

Letters from readers are welcome. They will be published at the editor's discretion as space permits and will be subject to editing. They should not exceed 500 words with no more than three authors and five references and should include the writer's e-mail address. Letters commenting on material published in *Psychiatric Services*, which will be sent to the authors for possible reply, should be sent to Howard H. Goldman, M.D., Ph.D., Editor, at psjournal@psych.org. Letters reporting the results of research should be submitted online for peer review (mc.manuscriptcentral.com/appi-ps).

Did Microinsults and Microaggressions Play a Role?

To the Editor: I found the outcome of the study published in the April issue—"Racial Differences in Veterans' Satisfaction With Examination of Disability From Posttraumatic Stress Disorder" (1)—very interesting. On the basis of more than 40 years of working with African Americans, I found the conclusion unsurprising: "Ratings of disability examinations were generally high, although ratings were less favorable among African-American veterans than among Caucasian veterans." These results clearly indicate that although America embraces the ideal of judging people by the content of their character and not the color of their skin, as a nation we have not yet been able to actualize it at all levels of society (2).

One explanation for why "race was significantly associated with overall rating of quality" might be the phenomena of "microinsults" and "microaggressions." Dr. Chester Pierce defined these phenomena as subtle deprecating assumptions or stereotypes that cause perpetrators to infringe on the victim's times, space, energy, and mobility (3,4). Consider the example of a well-dressed African-American woman buying groceries at

an upscale store and being asked by the European-American cashier for her food stamp card. Another example: an African-American man wearing a \$500 three-piece suit is checking into a downtown hotel and is asked by a European-American hotel guest to help him with his bags.

Experience with African-American patients has taught me and others that these subtle behaviors are often at the root of the lack of trust and rapport that African-American patients have for examiners who lack cultural sensitivity (5) and who, as a result, are felt to be unwelcoming. Often when the African-American individual involved in these incidents shows offense, he or she is next asked "Why are you people so touchy?"

Therefore, I am curious. Were the authors aware of the phenomena of microinsults and microaggressions? And, if so, do they have an inkling of whether these dynamics may have played a role in their findings?

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References

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3. Parekh R, Bell C, Weintraub K: Overcome Prejudice at Work: The Harvard Medical School Guide. New York, RosettaBooks, 2013
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In Reply: Dr. Bell asks whether we know if "microinsults" and "microaggressions" were related to the finding that ratings of PTSD examiners were less favorable among African-American veterans than among Caucasian veterans. It is noteworthy that African Americans rated examiners lower on both the quality of the examination provided and the examiners' "interpersonal qualities," which would be consistent with the idea that some aspects of the interpersonal encounter were especially off-putting to African-American veterans. However, the overall ratings of examiners were high among both African-American and Caucasian veterans, so the effect of any possible "microinsults" was apparently not strong enough to result in low ratings on average.

The question Dr. Bell asks is important. If examiner behaviors are disparaging, better examiner training would be one approach to correct this. The examinations were audiotaped, and we hope to conduct a qualitative analysis of exchanges between veterans and examiners to better understand what transpires during these important and often highly charged examinations.

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Age and Suicide Among Veterans With a History of Homelessness

To the Editor: Existing data suggest that suicide rates increase during middle age and again among older adults in the general population (1). Previous research has documented more than a fourfold increase in risk for all-cause and cause-specific mortality associated with homelessness (2). However, less is known about the relationships between suicide and age among those with history of homelessness. In recent years, identifying risk factors and intervention strategies to eliminate homelessness among veterans has become a national priority (3). Understanding age-