

The Triphasic Cumulative Microaggression Trauma Processing Model Informed by Body Psychotherapy

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Abstract

Microaggressions are influential on identity formation and are daily occurrences in many individuals' lives. This article explores the formation and effect of internalised maladaptive messages derived from microaggressions in interpersonal relationships, institutions, and dominant culture. The impact of microaggressions on the nervous system and the delineation of the categories of microaggressions are discussed. Nonverbal communication, the body's role, and the interaction of identity intersections of multiple marginalised identities are considered.

The Triphasic Cumulative Microaggression Trauma Processing model is designed to discover internalized maladaptive messages from chronic microaggressions, evaluate these messages, and integrate the awareness gleaned to mitigate their adverse impact. The model merges concepts from Sensorimotor Psychotherapy, Dialectical Behavior Therapy's Safe - Place visualization, Identity theory, Traumatology, and processing through cognition, emotion, and body sensations for trauma related to internalised maladaptive messages. The use of meta-processing through metaskills is emphasized throughout the proposed model.

A case study in conjunction with a detailed description of the model is incorporated to create a distinct picture of the Triphasic Cumulative Microaggression Trauma Processing model's operation.

Keywords: Trauma, microaggression, body psychotherapy, internalized oppression, identity

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It is a delicate act to nonjudgmentally analyse and transform the maladaptive influence of culturally-normed acts as they relate to the diverse levels of social power and identity development. This article is the investigation of the traumatising impact on the whole individual from chronic exposure to microaggressions. The Triphasic Cumulative Microaggression Trauma Processing model's (TCMTP) main focus is the nervous systems automatic trauma responses activated by identities formation by dominant microaggressive cultural norms influence (Burke & Stets, 2009). The relationship between identity and socialisation may assist in the formation

of internalised maladaptive messages (IMM). The body and nonverbal communications role in microaggressive interactions and therapy are conveyed herein. A discussion of the categories of microaggressions; microassaults, microinsults, and microinvalidations are incorporated. Mindfulness, the therapeutic relationship, and the co-use of metaskills are fundamental in the success of treatment with this model. Principles from Sensorimotor Psychotherapy and the concept of processing through cognition, emotion, and body sensations for maladaptive trauma responses (Ogden et al, 2006) are at the core of the model. An adaption of a Dialectical Behavior Therapy's (DBT) technique, the Safe-Place visualization is transformed into the Sanctuary meditation (McKay et al, 2007) as a tool for integration. A brief discussion of Somatic Experiencing (SE) and Eye Movement Desensitization and Reprocessing (EMDR) is integrated to highlight the novelty of the model. An implemental case study in the creation of the TCMTF and an outline of the model close this discussion

Microaggressions and their Impact

Our identities are products of “cultural conditioning” (Sue et al, 2007, p. 280). Individuals formulate and perceive identity through culturally normed messages (Burkes & Stets, 2009). The internalised maladaptive messages are self-assertions that may inform an individual's core identity, becoming accepted and internalised and, ultimately, forming self-inflicted and externally forced internalised oppression (Bailey et al, 2011). Internalised oppression may impact the multiple intersecting identities discussed by Jun (2010): religion, disability, socio-economic status, age, language, sexual orientation, race, ethnicity, and gender. Intersectionality of these multiple identities are defined by Szymanski and Henrichs - Beck (2014) as the “cumulative” and “interactive” (p. 29) experiences of an individual. Identities are not always syntonic and add complexity (Nettles & Balter, 2012) and underscore the development of a greater frequency of psychological disturbance (Szymanski & Henrichs-Beck, 2014). Internalised maladaptive messages are transmitted across generations through microaggressions, causing damage and “perpetuating the cycle of internalized oppression” (Bailey et al, 2011).

Jun (2010) identifies this form of intergenerational trauma as unconscious, complex, and difficult to process. These unconscious prejudices “are activated automatically and influence individuals' perception and judgment” (p. 113). Maladaptive intrapersonal processes for coping with these microaggressive messages present as hopelessness and an inaccurate self-perception (Szymanski & Henrichs-Beck, 2014). Huynn (2012) claims that microaggressions are ambiguous in nature and may be dismissive of an individual's experience. Torres and Taknint, (2015) address that microaggressions “negate the experiential reality” (p. 393) of the individual experiencing and perceiving them. For instance, Latinos may be treated as “perpetual foreigners” (p. 393) or experience others assuming they are inferior.

