

Chapter 3

Microaggressions



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Introduction

The term “microaggression” was used in the 1970s by Dr. Chester Pierce to describe insults, dismissals, and casual degradation of marginalized groups. More recently, professor of psychology Dr. Derald Wing Sue defined microaggression as “the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership” [1]. A component of the increase in microaggressions may be a result of the societal unacceptability of overt racism. The end of the American Civil War marked an era of change where we saw a decrease in acts of bigotry and overt racism. This also marked the creation of affirmative action and welfare reform. Affirmative action policies were created to help members of minority groups access employment equal to the majority group. Affirmative action in higher education has been marked by bitter debate and has been challenged in the courts, and the focus on racial membership has not lessened. However, racism has changed from overt acts to subtle and covert acts that form the basis of microaggression.

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The Institute of Medicine, now known as the Health and Medicine Division (HMD) of the National Academies, compels us to focus on climate “as it relates to the perceptions, attitudes and expectation that define the institution, particularly as seen from the perspective of individuals of different racial and ethnic backgrounds” [2]. Addressing the barriers that lead to negative stereotypes and low expectations is of paramount importance to creating an environment that addresses healthcare workers’ well-being, health disparities, and access to safe and equitable care. “If we live in an environment in which we are bombarded with stereotypical images in the media, are frequently exposed to ethnic jokes of friends and family members, and are rarely informed of the accomplishments of oppressed groups, we will develop the negative categorizations of those groups that form the basis of prejudice” [3]. This idea that the environment creates and perpetuates prejudice is important to understand; prejudice and unconscious biases are the roots of microaggression. A climate where microaggression is ignored fosters a hostile work environment with professionals who provide substandard patient care.

Discussion

Microaggressions include inappropriate humor, stereotyping, and questions of belonging that occur in three forms: microinsults, microassaults, and microinvalidations [4].

Microinsults are characterized by interpersonal or environmental communications that convey stereotypes, rudeness, and insensitivity and that demean a person’s racial, gender, sexual orientation, heritage, or identity. These are subtle unconscious snubs that convey a hidden message. The message is intended to threaten, intimidate, and make individuals or groups feel unwanted or unsafe. Microassaults are explicit racial denigrations characterized by verbal (name-calling) or nonverbal (avoidance behavior) attacks that are intended to hurt their victim. These are usually conscious behaviors. Microinvalidations are characterized by communications and environmental cues that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of certain groups such as people of color, women, and LGBTs [4].

Figures 3.1 and 3.2 outline general themes of microaggressions and the messages sent to the recipient.

Microaggression in academic medicine and its impact on those caring for patients are increasingly being identified. The 9/11 bombing of the World Trade Center resulted in an increase in the incidence of religious microaggressions. This presented as religious stereotyping of Muslims as terrorists, leading to increased discrimination against Arab-Americans, furthering their isolation in our society. Microaggressions toward persons of sexual minority groups are commonplace in clinical medicine. These are often in the form of microassaults when medical professionals refuse to use preferred pronouns for transgendered patients or use derogatory language when referring to LGBT persons. Studies have shown that racial

