minorias sociais destes efeitos. Participantes adultos, *Pretos(as)* e *Pardos(as)* no Brasil foram aleatoriamente direcionados para um grupo de intervenção ou de controle e responderam a questionários pré e pós-intervenção que incluiu medidas de bem estar e identidade social. Devido à baixa adesão ao T2, os efeitos da intervenção não puderam ser verificados. Os resultados do T1 confirmaram o efeito deletério das variáveis independentes para o bem-estar psicológico. Aplicação parcial do modelo de rejeição-identificação considerando microagressões foi verificada, mostrando um efeito indireto significativo de identificação com o grupo no link entre percepção da prevalência de discriminação racial sutil e afeto negativo, e entre percepção da frequência de microagressões raciais e afeto negativo. Este estudo contribuiu com pesquisas anteriores sobre microagressões raciais no Brasil e revelou que identificação com o grupo é um aspecto importante de empoderamento e comprometimento, mas não suficiente para garantir resultados melhores em relação a bem-estar. Foi discutido que uma abordagem coletiva da identificação de grupo, como consciência de grupo, pode assegurar melhoria para o bem estar subjetivo.

Palavras-chave: Microagressão racial, Racismo, Saúde Mental, Identidade.

Códigos PsychINFO:

3020 Grupo & Processos Interpessoais

3040 Percepção Social & Cognição

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Abstract

Over the past decades blatant discrimination has become more likely to be morally rejected by society due to anti-prejudice norms, but more subtle expressions of prejudice are perceived by the targets, such as microaggression. The perception of microaggressions are still harmful to individual's subjective wellbeing, but despite the evidences, little is known about related protective factors. This study examined the effects of racial microaggression on subjective wellbeing and tested the rejection-identification model to uncover psychological protective processes that may help social minority members. Black Brazilian in Brazil were randomly assigned to either an intervention or control group, responding to pre-and post-intervention questionnaires including wellbeing and social identity measures. Due to low sample at Time 2, the effects of the intervention could not be tested. Time 1 data's results confirmed the detrimental effect of the independent variables for the psychological wellbeing of Black Brazilians. The rejection-identification model was partially confirmed by showing a significant indirect effect of group identification in the link between perceived prevalence of subtle racial discrimination, perceived frequency of racial microaggression and negative affect. Contrary to the model, group identification did not improve wellbeing outcomes. This study contributes to previous research about racial microaggressions in Brazil by showing that group identification is an important aspect of individual's empowerment and commitment to their ingroup, however, it is not enough to ensure better wellbeing outcomes. It is discussed whether a collective approach to group identity (i.e. group consciousness) may have a greater effect for subjective wellbeing outcomes in this context.

Keywords: Racial Microaggression, Subjective Wellbeing, Group Identification.

PsychINFO codes:

3020 Group & Interpersonal Processes

3040 Social Perception & Cognition

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Glossary of acronyms

IBGE Instituto Brasileiro de Geografia e Estatística (Brazilian Institute for Geography and Statistic)

SWB Subjective Wellbeing

T1 Time 1

T2 Time 2

“In a world where race defines life and death, not taking it as an element that should be analysed as one of the main contemporary issues, demonstrates a lack of compromise with science and with the resolution of one of the biggest world’s sore.” (Almeida, 2019, p. 57).

CHAPTER 1

Introduction

Brazilian Blacks make up the majority of the population in Brazil - almost 56% according to the last census (IBGE, 2019). That fact makes Brazil the largest Black nation outside Africa (Moreira, 2019). Race plays a significant role in the inequalities and social problems in the country and 63.9% of the Brazilian population agrees that race has an influence on people’s life in that society (Pretuccelli, 2013).

According to the Atlas of Violence, published by the Institute for Applied Economic Research (IPEA, 2020), from 2008 to 2018 the Black population represented 75.7% of individuals most likely to be victims of homicide. Moreover, Black women represented 68% of total women murdered in the country. The Brazilian Institute of Geography and Statistics (IBGE) revealed in 2019 that the unemployment rates among Black people were 64.2%, and the average income of Black workers was 73.9% lower than that of White people. The above statistics are not surprising given that Brazil was the country with the longest slavery system in the Americas. In fact, it has endured a longer period with the slavery system (300 years) than post-slavery (130 years; Santos, 2005; Almeida, 2019; DeSouza, 2019).

Historical factors as well as the current subjugation of Black people demonstrate a continuation of racial discrimination in the contemporary post-slavery times. Moreover, a lot of the manifestation of racism is invisible, ambiguous, and subtle. According to Almeida (2019) many expressions of contemporary racism in Brazil, are more likely to be covert, and manifested in the form of modern racism and microaggressions. Nevertheless, they have an impact on employment, reinforce mistreatments, and perpetuate insults through jokes, or what is called recreative racism (Moreira, 2019). Moreover, subtle forms of racism can also subjugate and silence Black people.

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Hence, a lot of initiatives are growing in Brazil as a mean of fighting the injustices of an often-invisible harm. For example, this becomes evident with the creation of Black focused inventiveness, such as Black money, an increase of Black entrepreneurship, Black in Tech, the increase of Black social influencers, media led by Black people, and other actions that promotes racial and social inclusion (Reis & Pombo, 2020). Furthermore, the access to social media allows for the expression of opinion from previously silenced Black people in the media. For instance, the Mapping of Black Media in Brazil, promoted by the Permanent Forum for the Racial Equality (FOPIR) in 2020, reveals an increase of the appearance of YouTube channels led by Black people since 2015. This is mostly due to Black digital influencers who address topics related to ethnic and racial issues and who grew considerably in the country. The five biggest channels in YouTube media led by Black Brazilians accumulate more than one million subscription and more than 52 million of visualizations. As a result, more people in Brazil are becoming aware of racial issues, such as subtle discriminations, and they seem to be more willing to confront them.

However, an increased awareness about and sensitivity to perceive racial microaggressions may also increase the risk to suffer from this subtle form of exclusion. According to the Microaggression Process Model (Sue, 2010), the appraisal of microaggressive incidents involve negative emotions in the moment and can have long-term consequences for individuals' wellbeing and mental health. For example, minority members are often accused of overreacting when pointing out a microaggression. The implication of such backlash causes anxiety, depression, and overall deterioration of psychological wellbeing (Sue, 2010; Martins et al., 2020). At the same time, the rejection-identification model (Branscombe et al, 1999) builds on social identity theory and predicts that increased awareness about racial microaggressions can foster minority group identification as a mean to achieve a meaningful and positive self-concept and through this leads to positive wellbeing outcomes. Hence, positive minority group identification might be crucial for dealing with the harmful effects of microaggressions and could explain the emergence of some of the Black initiatives mentioned above.

Several scholars have increasingly drawn attention to the need to academically address the cumulative consequences of subtle prejudice and discrimination for social minority groups (Sue et al., 2007; Sue, 2010; DeSouza, 2019; Martins et al., 2020). The microaggression framework is especially relevant in this regard, however, it has been rarely examined in the Brazilian context and to the best of our knowledge only a few studies tested the rejection-identification model using this discrimination framework.

Hence, the current study aims to examine two issues: 1) to what extent microaggressions are perceived to be prevalent in Brazil, whether perceived prevalence is related to subjective wellbeing outcomes and mediated by minority group identification, and 2) what the effects are of raising awareness about microaggressions. The latter issue is in fact a double-edged sword. On the one hand, a change in the racial realities of Black Brazilians can only be achieved if there is a shared awareness about the prevalence of microaggressions in everyday life. On the other hand, microaggression research has shown that those who report more microaggressions show also poorer mental health outcomes (Sue, 2010, Nadal, 2011, West, 2019). This dilemma can only be resolved if we know more about what protects minority members from the harmful effects of perceiving microaggressions. Therefore, the goal of the present study was to gain a better understanding about the racial realities of Black Brazilians regarding subtle forms of discrimination which could provide some insight into protective factors.

1.1 Race Relations in Brazil

Racism in Brazil is a topic that has been addressed by several scholars (Santos, 2005; Almeida, 2019; Moreira, 2019; Ribeiro, 2019; Tavares & Kuratani, 2019). It is important to understand the socio-cultural context in which racism developed in the country by considering its history, manipulation strategies, and status in society.

Brazilian colonial history played an important role regarding the development of race relations in the country. Biologic and geographic determinism regarding race were explanations for psychological, intellectual, and moral differences and taken as justifications why people should not mix races. These prerogatives sustained the many years of the slavery system and created the basis of modern racism in Brazil (Almeida, 2019).

Brazil bears the sad mark of having been the last Western country of Christian tradition to ban slavery. Between the sixteenth and nineteenth centuries, more than four million Blacks were brought from Africa as slaves, so that in 1822, the year of Brazil's independence from Portugal, approximately one third of the Brazilian population was still in that situation (Salata, 2020, p. 2).

Brazil had a long period of slavery, and the country is still facing the results of that (Santos, 2005; Almeida, 2019; Ribeiro, 2019). Beliefs and behaviours of a time when overt racism was accepted and practiced without censorship can still be seen in society, however in a more subtle form. The myths about Black people, which were openly shared in the early history of the country, remain structurally present in Brazil's society currently.

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Since overt racism is a crime in Brazil and is more likely to be socially shamed (Moreira, 2019), people are more careful and avoid being overtly racist. However, the same does not apply for subtle forms of racism. People express it freely and since racism is structural, people perpetuate it as a normalized situation (Almeida, 2019).

For instance, the previous beliefs that “Black people would be doubly inferior, due to climate and genetic inheritance” (Santos, 2005, p. 56) are still normalized in Brazil and expressed in covert forms such as “innocent”, ambiguous, and apparently positive comments and behaviours (e.g. “they are a bit more relaxed”). Likewise, the country stimulated the immigration process of European citizens as a mean to achieve the same progress as in European nations. The explanation was that Brazil needed the help of a more capable race than the Blacks (Santos, 2005) which resulted in putting the Black population in outskirts, which still is a current phenomenon within the country. Most of the Black population in Brazil lives in the peripheries of the cities. Hence, the history influenced the construction of racial stereotypes which are nowadays expressed in an everyday racism that can be either overt or subtle but is increasingly the latter due to anti-prejudice norms (see also Plant & Devine, 1998).

In addition, Brazil’s history has another specificity which is the myth of racial democracy (Almeida, 2019, Moreira, 2019, DeSouza et al., 2019). According to Santos (2005), the theories about racial interactions in Brazil around 1930, which developed through the studies of Gilberto Freyre, advertised the idea of miscegenation as a mean of enhancement and positive uniqueness in the country, which gave the façade of being a racially democratic society founded on miscegenation. Since then, “under the aegis of racial democracy, countless prejudices hide and multiply” (Santos, 2005, p. 151).

Over the years, Brazilians perceived themselves in different ways regarding race and origin. The Instituto Brasileiro de Geografia e Estatísticas (Brazilian Institute of Geography and Statistics, 2013) conducted a few national surveys regarding how the Brazilian population would describe themselves in terms of race and ethnicity. A variety of terms were found all related to skin colour. According to DeSouza et al. (2019),

“51% of the Brazilian population is of African origin, including *pretos* (Portuguese for dark-skinned Blacks) and *pardos* (a Portuguese term that means light-skinned Blacks; Instituto Brasileiro de Geografia e Estatísticas, 2010). (...) Both *pretos* and *pardos* are now pooled under the category *Negro*, because both groups experience racial discrimination based on Afrocentric physical features” (p. 228).

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In this context, racial relations in Brazil developed accordingly to the country's specificities of history, societal development that are currently associated with inequalities based on skin colour, exclusion, and White privilege.

CHAPTER 2

Literature Review

2.1 Racial discrimination

People relations and racial dynamics have been intensively studied by several scholars over the years (Sue et al., 2007, 2010; Nadal, 2011; Pinto & Ferreira, 2014; de Araujo, 2020). According to Sue (2010), people usually recognize racism when it is expressed overtly in the form of a deliberate and conscious act to discriminate a racialized person. Racism is an expression of a belief of superiority towards individuals considered inferior due their skin colour. Some authors have related racism with behaviours, policies, institutionalized structures that subject individuals due their phenotype (Jones, 1997; Nelson, 2006, as cited in Sue, 2010).

Almeida (2019) describes at least three different dimensions of racism. The individual level of racism is related to a personal act or attitude, kind of an ethical phenomenon in an individual or group behavioural aspect. These acts are condemned as illegal and immoral. Yet, their expression can range from hate crimes to more subtle forms of discrimination according to Sue (2010). The institutional level of racism points to racism due institutional dynamics that reflect directly or indirectly disadvantages for social minority groups and privilege for social majority groups based on race. Institutional racism is not an individual problem but can be perceived in policies, practices of all social institutions or organizations that unfairly subjugate social minority groups and is less evident than an overt form of racism (Sue, 2010). The third level goes deeper because it is a structural dimension. Structural racism represents a form of socialization that has racism as an organic component, racism is normalized in society within economic, political, and juridical relations (Almeida, 2019). Racism at a structural level can also culminate in subtle forms of prejudice and discrimination.