The cumulative effect of the many forms of microaggressions and their impact on identity formation and maintenance is a pivotal research topic. There is an emergence of a body of research that illustrates the impact of the adverse effects on well-being from microaggressions (Owen et al, (2010); Sue et al, 2007; Wong et al 2013). Holder et al (2015) discuss the impact of chronic exposure to microaggressions as having a “deleterious and cumulative physiological impact over time” (p. 165). The profound impact on the intrapersonal level is reflected in an increase in psychological dilemmas, depression, and low self-esteem (Owen et al, 2010; Sue et al, 2007; Wong et al, 2013). On the interpersonal level it creates disproportionate access to power and creates relational distress (Johnson, 2010; Sue & Sue, 2013). The institutional level impact of microaggressions was considered as a catalyst for “disparities in employment, health

care, and education” (Sue et al, 2007, p. 272). Wong et al (2013) assert that more research is needed to better understand the macro level or “systemic-level” (p. 16) impact from cultural norms and microaggressions. These norms change over time and have an impact on identity formation.

Social interactions in the form of microaggressions are a powerful means of social control (Johnson, 2010). The imbalance in social interactions in the form of microaggressions are learned and they can be unlearned (Johnson, 2010).

The interest in microaggressions has come to the forefront of clinical and academic literature (Holder et al, 2015; Huynn, 2012; Nadal, et al, 2014; Sue et al, 2007; Sue & Sue, 2013; Torres & Taknint, 2015; Wong et al, 2013). The prominent definition of microaggressions introduced by Sue et al (2007) is stated as “brief commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults to the target person or group” (p.273). This definition will be used for the impact on all identities and forms of microaggressions. Three categories of microaggressions are proposed: microassaults, microinsults, and microinvalidations (Nadal et al, 2014; Sue et al, 2007; Wong et al, 2013).

Microassaults may be either covert or overt (Wong et al, 2013). They are defined as overt discriminating acts or attacks (Sue et al, 2007, 2013) such as using the labels to identify someone as a spic, faggot, and kype, and deliberately serving individuals experiencing disability last.

Microinsults are defined as unknown to the perpetrator, but clearly convey a hidden insulting message (Sue et al, 2007). An example of a microinsult is the assumption of the “hidden message” that “black and Latinos are less capable intellectually” (Sue & Sue, 2013, p. 155). Microinvalidations (ibid) are defined as acts against the individual which are “unintentional and usually outside the perpetrators’ awareness” (p. 155-156). For example, complimenting Asian Americans for speaking good English or repeatedly asking them where they were born.

The current discussion would benefit from delineating the “subtle and blatant” aspects of microaggressions (Wong et al, 2013). The covert dynamic of microaggressions are subtle and line up with the unconscious acts and automatic responses to stimuli. The blatant acts are conscious actions and overt displays. On the neurobiological level, this would be described as the difference of automatic responses activated by the nervous system (covert, unconscious, automatic) and the conscious choices (conscious, overt, deliberate) we make.

The body and nonverbal communication are important factors in transmitting and mitigating microaggressions (Johnson, 2010; Sue & Sue, 2013). Koch (2014) addresses the body in therapy as the use of “basic human capacity in order to restore health, access resources, and diminish suffering” (p. 1). He highlights the importance of body feedback from postures when dealing with oppression and trauma. Microaggressions are expressed through nonverbal communication (Carter, 2007; Johnson, 2010; Sue et al 2007,) and are a means to control another (Johnson. 2010). Non-verbal communication is performed through movement and “nonverbal cues are happening with lightning speed” (Prenn, 2014, p. 318). The concept of lightning speed in reactions to nonverbal communication supports the understanding that nonverbal communication is an “unconscious element of the interpersonal interaction” (p. 83) and “is the locus for the most common means of social control” (p. 83). Sue et al (2007) describe the nonverbal elements of microaggressions as “dismissive looks, gestures, and tones” (p. 273). The use of nonverbal microaggressions may be a means to express an imbalanced hierarchal relationship (Johnson, 2010). Individuals who feel that they are unbiased in their conscious mind may still carry these messages and unconsciously, recapitulate them in interactions with

others (Sue & Sue, 2013). Therapists have the duty to keep in their awareness their culturally bound discriminatory messages and personal biases that inevitably enter the therapy process (Owen et al, 2010). The therapist's own self-assessment of identity is an important factor towards their ability to recognise these messages and biases (Mindell, 1995a). In therapy, the power differential is explicit in the professional/client relationship. The therapist must keep the power differential in perspective at all times. Verbal and nonverbal interactions create the interpersonal field of interaction where messages and biases are transmitted (Johnson, 2010).

The body may be the key to discerning microaggressions through noticing what nonverbal movements are present in therapeutic interactions. Prenn (2011) discusses that the nonverbal creates "dyadic attunement" (p. 313) in relationship with clients. The job of the therapist is to intentionally attune or mis-attune with the nonverbal movement qualities of the client. Misattunement in dealing with cultural material may become microaggressive if the therapist is unaware of their own nonverbal language in session. Another element for attention is attuning with the internalised oppression of the client, creating a microaggressive environment. The practical approaches to dealing with microaggressions outlined by Nadal et al (2014) include: awareness of the link between mental health and microaggressions, the use of psychoeducation as a means of raising awareness to the different forms of microaggressions and giving the client language to discuss microaggressions, and validation of the existence of microaggressions.

Major Trauma Clinical Approaches

Widely researched, trauma theory found that overwhelming stress profoundly influences the function and development of both existential and biopsychosocial systems (Abramovitz & Bloom, 2003). Helms et al (2010) define trauma as a set of psychobiological reactions to events perceived as devastating or life jeopardizing. Mindell (1995b) illustrates the commonalities of the symptoms of post-traumatic stress disorder (PTSD) and the effects of long-term shaming (Owen et al, 2010). Ogden and Minton (2000) highlight that trauma impacts the whole individual and explain how trauma symptoms may be cognitive, emotionally, and somatically based.

The messages received from microaggressions may silence, invalidate, and humiliate individuals, having a lifelong effect on the "identity" of the individuals experiencing them (Sue & Sue, 2010). Exposure to this form of dominant cultural perspective has been linked to substance abuse (Sue & Sue, 2013) and other forms of self-destructive behavior (Bailey et al 2011) in those who experience cumulative microaggressions. Microaggressions create maladaptive messages that influence identity formation (Burkes & Stets, 2009), may be a form of traumatic stress (Torres & Taknint, 2015), and evoke immediate trauma reactions (Helms et al, 2010). The physiological reaction to traumatic stress is the activation of the nervous system manifested as hyper or hypo arousal (Carlson, 1997; Carter, 2007). Ogden et al (2006) noted that the nervous system may go into a "rapid mobilisation...in response to trauma-related stimuli" (p. 26). This rapid mobilisation may create hyper or hypo arousal in the nervous system. The nervous system must be in the zone between these two poles of arousal, termed as the window of tolerance in order to process information. The ability to simultaneously think and talk about experiences, feel a congruent emotional tone and sense of self, integrate information on the cognitive, emotional, and body levels are all dependent on the nervous system staying within the window of tolerance. I believe that investigation of the perceptions and reactions to microaggressions is central to mitigating these rapid mobilisations.

There are various clinical approaches to deal with major trauma. Eye Movement Desensitization and Processing is a form of psychotherapy created in 1987 by Francine Shapiro

(Andler, 2013). EMDR's goal is to reduce the effects of distressing traumatic memories by engaging the brain's adaptive information processing mechanisms (Andler, 2013). Somatic Experiencing developed by Levine (1997, 2010) incorporates the nervous systems functioning, focuses on the client's perceived body sensations, and cultivates self-regulatory skills. Sensorimotor Psychotherapy is a method that integrates somatic processing with cognitive and emotional processing in the treatment of trauma (Ogden & Minton, 2000). Evidence supports the idea that somatic techniques can provide relief of persistent and complex trauma symptoms (ibid). McKay et al (2007) discuss Dialectical Behavior Therapy's "safe-place visualization" (p. 31) and experientially explore the traumatic response of the nervous system's regulation through mindfulness, visualisation, skill building, and awareness of the five senses. Metaskills incorporates therapeutic immediacy in processing traumatic material. Mindell (1995a) defines metaskills as the capacity to stay in the present moment experience on multi-levels. Therapeutic immediacy is the real-time reactions of the client and the therapist in the session (Iwakabe & Conceicao, 2015) and is the foundation of this work (Mindell, 1995a). Metaskills create co-awareness of what is happening internally in the client, the therapist, and externally in the relational field. Metaskills are used by the therapist and taught to the client.