Jones et al. (2016) developed a meta-analysis of 90 effect sizes to better label the concept of subtle discrimination in the literature and to compare the detrimental effects for physical and psychological wellbeing between overt and subtle discrimination. They defined subtle discrimination as a conflictual, negative, behaviour or treatment addressed to a stigmatized individual or group due their social minority status in society, likewise, subtle discrimination can be unconscious and has an ambiguous characteristic. This form of discrimination is more likely to be generally perceived by society as normal or acceptable. Furthermore, due the attribution of ambiguity, the higher frequency, and the difficulty to detect, subtle discriminative encounters are usually neglected or omitted in diverse instances, such as at the workplace or at

educational environments. Thus, subtle discrimination is not as morally condemned as overt forms of discrimination. Additionally, their findings confirmed that consequences of subtle discrimination for the subjective wellbeing are similarly harmful as the ones associated with overt discrimination. The mentioned paper contextualized racial microaggression as a subtle form of discrimination perceived by the targets that have recently drawn a lot of attention in the literature.

2.2 Microaggressions as a Subtle Form of Discrimination

In most contemporary societies, overt forms of racism are morally criticized as well as illegal and reprovved by society (Moreira, 2019). However, racism did not disappear; subtle forms of prejudice and discrimination took its place, such as modern racism (Santos et al., 2006; Sue, 2010) and aversive racism (Moreira, 2019) when considering the enactors perspective, and racial microaggressions for the targets' perspective (Harrell, 2000; Sue, 2007, 2010; Nadal, 2011; Williams, 2020).

These forms of racism are expressed in the invisible assumptions and views of people and are part of institutional policies and structures (Sue, 2010). Plant & Divine (1998) explain this phenomenon by comparing internal and external motivation to respond without prejudice which are driven by anti-prejudice norms. Contrary to individuals that are internally motivated to respond non prejudicially, those who are externally motivated may suppress blatant expressions of discrimination to avoid being judged by others, since prejudice and discrimination are socially discouraged. However, they still express their prejudices in subtle ways. Plant and Devine (1998) found that the external motivation to be unprejudiced was indeed positively associated with modern racism while the internal motivation was negatively related to it. Moreover, Williams et al. (2020) recently found that modern racism is positively related to the expression of microaggressions. Due to Brazil's strong socio-historical heritage surrounding race relations, it seems that anti-prejudice norms have transformed blatant racism to its subtle expressions in the form of microaggressions as perceived by targets.

The term racial microaggression was firstly conceptualized by Charles Pierce (1974) as "Black-White racial interactions [that] are characterized by white put-downs, done in an automatic, preconscious, or unconscious fashion" (Pierce, 1974, p. 515, as cited in Williams, 2020, p. 4). Recently, Sue et al. (2007), expanded the definition by describing racial microaggressions as a subtle way of insult, offense, mistreatment either consciously or unconsciously, either verbal, behavioural or environmental that express derogatory and hostile racial attitudes towards minorities and stigmatized groups (Sue et al., 2007; DeSouza, 2020).

This “new face” of racism can manifest itself under situational and ideological ambiguity, a failure to help, or a belief system that put racialized people in specific categories (criminals, servants, not capable, exotic, etc) by stereotyping them:

...it is clear that the modern forms of racism operate in such a manner as to preserve the nonprejudiced self-image of Whites by offering them convenient rationalizations for their actions; they are prevented from recognizing their own racial biases or the implicit prejudicial attitudes they harbour toward others. (Sue, 2010, p. 145).

Sue et al. (2007) further identified three forms of racial microaggressions: microassaults, microinsults and microinvalidations. Microassault is an explicit attack either verbal or nonverbal through name-calling, power usage, deliberate avoidance of a person due her/his skin colour. The perpetrator usually invokes in private in situations that allow anonymity. Microinsults are more subtle communications such as snubs or a veiled insulting message. The context matters while identifying a microinsult since the statements or behaviours might not be clearly aggressive. Microinvalidations occur through communications that nullifies, excludes, or negates someone’s feelings, thoughts, experiences, or reality due their race.

2.3 Microaggressions and Subjective Wellbeing

Racial microaggressions reinforce social inequalities and power dynamics, such as social hierarchies, that are beneficial to the social majority group at the cost of the social minority group. Moreover, they have some important characteristics that render them especially difficult to deal with for the target, such as its ambiguity, covert form of expression, and recurrence. Not surprisingly, in the last decade much research has been devoted to examining their detrimental effect on individual’s mental health and subjective wellbeing (Sue, 2010; Nadal, 2011; Luiz & Quezada, 2019; DeSouza, 2020; Martins et al., 2020; Williams, 2020).

A meta-analytic study carried out by Lui & Quezada (2019), that correlated microaggression and adjustment outcomes, revealed a strong association between microaggression and negative affect, stress, and internalized problems. Choi et al. (2020) developed a systematic review about perceived racial microaggression and psychological wellbeing of Latin-American individuals confirming the detrimental effect of such subtle racial discrimination for the individual’s wellbeing, impacting not only on the psychological but also on the physical health. Wong et al. (2013) reviewed the research literature of racial microaggression and revealed that experiencing racial microaggression may have an impact on psychological distress, such as depression, anxiety, lower self-esteem and so on. Additionally,

their findings explicit that racial microaggression and its effect on subjective wellbeing are noticed in several contexts, such as work, medical, and educational environments.

Sue (2010) proposed a model to explain the racial microaggression process and how it affects social minorities subjective wellbeing. The model presents five stages detailing the psychological mechanisms triggered through the process, likewise, short- and long-term consequences for subjective wellbeing. According to the model, initially, there is the potential microaggressive incident experienced by the target through social interactions, overhearing comments, or noticing situations within the environments that depreciate a group identity. Phase two presents the target's perception of the situation, when they wonder and determine whether the event was racially driven or not, and this questioning process activates an internal struggle that is intense for the individual. Sequentially, the third phase reveals the reaction to the event, which rises multiple internal resources related to emotional, behavioural, and cognitive results. The next phase is interpretation and meaning of the situation related to the intention of the perpetrator, and the veiled meaning of the situation, such as: "you are all the same", "you are not trustworthy", "you are intellectual inferior". Finally, the fifth phase reveals the psychological consequences and impact of the event, related to coping strategies, subjective wellbeing, behaviours, and so on, which have short and long terms results.

Hence, experiencing microaggressions is very stressful for the targets. Even though experiencing stressful situations is common between all sociodemographic groups (e.g., occurrence of an accident, of moving, fight with a loved one), there is an additional layer when it is race related and it is important to consider it as a significant life stress (Harrell, 2000). Experiences of racism are rooted within personal, collective, socio-political, and cultural aspects that can be sources of stress. Sue (2010) presents an analogy between the stages of the biologic effect of stress to the body's system developed by Selye (1956,1982 cited in Sue, 2010) compared with the psychological effects of microaggression associated with stress. Selye's model presents three stages of stress: alarm, resistance, and exhaustion. Sue (2010) compares the alarm stage with the vigilant approach that individuals have when a microaggression occurs and might affect their identity or their integrity. The resistance would be the second stage, likely to occur through feelings of anxiety, anger, depression, guilt and so on because of the internal struggle caused by racial microaggression for long periods of time, even lifelong. The third stage is exhaustion which is represented by cumulative effect of microaggression as a stressor that causes exhaustion and compromises the individual's energy. Even though racial microaggression might be understood as an everyday squabble, the history behind it is still

present in the societal background and memory and uttered in a structural form. Consequently, racial microaggressions convey a more stressful weight than a regular stressful event.

Thus, the constant vigilance, psychological distress, and exhaustion can lead to medical conditions, “such as cardiovascular disease, hypertension, respiratory problems, cirrhosis of the liver, obesity, and diabetes” (Sue, 2010, p. 149). Moreover, research about perceived racism indicates that racial related stressors are associated with “depression, lowered life satisfaction, low self-esteem, and intense feelings of racial rage, anxiety, paranoia, and helplessness, likewise, alienation, internalized racism (which can result in low self-esteem), racial mistrust, race-related trauma and fatigue” (Sue, 2010, p. 151). In addition, microaggressions may have a long term, initially invisible, delayed, and covered impact.

Over the time, microinsults and microinvalidations can affect belief systems and the self-esteem of targets (Sue et al., 2008). Furthermore, the continuing, cumulative, and usually lifelong microaggressive events can be considered as critical and detrimental as a crisis (Sue, 2010). Racial microaggressions carry symbols and reminders of racism, they are continual and not time limited as a regular stressful situation and because of their structural background can even affect individuals’ access to education, employment, social relations and so on.

There are only a few studies that examined the effects of microaggressions on the wellbeing of racial minorities in Brazil (DeSouza et al., 2019; Martins et al., 2020) as becomes evident when searching for studies in PsycInfo as well as the Brazilian-specific Scientific Electronic Library Online (SciELO). DeSouza et al. (2019) developed a qualitative study, using focus group as a method, with Black Brazilians (*pretos(as)* and *pardos(as)*) in different regions in Brazil to verify whether Nadal’s categories of microaggressions (Nadal, 2011), developed in the US context, might apply in the Brazilian context. The results identified similar categories (i.e. environmental microaggression, assumption of inferiority, microinvalidations), and additional categories were also verified (i.e. gender differences, Black aesthetic). The findings confirmed that racial microaggression is indeed an everyday issue for Black people in Brazil as well. Participants reported social pain and other negative emotions, such as anxiety, anger, tiredness, powerlessness, sadness, embarrassment, and diminished self-esteem related to racial microaggressive situations. Likewise, participants in that study reported experiences with subtle racism in different environments such as the workplace, shops, educational spaces (e.g. universities), and social media.

Martins et al. (2020) examined how racially gendered microaggressions affect the mental health of Black women in Brazil, bringing the perspective of the role of intersectionality to this matter. The study also addressed possible protective mechanisms that would buffer the effect

of such harmful events considering social and personal dimensions that might influence mental health. For that, they measured gendered racial microaggression, likewise, self-esteem, mental health, and group identification. Their findings confirmed a negative effect of high frequency of discrimination for the subjective wellbeing, and additionally a mediation effect of self-esteem as a protective factor, and group identification as an effective moderator.

2.4 Coping with Discrimination

In general, the effects of racial microaggression for the individual's mental health are recognized and researchers seek to identify protective mechanisms that might help targets of such prejudice and discrimination. According to Harrell (2000), stress and coping models usually indicate some sort of adaptation as an outcome that are related to stress exposure with the addition of mediators as components. For instance, Hernandez & Villoda (2020) advocate that positive feelings related to one's ethnic group may work as a protective mechanism against the detrimental effect of racial microaggression on mental health.

Racism-related stress and wellbeing models have been developed over the years (Harrell, 2000; Branscombe et al., 1999; Major et al., 2002) and is a domain that considers the usage of internal and external factors as coping mechanisms. Group identity has been a key factor regarding individual's internal characteristics but is also related to sociocultural variables and social support. In that sense, Branscombe et al. (1999) proposed the rejection-identification model advocating that even though perceived prejudice has a negative outcome for the individual's mental health, the role of group identification would alleviate the negative consequences for the wellbeing. The mechanism occurs through a mediating process in the model. Firstly, individuals perceive prejudice as a rejection of the dominant group, which can harm their self-esteem. Secondly, once individuals have the chance to recognize that they belong to a group, the perception of prejudice is linked with higher levels of group identification, which in turn predicts positive wellbeing outcomes. According to Branscombe et al. (1999), this process is possible because attribution to prejudice can increase group identification and once people identify with their group, they feel belonging to the group, thus they feel more empowered, and it results in better self-esteem and subjective wellbeing. Hence, attribution to prejudice may have an indirect, positive effect to subjective wellbeing if it is mediated by group identification.

The current study proposes a different starting point to test Branscombe's et al. (1999) model by analysing the perception of microaggressions via measures used in previous researches that considered different dimensions of such concept within a population that has been little addressed in literature so far. Moreover, the measure for perceived discrimination used in the Branscombe et al. (1999) study assesses exclusively attributional ambiguity, which represents the likelihood to determine whether an ambiguous encounter happened due to someone's personal attributes and / or being a target of prejudice. The attribution to prejudice can result in the target ending up blaming themselves for the encounter, which can harm their self-esteem. However, in that scenario, the presence of group identification may contribute to a sense of in-group outcomes, hence, boosting self-esteem as individuals recognize that these situations happen to others from their ingroup.

The current study adds to that approach as we consider the role of racial microaggression and its aspects related to daily normalized situations (i.e. microinsults and microinvalidations) that represents society belief system expressed by a derogatory categorization of individuals due to their race or ethnicity. The measure used express everyday experiences that Black people go through repeatedly during their lives, representing a wider view of that issue.