Based on my clinical experience, implementing this technique while working with microaggressions, may alter the clients' perspective on microaggressions and how they relate to it through their cognition, emotions, and bodily sensations. The client may be able to craft how they identify with the culturally normed IMM.

Triphasic Cumulative Microaggression Trauma Processing Model

This model has been developed through 7 years of my subjective experiential studies at the Evergreen State College and Naropa University and clinical practice with one on one and groups interactions. The model progressed from multi-modes of expression: music, drawing, meditation, and movement.

In the following section, I create a snapshot of the work with a client that sheds light on practical aspects of the model. Identifying information was omitted to protect the client.

Zac was fifty-one years old when we started our work together. Six years prior he was injured in an accident and sustained a traumatic brain injury (TBI). He was unable to obtain gainful employment and was challenged to stay emotionally, physically, and cognitively regulated. This constant dysregulation impacted his ability to perform basic daily activities. When at home the act of performing light housework was almost unbearable, the clanking of dishes and the sound of running water was too much for his system. He was unable to drive due to the overstimulation produced. In public, he would become fearful of judgment for his strange behavior. He would walk slowly and stagger in grocery stores and others would give him what he perceived as judgmental glances and would move away from him. Zac found that others were more patient and less avoidant when he used his cane in public. Judgment was the main theme in the work with Zac he judged himself harshly and had a paralyzing fear of judgment from others. When Zac spoke of his feelings of judgment he would respond with an automatic hyper or hypo arousal state. When dysregulated in my presence he would cry often, his body would twitch, and he was extremely sensitive to light and sound. Zac's ability to function was limited to this repetitive nervous system response. He was unable to process in session and we would focus on building skills to modulate his nervous system and return to the window of tolerance.

He experienced the linear thinking and the hierarchal power structure of the current social structure (Sue & Sue, 2013). The philosophy of more is better without the consideration of the

impact was inherent in his upbringing and identity schema. Though Zac was raised in a middle-class environment he now held a lower socio-economic status (LSES). The current research denotes that LSES is a contributing factor in higher rates of health problems, depression, and lack of a “sense of control” (Sue & Sue, 2013, p. 192). Myers et al (2015) found that economic status microaggressions creates “chronic socioeconomic stresses” (p. 244) and is a risk factor in “chronic diseases and psychiatric disorders” (p. 244). Zac also experienced a fully able existence for forty-five years before the accident and his disability. O’Brien et al (2015) delineate how individuals’ experiencing disabilities perceptions of judgment from peers create barriers to resources. They elucidate how teachers have been unwilling to change their instruction to accommodate individuals with disabilities, creating microaggressive learning.

The transformation from able bodied to disabled and a middle-class status to LSES was a pivotal element to our work. The onset of these marginalised identities and their intersections created disruptions in his identity schema. The impact of microaggressions received from these marginalised identities created disparities in his identity consistency. We uncovered messages that influenced his identity and ultimately his ability to function. Zac was raised in a family where the main goal was for the family to outwardly present as “perfect” and behind closed doors, Zac experienced overt microaggressive experiences from his father and mother. His mother gained control by presenting as emotionally absent, judgmental, and through passive slights. He described his father by controlling with an overbearing and highly judgmental attitude. Zac was continually bombarded with the messages that he was not enough. Zac’s identity was initially formed through the combination of these parenting styles and means of interacting. The impact on Zac from growing up in a microaggressive family of origin created IMM. These IMM were solidified and reconstructed into deeper and altered marginalisation after the accident.

I will now outline one session where Zac was processing an IMM from the combination of his LSES and disability status with the TCMPT. This is a two-part vignette it shows the model in action and provides a detailed expression of Zac’s present moment experience. A clear-cut outline of the model is shown in figure 1.

Figure 1

The Discovery Phase

Objective: Discover the current IMM.

- *Find entry point into processing material (cognitive, emotional, or bodily).*
- *Find a statement to express IMM.*
- *Process statement on all levels.*
- *Turn statement into an “I” statement.*

The Evaluation Phase

Objective: Experiential practice of IMM.