Forrest-Bank & Cuellar (2018) tested the rejection-identification model by considering the racial microaggression framework with Black, Hispanic/Latino, and Asian college students in the United States. Their hypotheses about a positive association between microaggression and psychological distress were confirmed, likewise, there was a significant indirect effect of ethnic identity mediating the harmful effect of microaggression on individual's mental health, therefore, serving as a protective mechanism. For the best of our knowledge, this is the only study that tested the rejection-identification model considering racial microaggression as a measure, however, they used the Racial and Ethnic Microaggression Scale, which is a different measure than the one adopted in the current study.

2.5 The Present Study

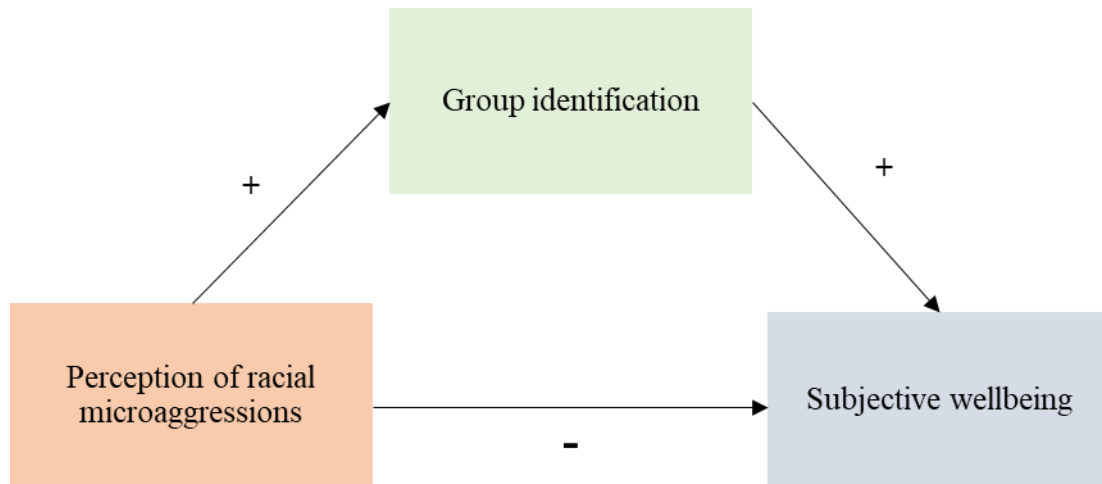
Considering the theory and empirical evidence presented and the specificities of the Brazilian context related to race, the current study aims to examine the harmful effects of microaggressions on Black people's subjective wellbeing in Brazil, known as *pretos(as)* and *pardos(as)*. By drawing on the rejection-identification model, group identification will be studied as a mediator for the microaggression-subjective wellbeing link.

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The hypothesis is that perceiving racial microaggressions has a negative effect on individual's subjective wellbeing (H1). However, according to the rejection-identification model (Branscombe et al., 1999), higher levels of group identification (H2) have a positive indirect effect on subjective wellbeing outcomes (see Figure 2.1).

Figure 2.1

Conceptual model proposed for this study.



CHAPTER 3

Methods

The objective of this research was to examine the effects of perceiving microaggressions on subjective wellbeing outcomes for Black Brazilians. Given the current emphasis on Black initiatives in the (social) media, we were also interested in examining the effects of an awareness raising intervention about microaggressions on Black Brazilians wellbeing and whether there would be an indirect positive effect via group identification variables (including group consciousness as a more politicized group identity construct, Branscombe et al., 1999; Tropp et al., 2019).

3.1 Participants

Three hundred and thirty individuals participated in the anonymous online survey in Portuguese language. However, one hundred and seventeen did not fulfil the criteria of eligibility and validation, and their responses could not be included in the final analysis. The eligible individuals had to be self-declared Black individuals (*preto(a)* or *pardo(a)*), living in Brazil, and over 18 years old. Other criteria applied for participants' validation included start date (from April 2nd), progress (equals 100), and duration (greater than 300 seconds).

The final sample consisted of 213 participants for Time 1 (92 intervention group; 121 control group), and 66 for Time 2 (29 intervention group; 37 control group). The large drop-out rate at T2 made it impossible to test the effect of the intervention and the hypothesized mediation model. Therefore, only data from T1 were analysed and are presented here. The average age of participants in this study was 37.6 years ($SD = 11.6$). There were 159 female and 54 male participants, 62.4% of the participants self-declared as *preto(a)*. Most of the sample indicated that they are employed (58.7%), with a completed undergraduate or a master's degree (72.3%), and half of them have between one to six minimum wages as income. Regarding political orientation, participants are more likely to be left oriented ($M = 2.9$, $SD = 1.16$, considering 1 to 7 points scale, and 1 = left). Table 3.1 provides an overview of the samples' socio demographics.

The classification into *Preto(a)* or *Pardo(a)* for the Black population is in line with the officially defined racial groups in Brazil and used in the official census (IBGE, 2020). The participants were recruited via convenience and snowball sampling through social media (Facebook groups, Instagram posts, Social Influencers advertisements) and the researcher's network (i.e., Professors and Alumni from Brazilian Universities). The recruitment consisted

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in sending e-mails to the contact network of Professors and Alumni of some universities in Brazil. An e-card was also developed by the researcher and released by social influencers, to specific groups on Facebook, Instagram, and WhatsApp that had expressed their willingness to support the project. The online survey was created on the Qualtrics platform and a link was disseminated.

Table 3.1

Socio Demographics Categories.

Category	%
Racial Self declaration	
Preto	62.4
Pardo	37.6
Sex	
Female	74.6
Male	25.4
Occupation	
Employed	58.7
Unemployed	5.2
Entrepreneur	9.9
Student	15
Retired	3.3
No work condition	0.5
Other	7.5
Education	
Completed first degree	0.47
Incompleted high school	0.47
Completed high school	6.10
Incompleted Undergraduated	15.96
Completed Undergraduated	53.52
Master's degree	18.78
Doctorate degree	4.23
Income	
No income	6.10
Max 1 minimum wage	17.37
1 to 3 minimum wages	30.99
3 to 6 minimum wages	23.00
6 to 9 minimum wages	11.74
9 to 12 minimum wages	5.63
12 to 15 minimum wages	0.94
More than 15 minimum wages	4.23

3.2 Design and Procedure

The present research was initially designed to be a longitudinal study with a Time 1 (T1) and Time 2 (T2) assessment. It was composed of an online questionnaire in Qualtrics presented to Black people in Brazil (*pretos(as)* and *pardos(as)*). Once the participant accessed the questionnaire Time 1, an informed consent provided information regarding the purpose of the study, the amount of time they would invest for the study, information about anonymity and confidentiality of the research, the possibility of abandoning the intervention whenever they wish, and contacts that provide support if they had experienced any psychological discomfort. Participants then completed T1 measures and were randomly assigned to an intervention group or a control group. For T1, participants completed a survey that contained socio demographic questions (age, gender, race / ethnicity, employment and educational status, political orientation) and scales that aimed to measure mental health (Mental Health Continuum, Keyes, 2002), positive and negative affect (PANAS, Watson et al., 1988), group identification (Group Identification Scale, Wachelke, 2012), awareness regarding perceived subtle racial discrimination and perceived stress, racial microaggression (for the intervention group) through the Racial and Life Experiences Scale (Harrell et al., 1997), and perceived stress (for the control group) through the Perceived Stress Scale (Cohen et al., 1983).

In the end of that survey, participants read an instruction giving further information about microaggressions (intervention group) or stress in daily life (control group), and the task they should do during the next seven days. Both groups had a similar task: keep attentive about microaggressive (intervention group) or stressful (control group) situations they might experience and/or might observe happening to others within the next seven days so that they could answer properly the T2 survey. After seven days, participants received an e-mail containing the T2 survey link with scales on racial microaggression (for the intervention group) through the Racial and Life Experiences Scale (Harrell et al., 1997) or perceived stress (for the control group) through the Perceived Stress Scale (Cohen et al., 1983), positive and negative affect (PANAS, Watson et al., 1988), group identification (Wachelke, 2012) and group consciousness (Willingness to participate in collective actions, Tropp et al., 2021), self-esteem (Rosenberg Self-esteem Scale, Hutz, 2011), collective-esteem (Collective Self-esteem Scale, Luhtanen & Crocker, 1992).

This study was approved by the Ethical Committee of the Instituto Universitário de Lisboa - ISCTE in the Parecer Final 25/2021.

3.2.1 Materials Time 1

Socio-demographic questions. Participants had to answer to demographic questions and only self-declared Black people over 18 years old were selected to continuing the study. The questions were about age, sex, employment and educational status, average income, and political orientation.

Perceived prevalence of microaggressions. Participants were asked about pre-existing knowledge about stressful and racial microaggressive incidents and if these are prevalent topics in Brazil (“Do you believe that subtle discrimination against Black and Brown people is prevalent in Brazil?”) on a 5-point Likert scale from 0 (“It is not prevalent”) to 4 (“Extremely prevalent”). We expected no significant difference between intervention and control group regarding their pre-existing knowledge about microaggressions. However, we expected that participants in the intervention group would report a greater perceived prevalence of microaggressions after T2 than participants in the control group. Yet, because of the low sample size this was not further analysed within the scope of this thesis.

The Daily Life Experience Scale (DLE)- Intervention group. The Daily Life Experience is one of the five subscales of the Racism and Life Experiences Scale (RaLES; Harrell et al., 1997) composed of 20 items that access the frequency of individuals’ racial microaggressive experiences and to what extent participants were bothered by each of the hassles such as “Being stared at by strangers”, “Being mistaken for someone who serves others (i.e., janitor, bellboy, maid)”, and “Being ignored, overlooked or not given service (in a restaurant, store, etc.)”. DLE Scale addresses everyday racism, and according to the systematic review from Bourabain & Verhaeghe (2020) everyday racism is as a concept that overlaps with Sue’s et al. definition of racial microaggression since both study perceived forms of discrimination in a daily perspective. For this study, the frequency was measured in two different ways since the objective was to measure both experiences and observations of racial microaggressions in everyday life. For each item, participants from the intervention group answered to a 5-point Likert scale regarding how often one of the stated situations happened to them (0 = never to 4 = very often) and how often they saw it happening to others (0 = never to 4 = very often) as well as how much experiencing and/or observing racial microaggression events bothered them (0 = has never happened 4 = bothers me extremely). The items were averaged, and higher scores indicated greater frequency of personal microaggression experience, observation and severity or stressfulness of the racial discrimination experiences (Lee et al., 2020). Given that the personal experience and observation scale correlated highly with each other, $r(74) = .787$, $p < .001$, they were averaged for the purpose of this study. Additionally, the DLE scale was

translated into Brazilian Portuguese, since the sample is composed of Brazilian participants and there is no translated and validated scale in the literature. Cronbach's alpha was high with .97 for overall frequency of experienced/observed microaggressions and of .95 for feeling bothered.

Perceived Stress Scale (PSS) - Control Group. The Brazilian version of the Perceived Stress Scale was validated by Luft et al. (2007) through a translation, back-translation, and committee review process. It is a 14-items statements about perceived stress containing questions with positive connotations, such as “*how often have you felt confident about your ability to handle your personal problems?*”, and questions with negative connotations, such as “*how often have you found that you could not cope with all the things that you had to do?*”. Participants of the control group responded on a 5-point Likert scale from 0 = *never* to 4 = *always*. The scores of the questions with a positive connotation were recoded before averaging them with negatively phrased ones. Using the same Likert-type scale, participants also indicate the frequency of six more items added to the scale and related to negative experienced events that might cause stress (West, 2019), such as “*Last week, did you fall in public?*” and “*Last week, did a friend, someone important to you, or someone in your family die?*”. All measures showed good reliability with Cronbach α of .86.

Positive and Negative Affect Schedule (PANAS). The Positive and Negative Affect Schedule Scale by Watson et al. (1988) is a 10-item Positive Affect (PA) and 10-item Negative Affect (NA) scale that measures the affective state of participants. It is a self-reported mood scale with two dimensions, the PA dimension measures whether the person feels alert, enthusiastic and active reflecting the state of concentration and pleasurable engagement, whereas the NA reflects a subjective distress, revealing to what extent someone has an aversive mood, such as anger, disgust, fear, nervousness and so on. The scale was adapted to measure the mood state of the participants at both times of the study, asking them to “*Indicate the extent you have felt this way over the last week*”. This time frame was chosen for a better comparison between pre and post intervention since participants answered to PANAS in both questionnaires (T1 and T2). Participants responded on a 5-point Likert scale ranging from (1) *Very slightly or not at all* to (5) *Extremely*. Generally, the scale has shown adequate intercorrelations and internal consistency reliabilities (Cronbach's coefficient α) of .87 with the original timeframe referring to the “past few weeks” (Watson et al., 1988). The study used the Brazilian version of the PANAS validated by Pires et al. (2013) and also added one more mood state “*angry*” given that angry is a mood state usually associated with stress, racism, social injustice, social rejection, and, therefore, considered important for the current study (Mendes et al., 2008; Sohi

& Singh, 2015). The scale showed good reliability with a Cronbach α of .87 for Positive affect, and of .89 for negative affect of .89.