- *Find most accurate representation of IMM through posture.*
- *Find movement that expresses the IMM posture.*
- *Move posture while speaking the IMM.*
- *Find the opposite posture and opposite corresponding message.*
- *Repeat the first three steps with the opposite posture and message.*
- *Feel the space between the two movements.*

The Integration Phase

Objective: Integrate IMM and OCM into current identity schema.

- *Body scan.*
- *Visualization of a sanctuary through sanctuary meditation.*
- *Find imagery, senses, bodily reactions, and emotions that arise.*
- *Write the opposite corresponding message in the sanctuary.*
- *Body scan.*
- *Discussion in attempts to integrate into identity schema.*

The discovery phase's purpose in the work with Zac was to discover the IMM incorporated into his self-construct and find the entry point into processing material (cognitive, emotional, or bodily).

In this particular session, the entry point Zac found was through emotion. He was experiencing sadness, and when I asked him to locate the sadness in his body, he described his sadness as a deep well in his chest pulling inward, creating tightness. I suggested him to find a statement to express his IMM. The words that expressed his feeling of sadness were "not enough". This "not enough" corresponded with the many microaggressions he had experienced before the accident and subsequently with the alterations of his identity. The next task was for Zac to notice what occurred on all levels when he felt into "not enough". He was then asked to turn these words into an "I" statement. Zac's IMM "I" statement was "I am not enough".

The objective of the evaluation phase is to experientially practice his IMM that stemmed from microaggressions. Zac was encouraged to find the most accurate body representation of his IMM through posture. Once he had found the posture, he was invited to use metaskills and remain with this posture. He was then asked to find the opposite posture of the IMM. Zac mindfully moved between each posture. The following step was for Zac to locate what movement emerged from the first body posture. He was encouraged to repeat the movement while speaking the IMM "I am not enough". He then found the opposite of the IMM movement and the opposite corresponding message (OCM). The OCM the client established was "I am enough". He moved mindfully between the initial movement and its opposite while speaking the IMM and the OCM. As an ending to this phase, Zac processed verbally the IMM, OCM, and the images, feelings, and body sensations that occurred in this exploration.

The integration phase's intention is to find the liminal space between the messages on all levels. This phase uses the OCM in a guided Sanctuary meditation. Zac was guided through a body scan as the first step. He was asked to visualize a peaceful place in his mind. Questions such as "are there any people or animals in your this place?" were used to stimulate imagery. I asked Zac questions to bring in the five senses. He was encouraged to notice what was in his sanctuary. Zac then was asked to write the OCM on any object and with anything in his imagined place. He chose to write the OCM "I am enough" on the floor and on a hanging picture frame suspended from the ceiling. A final body scan was used to bring him out of the meditation before he engaged. Details of the meditation were then discussed. In this particular mediation, Zac envisioned a light bright room adorned with soft ivory fabrics, crystal, and gold. He could now incorporate light and bright spaces with soft textures in his daily life to assist self-regulation. The integration phase was the space for Zac to rewrite or reform how he interacts with these messages internally as part of his relationship with self and externally in his interpersonal relationships.

Other messages Zac worked with were “I am not worthy” and “I am not able”. The next steps in this work were to teach Zac self-directive exercises. In these exercises, he conveyed his current experience with the model format and minimal guidance. These exercises were used to build a self-practice aimed at self-regulation and self-reliance. The results gathered from our time together were an increase in ability to drive independently, success in navigating basic life skills, and developing the ability regulate his nervous system in different environments. He did not regain the ability to obtain gainful employment, yet he started to investigate what work he could do with the capacity he had.

Conclusion

The Triphasic Cumulative Microaggression Trauma Processing models main premise is processing microaggressions influence on the body, emotional, and cognitive levels, for nervous system regulation, integrating IMM, and transforming self-construct. The TCMTTP is unique from similar clinical approaches by its application with cumulative microaggressions and the use of meta-processing. The TCMTTP is designed as an investigative tool and reparative instrument to rewrite internalized maladaptive messages. The ability to navigate intrapersonal, interpersonal, institutional, and cultural relationships differently may be cultivated through this work. The next step for this model is to include a timeline creation or coherent narrative of the IMM. This timeline is formulated by investigating where IMM collectively repeat throughout a lifetime. Further implications include research that illuminates the generational pattern of relationship with IMM through the TCMTTP framework in group settings. Long-term research using this framework with multi-systems of thought and multi-discipline approach would be beneficial in this investigation.

BIOGRAPHY

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