Mental Health Continuum–Short Form (MHC-SF). The MHC–SF is a 14-item test that evaluates three elements of well-being: emotional, social, and psychological. The emotional component (three items) reflects the positive affect and life satisfaction. The social well-being subscale (composed with five items) represents social integration, social acceptance, social contribution, social coherence, and social actualization. The other six items reflect the psychological well-being through positive relations with others, self-acceptance, autonomy, life purpose, environmental domain, and personal development (Keyes, 2002). All the participants were required to answer to a 5-point Likert scale, ranging from (0) *Never*, to (4) *A lot/Always*, to the question “*During the past month, how often did you feel*”. Cross-cultural studies confirmed the internal consistency reliabilities with Cronbach’s alphas higher than .80. (Żemojtel-Piotrowska, et al., 2017; Lupano Perugini, et al., 2017). This sample showed good reliability with Cronbach α of .88

Multigroup Ethnic Identity Measure. Branscombe et al. (1999) studied the effects of attribution of prejudice on African Americans’ well-being and they used the Multigroup Ethnic Identity Measure developed by Phinney (1992) to evaluate group identification. The measure included items such as “*I have a clear sense of my ethnic background and what it means for me.*” and “*I have a lot of pride in my ethnic group*”. According to the authors, the items of this measure are comparable to those previously used by other scholars to measure identification with social groups. Participants of the social minority group responded on a 5-point scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*), with higher scores indicating greater identification with the ingroup. The coefficient alpha for this measure was .82 (Branscombe et al., 1999). The Brazilian version was developed by Wachelke (2012) with alpha Cronbach measuring 0.85. This study demonstrated good reliability with Cronbach α of .88.

3.2.2 Materials Time 2

The following describes the measures employed Time 2, but which were not analysed because of the low sample size.

Rosenberg Self-Esteem Scale. The Rosenberg self-esteem scale is widely used to measure self-esteem (Hutz, 2011). It is a 10-item self-reported instrument that measures global self-worth through positive and negative feelings about the self. Participants were asked to reply to sentences such as “*At times I think I am no good at all*”, and “*I take a positive attitude toward myself*” through a 4-point Likert scale ranging from (1) *Strongly agree* to (4) *Strongly disagree*.

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Collective Self-esteem Scale. The Collective Self-Esteem Scale is a 16-item scale developed by Luhtanen & Crocker (1992) and has been translated to Brazilian Portuguese by Gouveia et al. (2018). The scale measures the collective self-esteem through four different aspects: “membership” which is related to judgments of the individual as a member of a social group (*“I am a worthy member of the social groups I belong to”*), “private” which refers to someone’s self-evaluation of the social group they belong to (*“I feel good about the social groups that I belong to”*), “public” which represents the judgment of how other people observe the individual’s social group (*“Overall, my social groups are considered good by others”*), and “identity” which measures the importance of the individual’s social group membership to his/her own concept about it (*“The social groups that I belong to are an important reflection of who I am”*). Participants answered these items on a 5-point Likert scale from 1 = *totally disagree* to 5 = *Totally agree*.

Willingness to engage in collective actions for racial justice. The questions to measure willingness to engage in collective actions for racial justice were adapted from Kelly & Breinlinger (1995); Tropp & Brown (2004). These items were used in a study which hypothesized that group affiliation can predict willingness to participate in collective actions. Tropp et al. (2021) also argued that greater intergroup contact and communication between the disadvantaged group members and the advantaged group members about group differences and power result in greater support for social issues. Participants were asked *“How willing are you to...”* and that question was applied to five items such as *“Sign a petition to support racial justice in Brazil”* and *“Attend demonstrations, protests, or rallies against racial injustice”* with response option ranging from 1 (not willing at all) to 9 (extremely willing).

CHAPTER 4

Results

4.1 Preliminary Analysis

This study examined the mediating role of group identification in the microaggression - subjective wellbeing (SWB) link. For the microaggression construct, different measures were used as predictors, i.e. a) perceived prevalence of subtle racial discrimination (perceived prevalence), b) perceived frequency of observed/ experienced racial microaggressions (frequency), and c) feeling bothered by racial microaggressions (feeling bothered). The dependent variable subjective wellbeing was operationalized via the following measures: a) mental health, b) positive affect, and c) negative affect. Hence, a total of nine mediation models were tested. All the following results considered only participants' data from T1 due to the low sample size at T2.

The results showed that participants scored high for perceived prevalence (5 pt. Likert scale: 0 = *It is not prevalent*, 4 = *Extremely prevalent*, $N = 210$, $M = 3.33$, $SD = .85$). Regarding the frequency, participants did not show very high levels (5 pt. Likert scale: 0 = *never*, 4 = *very often*, $N = 84$, $M = 1.67$, $SD = .77$), however, the feeling bothered scale showed higher means (5 pt. Likert scale: 0 = *has never happened*, 4 = *bothers me extremely*, $N = 74$, $M = 2.95$, $SD = .99$). A t-test to compare that difference showed significant results, $t(73) = 16.282$, $p < .001$. The results for SWB measures showed medium levels for mental health (5 pt. Likert scale: 0 = *never*, 4 = *every day*, $N = 196$, $M = 1.94$, $SD = .68$), negative affect (5 pt. Likert scale: 0 = *never*, 4 = *very often*, $N = 212$, $M = 1.60$, $SD = .96$), and positive affect (5 pt. Likert scale: 0 = *never*, 4 = *very often*, $N = 212$, $M = 1.90$, $SD = .95$). The means for group identification were relatively high (5 pt. Likert scale: 0 = *strongly disagree*, 4 = *strongly agree*, $N = 207$, $M = 3.33$, $SD = .66$).

Pearson's (r) product moment is reported for correlation coefficients of the initial analysis concerning the associations between the variables. Table 4.1 also features the descriptive statistics containing means, standard deviations, Cronbach alphas, and correlations among all variables. The following key results were found regarding the correlations.

As expected (H1), the awareness about the prevalence of subtle racial discrimination, the frequency of observed/ experienced racial microaggressions, and the feeling to be bothered by racial microaggressions were significantly negatively correlated with mental health, $r(195)_{prevalence} = -.155$, $p < 0.05$, $r(83)_{frequency} = -.235$, $p < 0.05$, $r(73)_{bothered} = -.299$, $p < 0.05$.

Moreover, perceived prevalence and feeling bothered were significantly positively correlated with negative affect, $r(209)_{prevalence} = .218, p < 0.01$, $r(73)_{bothered} = .255, p < 0.05$. None of the microaggression variables were correlated with positive affect. The patterns of results show that there is a relationship between the detrimental effect of perceived subtle racial discrimination and microaggression on individuals' subjective wellbeing in terms of increasing mental health issues and the experience of negative emotions.

Additionally, group identification was significantly correlated with all predictor variables, i.e. perceived prevalence, $r(206)_{prevalence} = .309, p < 0.01$, perceived frequency, $r(83)_{frequency} = .436, p < 0.01$, and feeling bothered, $r(73)_{bothered} = .394, p < 0.01$. Likewise, group identification was significantly correlated with negative affect $r(206) = .245, p < 0.01$, but not with positive affect or mental health.

Interestingly, the perceived prevalence of subtle racial discrimination is significantly positively correlated with perceived frequency of observed/ experienced racial microaggressions, $r(83)_{frequency} = .303, p < .01$, and feeling bothered about racial microaggressions $r(73)_{bothered} = .417, p < .01$. However, no relation was found between perceived stress and subjective wellbeing outcomes, likewise between perceived stress and perceived prevalence of subtle racial discrimination. Finally, perceived frequency is strongly significantly correlated with feeling bothered about racial microaggression $r(73)_{frequency} = .787, p < .01$.

4.2 Regressions

For the analysis of H1, linear regressions were run using SPSS Statistics version 27 considering the perceived prevalence of subtle racial discrimination and perceived racial microaggressions (frequency and feeling bothered) as predictors of mental health and negative affect. The results are reported in Table 4.2. The perceived prevalence significantly predicts mental health ($b = -.128, R^2 = .024, p = .031$) and negative affect ($b = .218, R^2 = .047, p = .002$). Likewise, feeling bothered with microaggression significantly predicts mental health ($b = -.195, R^2 = .089, p = .013$) and negative affect ($b = .248, R^2 = .065, p = .028$). Moreover, there is a significant effect between the perceived frequency of microaggression and mental health ($b = -.191, R^2 = .055, p = .037$). Hence, H1 was supported and showed that feeling bothered was generally the strongest predictor of wellbeing outcomes.

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Table 4.1

Means, Standard Deviations, Cronbach, and Correlations Between the Variables Included in the model.

Variables	N	M	SD	Cronbach α	1	2	3	4	5	6	7	8
1. MHCSF	196	1.91	0.68	.88								
2. GroupID	207	3,33	0,66	.88	-0,043	-						
3. Prevalence Subtle Discrimination	210	3,33	0,85	-	-,155*	,309**	-					
4. PANASPosit	212	1.90	0.95	.87	,501**	0,027	-0,114	-				
5. PANASneg	212	1.60	0.96	.89	-,517**	,245**	,218**	-,170*	-			
6. DLEfreq_IG	84	1.66	0.77	.97	-,235*	,436**	,303**	-0,142	0,074	-		
7. DLEbother_IG	74	2.94	0.99	.95	-,299*	,394**	,417**	-0,064	,255*	,787**	-	
8. PSS_CG	109	1,65	0,25	.86	-,025	,218*	0,79	-,182	,161	-	-	-

Note: * $p < 0.05$. ** $p < 0.01$., MHCSF = Mental Health Continuum; GroupID = Group Identification; PANASPosit = Positive Affect Schedule; PANASNEG = Negative Affect Schedule; DLEfreq_IG = Daily Life Experience Frequency for Intervention Group; DLEbother_IG = Daily Life Experience Bothering for Intervention Group; PSS = Perceived Stress Scale for control Group.

4.3 Mediation Models

For the main analysis and the test of H2, macro Process v.3.5 for SPSS (Hayes, 2020) was used. Nine models were specified (Model 4 in Process) with perceived prevalence of subtle discrimination and perceived racial microaggression (frequency and feeling bothered) as predictors, mental health, positive, and negative affect as outcomes, and group identification as mediator (see Table 4.3 for a summary of unstandardized path coefficients and standard errors for a, b, and c' paths). The procedures and recommendations outlined by Hayes (2020) to test indirect effects were used to examine the mediation models.

Table 4.2

Linear Regressions.

Predictors	Outcomes								
	MHCSF					Negative Affect			
	<i>B</i>	β	<i>SE</i>	<i>R</i> ²	<i>p</i>	<i>B</i>	β	<i>SE</i>	<i>R</i> ²
Prevsub	-.128	-.155	.059	.024	.031	.243	.218	.076	.047
DLEfreq_IG	-.191	-.235	.090	.055	.037	.090	.074	.135	.005
DLEbother_IG	-.195	-.299	.076	.089	.013	.248	.255	.111	.065

Note: Prevsub = Perceived prevalence; MHCSF = Mental Health Continuum; DLEfreq_IG = Daily Life Experience Frequency for Intervention Group; DLEbother_IG = Daily Life Experience Bothersome for Intervention Group.

4.3.1 Models 1.1 to 1.3: Previous knowledge about subtle discrimination

These first models included the perceived prevalence of subtle racial discrimination as a predictor for mental health, positive affect, and negative affects outcomes. The results reported in Table 4.3 (Model 1.1 for mental health as outcome, Model 1.2 for positive affect as outcome, and Model 1.3 for negative affect as outcome) showed interesting results for the proposed models. Model 1.1 reveals that when the mediator is not present in the model, perceived prevalence significantly predicts mental health, $b = -.126$, $t = -2.125$, $p = .035$, and the model explains 2.4% of variance in mental health with a negative association. This means as perceived prevalence increases, mental health decreases. Moreover, perceived prevalence significantly predicts group identification, $b = .226$, $t = 4.315$, $p < .001$, and the model explains 9.1% of the variance in group identification with a positive association. Perceived prevalence significantly predicts mental health even with the presence of group identification in the model, $b = -.123$, $t = -1.970$, $p = .05$, with 1.5% of variance explained. However, group identification neither predicts mental health ($b = -.014$, $t = -.171$, $p = .865$) nor mediates the relation between perceived prevalence and mental health, ($b = -.004$, BCa CI [-.053, .041]).

Model 1.2 reports that perceived prevalence does not predict positive affect ($b = -.117, t = -1.510, p = .132$). Alike the previous model, perceived prevalence significantly predicts group identification ($b = .235, t = 4.627, p < .001$). However, there was no significant finding regarding an effect between perceived prevalence and positive affect with the presence of group identification ($b = -.138, t = -1.695, p = .092$). Likewise, group identification does not predict positive affect ($b = -.090, t = -.840, p = .402$), and does not mediate the relation between perceived prevalence and positive affect ($b = .019, \text{BCa CI } [-.029, .068]$).

Model 1.3 shows that perceived prevalence significantly predicts negative affect without the presence of group identification in the model, $b = .249, t = 3.284, p = .001$, with 5% of the model explaining negative affect. Likewise, perceived prevalence significantly predicts group identification, $b = .235, t = 4.627, p < .001$, 9.5% explains the model. Additionally, group identification significantly predicts negative affect, $b = .276, t = 2.680, p = .008$, with 8.3% of variance in negative affect explained by the model. Even with the presence of group identification, perceived prevalence significantly predicts negative affect, $b = .184, t = 2.343, p = .02$. The direction of the association indicates that as perceived prevalence increases, negative affect also increases. Finally, the model reveals a significant indirect effect of perceived prevalence on negative affect, through group identification, $b = .065, \text{BCa CI } [.020, .124]$, which means that group identification partially mediates the association between perceived prevalence and negative affect. This provides partial support for H2 given that the positive indirect effect of group identification is only confirmed for path a, but not path b. Contrary to what we expected from the rejection-identification model (Branscombe et al., 1999) increased group identification is not related to better wellbeing (here less negative affect), but worse wellbeing (here more negative affect). Figure 4.1 shows an overview of the results.

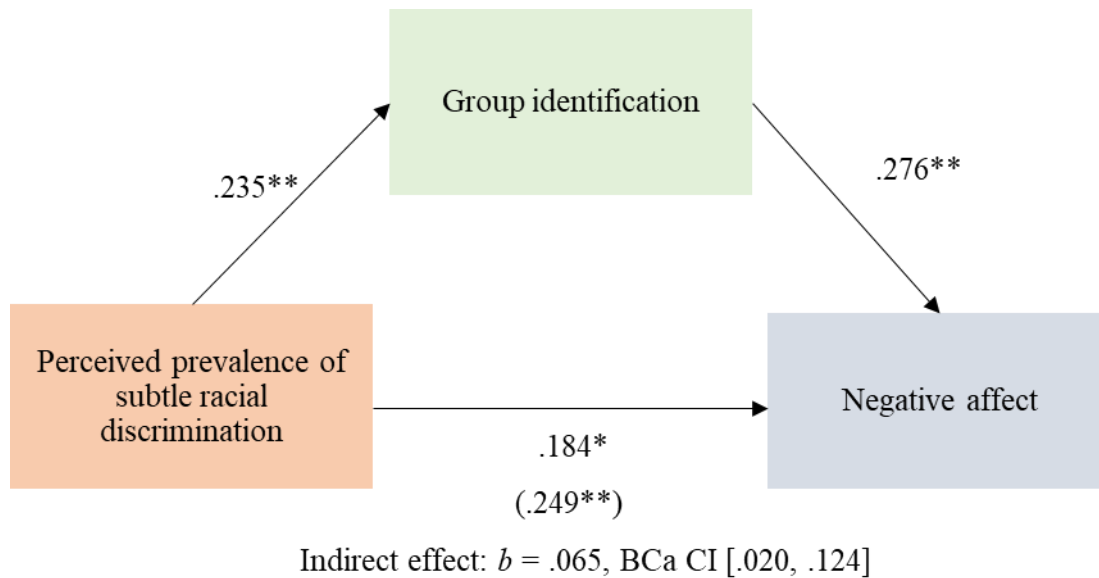
4.3.2 Models 2.1 to 2.3: Perceived Racial Microaggressions – Frequency

Models 2 included the perceived frequency of racial microaggressions as predictor for mental health, positive affect, and negative affect outcomes. The data includes only participants of the intervention group, as they responded to that scale, but not those in the control group. The results are reported in Table 4.3 (Model 2.1 mental health as outcome, Model 2.2 for positive affect as outcome, and Model 2.3 for negative affect as outcome). The results of Model 2.1 showed that there is no total effect between perceived frequency and mental health ($b = -.181, t = -1.872, p = .065$). Nonetheless, perceived frequency significantly predicts group identification, $b = .383, t = 4.438, p < .001$. There is no significant association between perceived frequency predicting mental health even with the presence of group identification, b

= $-.150$, $t = -1.370$, $p = .175$, and no significant relation between group identification predicting mental health ($b = .082$, $t = -.626$, $p = .533$). The indirect effect was also non-significant, $b = -.037$, BCa CI $[-.173, .079]$.

Figure 4.1

Results of Model 1.3

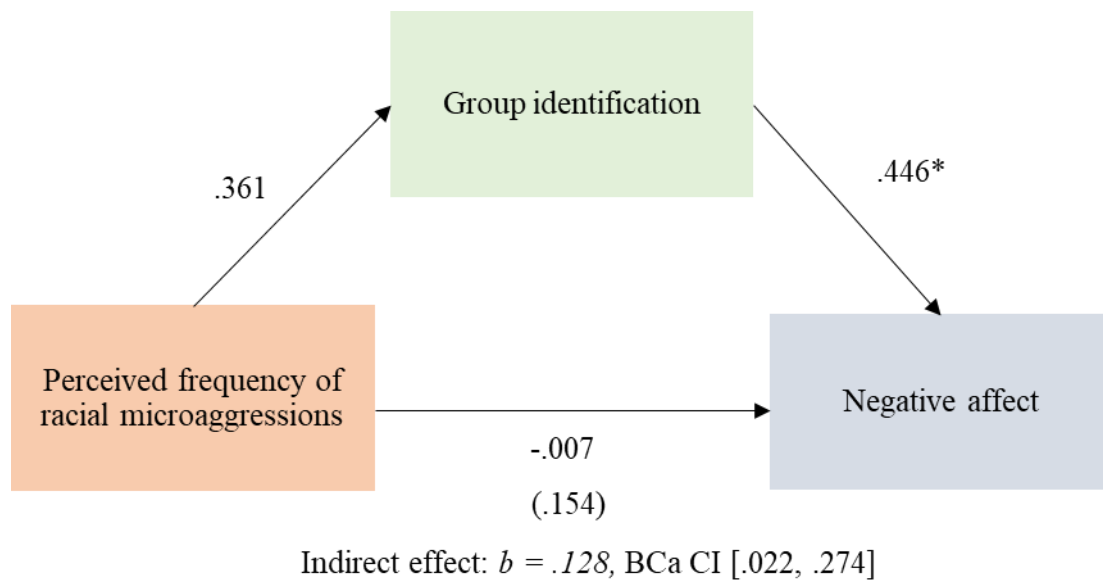


Similarly, Model 2.2 revealed that perceived frequency does not significantly predict positive affect ($b = -.123$, $t = -.869$, $p = .387$), but predicts group identification ($b = .361$, $t = 4.308$, $p < .001$). Likewise, perceived frequency does not significantly predict positive affect even with the presence of group identification in the model ($b = -.126$, $t = -.795$, $p = .429$), and group identification does not predict positive affect ($b = .008$, $t = .041$, $p = .967$). The indirect effect was also non-significant, $b = .002$, BCa CI $[-.119, .107]$.

Model 2.3 had similar results showing that perceived frequency does not significantly predict negative affect ($b = .154$, $t = 1.094$, $p = .277$), but it has a significant impact on group identification in this model ($b = .361$, $t = 4.308$, $p < .001$). Perceived frequency does not predict negative affect even with the presence of group identification in the model, $b = -.007$, $t = -.047$, $p = .962$. Group identification significantly predicts negative affect ($b = .446$, $t = 2.435$, $p = .017$), and has a significant mediation role in the relation between perceived frequency and negative affect, ($b = .128$, BCa CI $[.022, .274]$), expressing the even without a significant interaction between perceived frequency and negative affect, the presence of group identification still intervene in that relationship. Figure 4.2 shows an overview of the results.

Figure 4.2

Results of Model 2.3



4.3.3 Models 3.1 to 3.3.: Perceived Racial Microaggressions – Feeling Bothered

Models 3 included how much individuals feel bothered by racial microaggression as predictor for mental health, positive affect, and negative affect outcomes. Results considered participants of the intervention group, as only they responded to that scale. The results are reported in Table 4.3 (Model 3.1 mental health as outcome, Model 3.2 for positive affect as outcome, and Model 3.3 for negative affect as outcome). The results of Model 3.1 showed that feeling bothered significantly predicts mental health outcomes, $b = -.189$, $t = -2.448$, $p = .017$, with 8.4% of variance that explains the model, through a negative association, revealing that the more individuals feel bothered with the microaggressive events, mental health declines, therefore, supporting H1. Feeling bothered also significantly positively predicts group identification, $b = .263$, $t = 3.965$, $p < .001$, with 4.17% of variance explained by the model. This means as feeling bothered increases, group identification also increases. Likewise, feeling bothered significantly predicts mental health with the presence of group identification, ($b = -.181$, $t = -2.107$, $p = .039$), however, group identification does not significantly predict mental health ($b = -.033$, $t = -.244$, $p = .808$). The indirect effect was also non-significant, $b = -.013$, BCa CI $[-.156, .096]$.

Model 3.2 presented no significant results regarding feeling bothered predicting positive affect ($b = -.044$, $t = -.374$, $p = .710$). However, it also can be seen in this model that feeling bothered significantly predicts group identification ($b = .247$, $t = 3.950$, $p = .001$), with 1.5% of variance explained by the model in a positive direction. As feeling bothered increases, group identification also increases. No significant results were found for feeling bothered predicting

positive affect with the presence of group identification ($b = -.042, t = -.324, p = .747$), and no significant results of group identification predicting positive affect were found ($b = -.009, t = -.044, p = .965$). The indirect effect was also non-significant, $b = -.002$, BCa CI $[-.125, .102]$.

The results of Model 3.3 reveal that when the mediator is not in the model feeling bothered significantly predicts negative affect, $b = .290, t = 2.658, p = .01$, and it explains 9.2% in the variance negative affect. Correspondently with previous models, feeling bothered significantly predicts group identification, $b = .247, t = 3.590, p = .001$, in a positive association. In addition, there is no significant relation between group identification as a predictor of negative affect ($b = .334, t = 1.787, p = .078$), and when group identification is present in the model, feeling bothered does not significantly predict negative affect ($b = .208, t = 1.776, p = .08$). The indirect effect was also non-significant, $b = .086$, BCa CI $[-.002, .227]$.

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Table 4.3

Model Coefficients for the Process Models 1-3.

Model 1.1 <i>N</i> = 189		Outcomes				
Predictors	GroupID			MHCSF		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Constant	2.633	.180	<.001	2.352	.205	<.001
Prevsub	.226	.052	<.001	-.126	.059	.035
GroupID	-	-	-	-.014	.083	.865
$R^2 = .024$						
$F(1, 187) = 4.516, p = .035$						

Model 1.3 <i>N</i> = 205		Outcomes				
Predictors	GroupID			Negative Affect		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Constant	2.553	.175	<.001	.808	.260	.002
Prevsub	.235	.051	<.001	.249	.076	.001
GroupID	-	-	-	.276	.103	.008
$R^2 = .050$						
$F(1,203) = 10.785, p = .001$						

Model 1.2 <i>N</i> = 205		Outcomes				
Predictors	GroupID			Positive Affect		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Constant	2.553	.175	<.001	2.285	.265	<.001
Prevsub	.235	.051	<.001	-.117	.077	.132
GroupID	-	-	-	.090	.107	.402
$R^2 = .011$						
$F(1, 203) = 2.281, p = .132$						

Model 2.1 <i>N</i> = 76		Outcomes				
Predictors	GroupID			MHCSF		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Constant	2.726	.155	<.001	2.247	.174	<.001
DLEfreq	.383	.086	<.001	-.181	.097	.065
GroupID	-	-	-	-.082	.131	.533
$R^2 = .045$						
$F(1,74) = 3.056, p = .065$						

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Model 2.2 <i>N</i> = 81		Outcomes				
Predictors	GroupID			Positive Affect		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Constant	2.729	.152	<.001	2.053	.257	<.001
DLEfreq	.361	.084	<.001	-.123	.142	.387
GroupID	-	-	-	.008	.192	.967
$R^2 = .009$						
$F(1,79) = .755, p = .387$						

Model 3.1 <i>N</i> = 61		Outcomes				
Predictors	GroupID			MHCSF		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Constant	2.569	.218	<.001	2.497	.237	<.001
DLEbother	.263	.071	<.001	-.189	.077	.017
GroupID	-	-	-	-.033	.136	.808
$R^2 = .084$						
$F(1,65) = 5.993, p = .017$						

Model 3.3 <i>N</i> = 72		Outcomes				
Predictors	GroupID			Negative Affect		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Constant	2.588	.212	<.001	.669	.336	.050
DLEbother	.247	.069	.001	.290	.109	.010
GroupID	-	-	-	.334	.187	.078
$R^2 = .092$						
$F(1,70) = 7.063, p = .010$						

Model 2.3 <i>N</i> = 81		Outcomes				
Predictors	GroupID			Negative Affect		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Constant	2.729	.152	<.001	1.323	.255	<.001
DLEfreq	.361	.084	<.001	.154	.141	.277
GroupID	-	-	-	.446	.183	.017
$R^2 = .015$						
$F(1,79) = 1.197, p = .277$						

Model 3.2 <i>N</i> = 72		Outcomes				
Predictors	GroupID			Positive Affect		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Constant	2.588	.212	<.001	1.961	.360	<.001
DLEbother	.247	.069	.001	-.044	.117	.710
GroupID	-	-	-	-.009	.204	.965
$R^2 = .002$						
$F(1,70) = .140, p = .710$						

Note. Non-standardized regression coefficients are reported. The column Outcomes refers to the effects on the mediator (group identification) and the dependent variables (MHCSF, Positive Affect, and Negative Affect). The difference in degrees of freedom is due to missing values and the fact that some measures were only included for participants in the intervention group.

CHAPTER 5

Discussion

This study verified if perceived racial microaggressions would impact negatively on subjective wellbeing of Black Brazilians. Additionally, it tested the rejection-identification model (Branscombe, 1999) to verify whether these harmful outcomes would be alleviated indirectly via group identification. The findings supported some of the hypotheses by confirming that perceived prevalence of subtle racial discrimination as a general issue in Brazil, self-reported experiences or observations of racial microaggressive events, and feeling bothered by racial microaggression indeed have a negative impact for subjective wellbeing. Taking into consideration previous research about the prejudicial consequences of racial microaggression for individuals (Sue, 2010; Ong, 2013), this current study intended to contribute to the literature by verifying how this operates in Brazil, a country with its specificities regarding racial relations and a context in which only a few studies about racial microaggression have been conducted (DeSouza et al., 2019; Martins et al., 2020).

Consistent with research on negative mental health outcomes due to subtle racial discrimination, the findings reported in the regression analyses confirmed the damaging effect of perceived subtle racial discrimination and subjective wellbeing outcomes regarding mental health and negative affect, which corroborate H1. Similar results are reported by the Brazilian studies about racial microaggression. Martins et al. (2020) reported lower levels of mental health outcomes predicted by the frequency of gendered racial microaggression. De Souza et al. (2019) qualitative research compared Nadal's racial microaggressions categories (Nadal, 2011) through focus groups with Black participants in two different regions in Brazil and the findings revealed that in the Brazilian context the studied target also suffer with racial microaggressive encounters, reporting anxiety, social discomfort, and anger as some of the psychological outcomes. Additionally, Jones et al. (2016) developed a meta-analysis to verify whether subtle discrimination is as harmful as overt discrimination for the subjective wellbeing and their findings are aligned with the results of this current study revealing that subtle discrimination indeed has a detrimental effect to mental health.

It is also noteworthy that the same association could not be verified regarding perceived stress in everyday life and psychological wellbeing outcomes ($b(98)_{\text{mental health}} = .025, R^2 = .001, p = .804$; $b(107)_{\text{negative affect}} = .161, R^2 = .026, p = .094$; $b(107)_{\text{positive affect}} = .182, R^2 = .033, p = .06$), suggesting that regular perceived stressful events do not have similar outcomes for the

subjective wellbeing as racial microaggression perceptions do. This lends support to the notion that racial discrimination, even in its subtle form, is a more powerful stressor compromising individual's well-being in a way that the daily hassles cannot do as has already been suggested by Harrell (2000). In a similar vein, Utsey et al. (2008) developed a study about stress and coping with African Americans college students and their findings revealed that experiences with blatant racism had a stronger association with psychological suffering than stressful life situations. Probably the current study found a correspondent result.

Moving on to hypothesis 2, nine mediation models were tested to investigate the role of group identification as a possible element that would partially alleviate the harmful effect of perceive subtle racial discrimination and racial microaggression to subjective wellbeing. Only two out of the nine models confirmed partially the application of the rejection-identification model (Branscombe et al., 1999) to microaggressions by showing a significant indirect effect of group identification in the link between perceived prevalence of subtle racial discrimination and negative affect and between perceived frequency and negative affect.

However, contrary to the rejection-identification model, group identification did not improve but worsen negative affect. These results reveal that reinforcing group identity might not be sufficient to alleviate the adverse impact of racial microaggression on individuals and do not serve as a self-protective mechanism for that issue. Moreover, participants who were sensitive to racial microaggressions regardless of how this was measured, felt more committed to their group, seeing their group identity as an important part of how they see themselves, and felt that they belonged to their racial-ethnic group.

Higher levels of perceiving subtle discrimination increase the commitment with the ingroup. However, the more individuals feel part of a discriminated minority group, the more they also feel more negatively affected probably by the incongruence between being so integrated with the group and the awareness of how the group is still discriminated. Hence, the feeling of being rejected by the out-group remains present and might cause feelings such as anger, fear, jittery, and so on. The social identification theory (Branscombe et al., 1999) clarifies that the awareness of being target of prejudice is aversive, and that feeling excluded from central social groups causes discomfort. Group identification plays a role in the association between perceived prevalence and wellbeing, but it might not be strong enough to results in positive outcomes for psychological wellbeing, at least considering racial microaggressions. The rejection-identification model (Branscombe et al., 1999) reveals that individual have their self-esteem harmed due the attributional ambiguity of certain incidents and, as they understand that similar events may happen to others of their ingroup, it helps them to cope, consequently,

increasing self-esteem. However, racial microaggression encounters are systematically present in society and, according to Sue's (2010) racial microaggression model, once the individual perceive that such situations continue happening with them and the ingroup, short- and long-term consequences related to emotion, cognition and behaviour may take place. Hence, perceiving racial microaggression may increase group identity but also increase negative feelings about that issue associated with their ingroup.

Interestingly, Martins et al. (2020) found an effect of group identification as a moderator in the relationship between gendered racial microaggression and subjective wellbeing outcomes. Their findings revealed no significant association between racial microaggression and mental health when group identification scored low and the opposite when it scored high, meaning that the negative effect of gendered racial microaggression on subjective wellbeing was conditioned to the identity with the group. However, moderated analysis in the current study did not find significant effect of group identification in the association of perceived prevalence, and racial microaggression on psychological wellbeing.

As mentioned before, several initiatives are rising in Brazil led by Black people as a response for the racial inequalities in the country, and the findings of this study may indicate that Black people are indeed feeling that they belong to a group, and they associate themselves with the group, however, feeling part of a group is not enough to resolve the problem. Black people in Brazil face the extra struggle of knowing that their group is still stigmatized, and such initiatives might be a collective response for these harmful situations. On the one hand, group identification is important as individuals feel more empowered and committed to their ingroup. On the other hand, a joint approach and cooperative actions may have a greater effect for their subjective wellbeing.

Even though the findings of this study contributed to previous research and are important to understand Brazil's context regarding racial microaggression, unfortunately, some hypotheses were not supported. The initial goal of examining the effect of a microaggression awareness raising intervention could not be examined due to the low sample size data in T2 of the study. Thus, future research could verify whether a collective perspective, such as group consciousness, would influence in the association between perceived racial microaggression and subjective wellbeing. According to Pinel (1999), group consciousness refers to a political motivation that group member might have once they refuse the current status of their group in society, hence they are more likely to endorse collective actions as a possibility to enhance that status.

Mcclain et al. (2009) elucidate the difference between group identification and group consciousness. The first one refers to a sense of belonging and membership to a specific group, whereas the second one is related to the rise of an awareness of similarity within a group. That awareness results in a political behaviour due a shared ideological view about one's group's social upright, likewise, an understanding that collective action is an appropriate form by which the group can advance its status.

Additionally, according to Sanchez & Vargas (2016) and Mcclain et al. (2009), the concept of group consciousness covers some dimensions, such as a sense of familiarity to in-group affiliates, a conviction that individual and group are linked by fate, and a position that group members are likely to respond to systematic inequality through a collective approach. These elements together explain the impetus to enhance activism and the belief that a collective mindset could change a social group status.

Sohi & Singh (2015) studied the likelihood of collective action as a coping strategy to alleviate the negative outcome of microaggression for the social wellbeing of a specific population in India (the Northeasterners). They explored whether collective action is motivated by anger in response to injustice in triggering action, or by efficacy through the conviction that problems can be solved collectively. Relatedly, perceived discrimination brings the incentive to endeavour changes in the current circumstances through activism and collective action. In that sense, group consciousness may performance as an important element to positively influence subjective wellbeing outcomes. Future research may examine whether group consciousness is a mediator for the microaggression-SWB link that is aligned with the rejection-identification model.

Another interesting analyses for future research would be addressing intersectionality. Differences between racial microaggression related to gender are little addressed by scholars in Brazil (Martins et al., 2020). Literature reveals that different racial microaggression categories affect differently individuals according to their gender (Lewis & Neville, 2015; Lewis et al., 2016; William & Lewis, 2019; Martins et a., 2020) relating to the intersection between gender and race prejudice, its outcomes for mental health, and possible coping strategies. Lewis & Neville (2016) developed a scale to measure gendered racial microaggression in the United States considering frequency of the occurrence and the stress caused by racial microaggression toward Black women. Projected stereotypes (i.e. angry Black women stereotype, and strong Black women stereotype), assumptions of beauty, and being silenced and marginalized are considered as factors of gendered racial microaggression and for the best of our knowledge, there is no research testing the rejection-identification model (Branscombe et al., 1999) with

this framework. Martins et al. (2020) applied the same scale for the Brazilian population to investigate the link between gendered racial microaggression and Black women's mental health in Brazil. Their findings identified the detrimental association and, additionally, the role of self-esteem as a mediator and group identification as a moderator in that association, hence, future research should continue to explore other coping strategies for that matter.

5.1 Limitations

Some limitations could be identified regarding the present research. Originally, this was a longitudinal study that sought to verify the effects of raising awareness about microaggressions on individual's subjective wellbeing outcomes. Participants were invited to respond to a two-time questionnaire, but most of them did not access Time 2 of the research, which made it questionable to use the data provided for Time 2 due to low sample size. Participants received the link for the second questionnaire through an e-mail, but it was verified in the Qualtrics system that participants either did not provide their e-mails or an operational error occurred, such as a blocking system for unknown e-mail's providers, and they did not received the expected link for Time 2 questionnaire. Probably, a more adequate system would help to reach individuals and keep them engaged. For instance, an experience sampling application might give better engagement through phone reminders and notifications once it is authorized by the participants.

The limitation of diversity of the sample should be considered, which was mostly composed of women, employed, well-educated individuals, and politically left oriented. These characteristics may influence a higher average group identification if compared with participants of different backgrounds. Hence, it would be important to include a more diverse sample in future research.

Group identification is a concept that embraces different aspects. The scale used in the current study is a compact and unidimensional measure selected from renowned items in literature related to centrality and other general aspects of group identity (Leach et al., cited in Wachelke, 2012). It would be interesting to apply the rejection-identification model (Branscombe, 1999) considering other aspects of group identity such as solidarity, self-stereotyping, and ingroup homogeneity (Giamo et al., 2012).

The current pandemic may have an impact in a few occurrences of the study. It probably has an influence in the engagement of the participants that ended up not accessing Time 2 of the survey, which required two weeks participation. Likewise, because of the pandemic and lockdowns in Brazil during the data collection, participants could not interact with people, and

it might have an impact on perceiving frequency of racial microaggression. Correspondingly, the current situation may have an impact on the subjective wellbeing, influencing some results. Hence, it would be recommended a longer period for data collection whether considering a longitudinal study.

5.2 Conclusions

The current research provides new insights into the detrimental effects of perceiving racial microaggressions in the Brazilian context. It also shows that while perceiving racial microaggressions is related to greater minority group identification, the latter is not related to greater wellbeing, but only increases negative affect. Even though a significant indirect pathway was confirmed in this study with group identification as a significant mediator in the microaggression-negative affect link, it is not as hopeful as previous research has shown in terms of potentially protective factors. More research is needed to better understand how the effects of microaggressions could be partially alleviated. A politicized form of group identity, such as group consciousness, might be a more empowering and protective mediator.

Further studies are indicated with a larger sample or even considering the application of the original methodology as a longitudinal study. Longitudinal studies in this field (Becker & Swim, 2011; Seaton et al., 2009) provided impressive and helpful findings for the literature about the role of the awareness regarding topics related to race, gender, and other social minority groups to society.

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Appendix A – e-card



**Pesquisa científica sobre Incidentes
Diários que Podem Causar Estresse na
Vida Cotidiana das Pessoas Pretas e
Pardas no Brasil.
PARTICIPE.**

O Instituto Universitário de Lisboa,
financiado pelo Mestrado Conjunto
Erasmus Mundus, está realizando um
estudo que visa entender as experiências
de uma população expressiva no Brasil. A
participação é anônima, voluntária,
específica para pessoas pretas e pardas
acima de 18 anos que moram no Brasil.

Você pode acessar o questionário e
participar da pesquisa através do link:
http://isctecis.co1.qualtrics.com/jfe/form/SV_4NOUhHOBnNeNbCK
ou na bio @lalavregis

**Sua participação é muito
valiosa para nós.**



Appendix B – Questionnaire Time 1

14/07/2021

Qualtrics Survey Software

Consent**CONSENTIMENTO INFORMADO**

Seja bem-vinda! Seja bem-vindo!

O que é este estudo?

O presente estudo se refere a uma dissertação de mestrado realizada pelo ISCTE - Instituto Universitário de Lisboa, financiado pelo programa Global-MINDS (European Master in Global Mobility, Inclusion and Diversity in Society) - um Mestrado Conjunto Erasmus Mundus. Este estudo diz respeito a acontecimentos diários que podem causar estresse no dia a dia das pessoas pretas e pardas no Brasil.

O estudo é realizado por Laís Vitoria Regis, lsrvs@iscte-iul.pt, e, Christin-Melanie Vaudclair, melanie.vaudclair@iscte-iul.pt, e você pode entrar em contato com elas caso tenha uma dúvida ou queira fazer algum comentário.

Qual é o objetivo desta pesquisa e como será a sua participação?

A pesquisa tem o objetivo de compreender as experiências de uma população significativa no Brasil, reconhecida como pessoas pretas e pardas.

A sua participação será muito valorizada! Ela consiste em observar sua rotina durante alguns dias e responder a algumas questões. Você deve fazer isto em duas etapas:

Etapas 1 – nesta etapa, você deve responder a questionários logo após você consentir com a sua participação. Também nesta etapa, serão solicitadas informações demográficas, e serão realizadas perguntas sobre como você está se sentindo ultimamente. Você também deve ler as instruções que lhe ajudarão a responder aos questionários da etapa 2. A etapa 1 levará cerca de **15 minutos** para ser respondida.

Etapas 2 – uma semana depois da etapa 1, você receberá um e-mail para continuar a sua participação na etapa 2. Nesta etapa, você irá responder a questionários de acordo com as suas observações e vivências ao longo do intervalo entre a etapa 1 e etapa 2. O preenchimento levará entre **5-10 minutos**.

O que mais você deve saber sobre a sua participação?

Não existem riscos esperados associados à participação no estudo, mas caso você sinta algum desconforto ao longo de sua participação, ao final desta página você encontrará os contatos de instituições que você poderá procurar para obter o apoio necessário. Ainda que não haja benefício direto com a sua participação no estudo, as suas respostas vão contribuir para uma melhor compreensão de problemas sociais, bem como, a se pensar em soluções para a melhoria do bem-estar psicológico das pessoas na sociedade.

A participação neste estudo é totalmente voluntária: você pode escolher participar ou não participar. Se escolher participar, pode interromper a participação em qualquer momento sem ter de prestar qualquer justificativa. Além de voluntária, a sua participação é também anônima e confidencial. Os dados serão usados apenas a tratamento estatístico e nenhuma resposta será analisada ou reportada individualmente. Em nenhum momento do estudo você precisa de se identificar. Será, apenas, solicitado um e-mail ao final da Etapa 1 para que seja possível enviar o link de acesso para a realização da Etapa 2. Este e-mail será utilizado apenas para esta pesquisa e depois disso, o e-mail será desativado. Apenas participantes com 18 anos de idade ou mais poderão participar deste estudo.

Se você aceitar participar, por favor, clique no botão abaixo e avance para a página seguinte. O preenchimento do questionário indica que você compreendeu e que aceita as condições do presente estudo, consentindo participar.

Muito obrigada,

Contatos para apoio em caso de desconforto psicológico:

Disque Denúncia - 100

Afro Saúde - www.afrosaude.com.br

☐ Aceito

☐ Não aceito

18 anos

Você é maior de 18 anos?

☐ Sim

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RACIAL MICROAGGRESSIONS IN BRAZIL

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☐ Não

Demographics raça

A seguir, solicitamos algumas informações demográficas, bem como perguntas sobre como tem se sentido nos últimos dias.

Você se auto declara como Preto(a)?

☐ Sim

☐ Não

Você se auto declara como Pardo(a)?

☐ Sim

☐ Não

Demografia - sociodemo

Idade,

Sexo,

☐ Feminino

☐ Masculino

Ocupação,

☐ Empregado(a)

☐ Desempregado(a)

☐ Empreendedor(a)

☐ Estudante

☐ Aposentado(a)

☐ Sem condições de trabalho

☐ Outro

Escolaridade,

☐ Alfabetizado(a)

☐ Primeiro grau incompleto

☐ Primeiro grau completo

☐ Segundo grau incompleto

☐ Segundo grau completo

☐ Nível superior incompleto

☐ Nível superior completo

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- ☐ Mestrado
- ☐ Doutorado

Renda mensal.

- ☐ Nenhuma renda
- ☐ Até 1 salário mínimo (até R\$ 1.100,00).
- ☐ De 1 a 3 salários mínimos (de R\$ 1.100,01 até R\$ 3.300,00).
- ☐ De 3 a 6 salários mínimos (de R\$ 3.300,01 até R\$ 6.600,00).
- ☐ De 6 a 9 salários mínimos (de R\$ 6.600,01 até R\$ 9.900,00).
- ☐ De 9 a 12 salários mínimos (de R\$ 9.900,01 até R\$ 13.200,00).
- ☐ De 12 a 15 salários mínimos (de R\$ 13.200,01 até R\$ 16.500,00).
- ☐ Mais de 15 salários mínimos (mais de R\$ 16.500,01)

Orientação política

	Extrema esquerda				Extrema direita		
	1	2	3	4	5	6	7
Arraste a barra de acordo com a sua orientação política.							

Mental health

Por favor, responda às questões a seguir sobre como você tem se sentido **durante o último mês**.

Assinale a resposta que melhor representa a frequência com que você teve a experiência ou sentiu-se da maneira descrita. Durante o último mês, com que frequência você sentiu:

	Muito pouco / Nada	Um pouco	Médio	Muito	Bastante / Sempre
Feliz.	☐	☐	☐	☐	☐
Interessada(o) pela vida.	☐	☐	☐	☐	☐
Satisfeito(a).	☐	☐	☐	☐	☐
Que você teve algo importante para contribuir para a sociedade.	☐	☐	☐	☐	☐
Que você pertencia a uma comunidade (como um grupo social ou sua vizinhança).	☐	☐	☐	☐	☐
Que nossa sociedade está se tornando um lugar melhor para pessoas como você.	☐	☐	☐	☐	☐
Que as pessoas, em geral, são boas.	☐	☐	☐	☐	☐
Que a forma como a nossa sociedade funciona faz sentido para você.	☐	☐	☐	☐	☐
Que você gostava da maior parte de suas características de personalidade.	☐	☐	☐	☐	☐

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RACIAL MICROAGGRESSIONS IN BRAZIL

	Muito pouco / Nada	Um pouco	Médio	Muito	Bastante / Sempre
Que você administrou bem as responsabilidades do seu dia a dia,	☐	☐	☐	☐	☐
Que você tinha relacionamentos afetuosos e de confiança com outras pessoas,	☐	☐	☐	☐	☐
Que você teve experiências que o desafiaram a crescer e tornar-se uma pessoa melhor,	☐	☐	☐	☐	☐
Que você foi confiante para pensar ou expressar suas ideias e opiniões próprias,	☐	☐	☐	☐	☐
Que sua vida tem um propósito ou um sentido,	☐	☐	☐	☐	☐

Conhecimento sobre tópico

Por favor responda às perguntas abaixo considerando o que você acredita,

	Não é predominante	Um pouco predominante	Mais ou menos predominante	Muito predominante	Extremamente predominante
Você acredita que discriminação sutil* contra pessoas pretas e pardas é predominante no Brasil? * Discriminação sutil é aquela que acontece de forma inconsciente e sem intenção que percebemos no nosso dia a dia sob forma de assédio, piadas, insultos, mal tratamento ou tratamento desrespeitoso.	☐	☐	☐	☐	☐
Você acredita que experiências de estresse são predominantes entre as pessoas pretas e pardas no Brasil	☐	☐	☐	☐	☐

Group Identification Time 1

Responda às perguntas abaixo considerando seu grupo étnico-racial.

	Discordo totalmente	Discordo	Nem concordo nem discordo	Concordo	Concordo totalmente
1. Penso frequentemente sobre o fato de que sou uma pessoa preta ou parda,	☐	☐	☐	☐	☐
2. Vejo a mim mesmo como uma pessoa preta ou parda,	☐	☐	☐	☐	☐
3. O fato de que sou uma pessoa preta ou parda é uma parte importante da minha identidade,	☐	☐	☐	☐	☐
4. Identifico-me com outras pessoas pretas ou pardas,	☐	☐	☐	☐	☐
5. Ser uma pessoa preta ou parda é uma parte importante de como me vejo,	☐	☐	☐	☐	☐
6. As pessoas pretas ou pardas são um grupo importante para mim,	☐	☐	☐	☐	☐

Intervention Group

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RACIAL MICROAGGRESSIONS IN BRAZIL

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As perguntas a seguir fazem com que você pense sobre as experiências que as pessoas podem passar no dia a dia. Em cada caso, será pedido para você:

1. Indicar com que frequência as situações abaixo listadas **aconteceram com você na última semana;**
2. Indicar com que frequência você **observou acontecendo com alguém** as situações abaixo listadas **na última semana;**
3. Indicar o **quanto lhe incomodou** vivenciar e/ou observar a situação,

1. Ser ignorado(a), esquecido(a), ou não receber um atendimento (em um restaurante, em uma loja etc.)

Com que frequência **aconteceu com você?**



Com que frequência você **observou acontecendo com alguém?**



O **quanto lhe incomodou** vivenciar e/ou observar esta situação?



2. Ser tratado(a) de forma rude ou desrespeitosa.

Com que frequência **aconteceu com você?**



Com que frequência você **observou acontecendo com alguém?**



O **quanto lhe incomodou** vivenciar e/ou observar esta situação?



3. Ser acusado(a) de algo ou ser tratado(a) de forma suspeita.

Com que frequência **aconteceu com você?**



Com que frequência você **observou acontecendo com alguém?**



O **quanto lhe incomodou** vivenciar e/ou observar esta situação?



4. As outras pessoas reagirem como se estivessem com medo ou intimidadas por você ou por uma pessoa preta/parda.

Com que frequência **aconteceu com você?**



Com que frequência você **observou acontecendo com alguém?**



O **quanto lhe incomodou** vivenciar e/ou observar esta situação?



5. Ser observado(a) ou seguido(a) em locais públicos.

Com que frequência **aconteceu com você?**



Com que frequência você **observou acontecendo com alguém?**



O **quanto lhe incomodou** vivenciar e/ou observar esta situação?



6. Ser tratado(a) como alguém "estúpido(a)" sendo "rebaixado(a)".

Com que frequência **aconteceu com você?**



Com que frequência você **observou acontecendo com alguém?**



O **quanto lhe incomodou** vivenciar e/ou observar esta situação?



7. Ter ideias ou opiniões minimizadas, ignoradas ou desvalorizadas.

Com que frequência **aconteceu com você?**



Com que frequência você **observou acontecendo com alguém?**



O **quanto lhe incomodou** vivenciar e/ou observar esta situação?



8. Ouvir uma brincadeira, piada ou comentário ofensivo.

Com que frequência **aconteceu com você?**



Com que frequência você **observou acontecendo com alguém?**



O **quanto lhe incomodou** vivenciar e/ou observar esta situação?



9. Ser insultado(a), xingado(a) ou assediado(a).

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Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

O quanto lhe incomodou vivenciar e/ou observar esta situação?

10. Pessoas esperarem que seu trabalho ou o **trabalho** de pessoas pretas/pardas seja **inferior**.

Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

O quanto lhe incomodou vivenciar e/ou observar esta situação?

11. **Não** ser levado(a) a sério.

Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

O quanto lhe incomodou vivenciar e/ou observar esta situação?

12. Ser **deixado(a) de lado** numa conversa ou atividade,

Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

O quanto lhe incomodou vivenciar e/ou observar esta situação?

13. Ser tratado(a) de forma **excessivamente** amigável ou de modo superficial.

Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

O quanto lhe incomodou vivenciar e/ou observar esta situação?

14. Ser **evitado(a)**, perceber pessoas se afastando fisicamente.

Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

O quanto lhe incomodou vivenciar e/ou observar esta situação?

15. Ser **confundido(a)** por alguém que presta serviços (ex.: zelador(a), atendente, profissional de serviços domésticos).

Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

O quanto lhe incomodou vivenciar e/ou observar esta situação?

16. Ser **encarado(a)** por estranhos,

Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

O quanto lhe incomodou vivenciar e/ou observar esta situação?

17. Ser **ridicularizado(a)**, motivo de piada ou insulto.

Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

O quanto lhe incomodou vivenciar e/ou observar esta situação?

18. Ser confundido(a) com alguém do mesmo grupo racial (**pessoas que não se parecem** de jeito nenhum, mas que são confundidas uma com a outra).

Com que frequência **aconteceu com você?**

Com que frequência você **observou acontecendo com alguém?**

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O quanto lhe incomodou vivenciar e/ou observar esta situação?

19. Ser solicitado(a) a falar ou **representar todo o seu grupo racial** / étnico (por exemplo, "o que vocês pessoas _____ pensam?").

Com que frequência **aconteceu com você**?

Com que frequência você **observou acontecendo com alguém**?

O quanto lhe incomodou vivenciar e/ou observar esta situação?

20. Ser considerado(a) atraente ou **exótico(a)** por outras pessoas.

Com que frequência **aconteceu com você**?

Com que frequência você **observou acontecendo com alguém**?

O quanto lhe incomodou vivenciar e/ou observar esta situação?

Esta questão é composta por palavras que descrevem diferentes modos de sentir ou de pensar sobre si mesmo(a). Leia cada item e, em seguida, assinale a alternativa que melhor caracteriza o seu modo de ser **na última semana**. Não há respostas certas ou erradas.

	Muito pouco / Nada	Um pouco	Médio	Muito	Bastante / Sempre
Interessado	☐	☐	☐	☐	☐
Afrito	☐	☐	☐	☐	☐
Empolgado	☐	☐	☐	☐	☐
Chateado	☐	☐	☐	☐	☐
Forte	☐	☐	☐	☐	☐
Culpado	☐	☐	☐	☐	☐
Apavorado	☐	☐	☐	☐	☐
Hostil	☐	☐	☐	☐	☐
Entusiasmado	☐	☐	☐	☐	☐
Com orgulho de si	☐	☐	☐	☐	☐
[Irritável]	☐	☐	☐	☐	☐
Alerta	☐	☐	☐	☐	☐
Envergonhado	☐	☐	☐	☐	☐
Inspirado	☐	☐	☐	☐	☐
Nervoso	☐	☐	☐	☐	☐
Determinado	☐	☐	☐	☐	☐
Atento	☐	☐	☐	☐	☐
Inquieto	☐	☐	☐	☐	☐
Ativo	☐	☐	☐	☐	☐
Com medo	☐	☐	☐	☐	☐
Com raiva	☐	☐	☐	☐	☐

Agora, pense sobre os acontecimentos que você acabou de ler no questionário acima. É interessante notar como eles se apresentam no cotidiano das pessoas pretas e pardas.

Em nosso dia a dia, por vezes passamos por situações desconfortáveis, difíceis ou ainda confusas. Nestas situações se escondem mensagens, implícitas e sutis sobre a nossa etnia ou raça. Estes tipos de ocorrências são definidas na Psicologia como "microagressões raciais" e elas podem se manifestar em nossa rotina com mais frequência do que imaginamos.

As microagressões raciais se apresentam através de situações no dia a dia, através de insultos, ofensas, ou tratamentos inadequados. As microagressões podem se manifestar de forma não intencional, e os(as)

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microagressores(as) podem parecer até convencidos(as) que suas ações são justas e bondosas.

As microagressões raciais podem ser percebidas de formas variadas e inesperadas. Pense, por exemplo, nas situações do dia a dia em que você se sentiu invisível, não ouvido(a), julgado(a), ofendido(a), assediado(a), objetificado(a), inferiorizado(a), subestimado(a), discriminado(a); ou naquelas situações que refletem preconceitos e rótulos sociais.

Alguns exemplos de microagressões raciais são:

- **piadas ou apelidos** que sejam ofensivos e relacionados com a cor de pele;
- **comentários** ou perguntas que remetam à sua **aparência** (como perguntar se a pessoa lava os cabelos, comentários sobre tom de pele como "nem precisa tomar sol, já nasceu com bronze", etc);
- quando alguém **muda de comportamento ao ver** uma pessoa preta ou parda se aproximar (como evitar contato ou mudar de direção);
- quando alguém demonstra **surpresa** ao uma pessoa preta ou parda realizar uma tarefa simples;
- **ser confundido(a)** com alguém devido à cor da pele;
- quando as pessoas assumem que uma pessoa preta ou parda **exerce determinada profissão** devido à cor da pele;
- quando uma pessoa preta ou parda é **ignorada** numa situação de **atendimento**;
- quando alguém **descredencia a cultura e ancestralidade** ou nega a existência do racismo através de comentários como "eu não vejo cor" ou "existe apenas a raça humana".
- alguém atribuir a conduta / opinião de uma pessoa preta ou parda como a conduta / opinião de todas as pessoas pretas ou pardas, assumindo uma **similaridade entre todas as pessoas** deste grupo étnico-racial (como quando alguém diz algo como "o que as pessoas pretas e pardas pensam sobre isto?").

Agora que você tem mais informações sobre microagressões raciais, gostaríamos de pedir que, **você fique atento(a) ao longo dos próximos sete dias a situações que possam ser interpretadas por você como microagressões raciais**. Daqui a sete dias, nós entraremos em contato novamente, através de seu e-mail, pedindo para que você lembre dos acontecimentos que lhe chamaram atenção e responda a algumas perguntas relacionadas a este tema.

O importante é que você fique atento(a) tanto a situações que você possa vivenciar ou observar à sua volta. Tenha em mente que o foco principal deste estudo é sobre as microagressões que acontecem nas interações entre as pessoas, **portanto, evite considerar o que você vê na mídia (TV, jornais e rádio)**.

Mais uma vez, obrigada pela sua participação e disponibilidade para nos ajudar a estudar as microagressões raciais no contexto brasileiro!

Poderia nos informar seu e-mail?

Nota: este e-mail será utilizado apenas para esta pesquisa, com o intuito de entrar em contato com o participante para realização da segunda etapa. Após a realização da pesquisa, o e-mail será desativado.

Control Group

Agora, precisamos que você se lembre das situações de **estresse que você vivenciou** durante a última semana e responda a alguns questionários.

Em cada situação, será pedido para você indicar **com que frequência** você tem se sentido de uma determinada maneira. Embora algumas das perguntas sejam similares, há diferenças entre elas e você deve analisar cada uma como uma pergunta separada. A melhor abordagem é responder a cada pergunta razoavelmente rápido, da forma mais espontânea possível. Isto é, não tente contar o número de vezes que você se sentiu de uma maneira particular, mas indique a alternativa que lhe pareça como uma estimativa razoável. Para cada pergunta, escolha as seguintes alternativas:

Nunca / Quase nunca / Às vezes / Com muita frequência / Sempre

	Nunca	Quase nunca	Às vezes	Com muita frequência	Sempre
1. Na última semana, você tem ficado triste por causa de algo que aconteceu inesperadamente?	☐	☐	☐	☐	☐

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	Nunca	Quase nunca	Às vezes	Com muita frequência	Sempre
2. Na última semana, você tem se sentido incapaz de controlar as coisas importantes em sua vida?	☐	☐	☐	☐	☐
3. Na última semana, você tem se sentido nervoso e "estressado"?	☐	☐	☐	☐	☐
4. Na última semana, você tem tratado com sucesso dos problemas difíceis da vida?	☐	☐	☐	☐	☐
5. Na última semana, você tem sentido que está lidando bem com as mudanças importantes que estão ocorrendo em sua vida?	☐	☐	☐	☐	☐
6. Na última semana, você tem se sentido confiante na sua habilidade de resolver problemas pessoais?	☐	☐	☐	☐	☐
7. Na última semana, você tem sentido que as coisas estão acontecendo de acordo com a sua vontade?	☐	☐	☐	☐	☐
8. Na última semana, você tem achado que não conseguiria lidar com todas as coisas que você tem que fazer?	☐	☐	☐	☐	☐
9. Na última semana, você tem conseguido controlar as irritações em sua vida?	☐	☐	☐	☐	☐
10. Na última semana, você tem sentido que as coisas estão sob o seu controle?	☐	☐	☐	☐	☐
11. Na última semana, você tem ficado irritado porque as coisas que acontecem estão fora do seu controle?	☐	☐	☐	☐	☐
12. Na última semana, você tem se encontrado pensando nas coisas que tem que fazer?	☐	☐	☐	☐	☐
13. Na última semana, você tem conseguido controlar a maneira como gasta seu tempo?	☐	☐	☐	☐	☐
14. Na última semana, você tem sentido que as dificuldades se acumulam a ponto de você acreditar que não pode superá-las?	☐	☐	☐	☐	☐
15. Na última semana, você sofreu alguma lesão que NÃO exigiu serviços médicos?	☐	☐	☐	☐	☐
16. Na última semana, você caiu em público?	☐	☐	☐	☐	☐
17. Na última semana, um(a) amigo(a), alguém importante para você ou alguém de sua família mentiu para você?	☐	☐	☐	☐	☐
18. Na última semana, você terminou um relacionamento?	☐	☐	☐	☐	☐
19. Na última semana, você sofreu alguma lesão que exigiu serviços médicos?	☐	☐	☐	☐	☐

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20. Na última semana, um(a) amigo(a), alguém importante para você ou **alguém** de sua família **morreu**?

Nunca Quase nunca Às vezes Com muita frequência Sempre

☐ ☐ ☐ ☐ ☐

Esta questão é composta por palavras que descrevem diferentes modos de sentir ou de pensar sobre si mesmo(a). Leia cada item e, em seguida, assinale o número que melhor caracteriza o seu modo de ser **na última semana**. Não há respostas certas ou erradas.

	Muito pouco / Nada	Um pouco	Médio	Muito	Bastante / Sempre
Interessado	☐	☐	☐	☐	☐
Aflito	☐	☐	☐	☐	☐
Empolgado	☐	☐	☐	☐	☐
Chateado	☐	☐	☐	☐	☐
Forte	☐	☐	☐	☐	☐
Culpado	☐	☐	☐	☐	☐
Apavorado	☐	☐	☐	☐	☐
Hostil	☐	☐	☐	☐	☐
Entusiasmado	☐	☐	☐	☐	☐
Com orgulho de si	☐	☐	☐	☐	☐
Irritável	☐	☐	☐	☐	☐
Alerta	☐	☐	☐	☐	☐
Envergonhado	☐	☐	☐	☐	☐
Inspirado	☐	☐	☐	☐	☐
Nervoso	☐	☐	☐	☐	☐
Determinado	☐	☐	☐	☐	☐
Atento	☐	☐	☐	☐	☐
Inquieto	☐	☐	☐	☐	☐
Ativo	☐	☐	☐	☐	☐
Com medo	☐	☐	☐	☐	☐
Com raiva	☐	☐	☐	☐	☐

Em nosso dia a dia, por vezes passamos por situações estressantes que nos despertam sentimentos como cansaço, raiva ou frustração.

O estresse é constituído por muitas variáveis e processos que resultam na alteração de estados psicológicos das pessoas. Estas variáveis e processos são agentes estressores que podem estar presentes em seu cotidiano até de forma despercebida. O estresse pode ser quantificado através de sua percepção sobre quão sobrecarregada, incontrolável, ou imprevisível a sua vida está nos últimos tempos.

Alguns exemplos de situações que usualmente podem ser tomar estressores são: **mudanças** muito bruscas na vida ou que possam afetar a vida de pessoas, **aborrecimentos diários** (que vão se acumulando com o tempo), situações que estejam **fora de seu controle**, situações de **doenças graves**, situações de **emprego**, situações atípicas em **relacionamentos** interpessoais, situações de que demandem **ajustamentos de rotina** e que estejam fora de seu controle.

É importante informar que os estressores que você viu no parágrafo anterior são apenas exemplos, e que as reações ao estresse estão relacionadas a contextos e fatores individuais, portanto pessoas diferentes podem perceber situações semelhantes como mais ou menos estressantes.

Este estudo diz respeito a acontecimentos diários que podem causar estresse na vida cotidiana das pessoas pretas e pardas no Brasil.

Desta forma, **gostaríamos de pedir que você fique atento(a), ao longo dos próximos sete dias, às situações que possam ser interpretadas por você como estressantes**. Daqui a sete dias, nós entraremos em contato novamente, através de seu e-mail, pedindo para que você resgate os acontecimentos que lhe chamaram atenção e responda a algumas perguntas relacionadas a este tema.

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Mais uma vez, obrigada pela sua participação e disponibilidade para colaborar com este estudo sobre estresse no contexto brasileiro!

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