Theme	Microaggression	Message
<i>Alien in own land</i> When Asian Americans and Latino Americans are assumed to be foreign-born	“Where are you from?” “Where are you born?” “You speak good English.” A person asking an Asian American to teach them words in their native language.	You are not American You are a foreigner
<i>Ascription of Intelligence</i> Assigning intelligence to a person of color on the basis of their race.	“You are a credit to your race.” “You are so articulate.” Asking an Asian person to help with a Math or Science Problem.	People of color are generally not as intelligent as whites. It is unusual for someone for your race to be intelligent. All Asians are intelligent and good at Math/Sciences.
<i>Color Blindness</i> Statements that indicate that a White person does not want to acknowledge race	“When I look at you, I don’t see color.” “America is a melting pot.” “There is only one race, the human race.”	Denying a person of color’s racial/ethnic experiences. Assimilate/acculturate to the dominant culture. Denying the individual as a racial/cultural being.
<i>Criminality - assumption of criminal status</i> A person of color is presumed to be dangerous, criminal, or deviant on the basis of their race.	A white man or woman clutching their purse or checking their wallet as a black or Latino approaches or passes. A store owner following a customer of color around the store. A whiter person waits to ride the next elevator when a person of color is on it.	You are a criminal. You are going to steal/You are poor /You do not belong/You are dangerous.
<i>Denial of individual racism</i> A statement made when whites deny their racial biases	“I’m not a racist. I have several black friends.” “As a woman, I know what you go through as a racial minority.”	I am immune to races because I have friends of color. Your racial oppression is no different than my gender oppression. I can’t be a racist. I’m like you.
<i>Myth of meritocracy</i> Statements which assert that race does not play a role in life successes	“I believe the most qualified person should get the job.” “Everyone can succeed in this society, if they work hard enough.”	People of color are given extra unfair benefits because of their race. People of color are lazy and/or incompetent and need to work harder.
<i>Pathologizing cultural values/communication styles</i> The notion that the values and communication styles of the dominant / white culture are ideal	Asking a black person: “Why do you have to be so loud/animated? Just calm down.” To an Asian or Latino person: “Why are you so quiet? We want to know what you think. Be more verbal.” “Speak up more.” Dismissing an individual who brings up race/culture in work/school setting.	Assimilate to dominant culture. Leave your cultural baggage outside.

Fig. 3.1 Categories and relationships among racial microaggressions [4]

microaggressions and discrimination have a significant negative impact on both mental and physical health and well-being and are likely major contributors to depression, anxiety, and burnout among physician trainees and other employees [5–7]. Changing culture, decreasing the incidence of microaggressions, and coping with microaggressions continue to be the challenges.

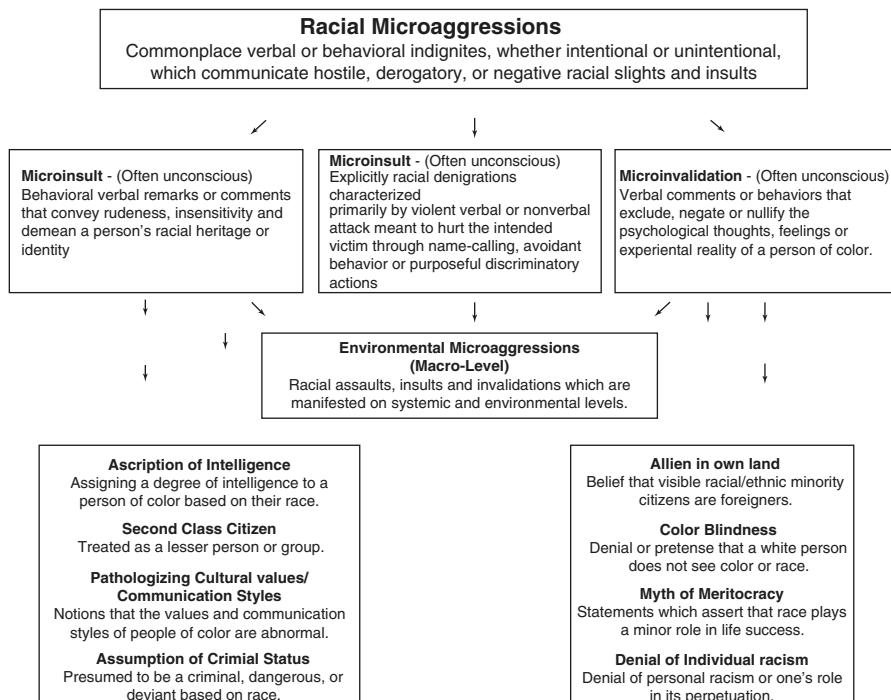


Fig. 3.2 Examples of racial microaggressions [4]

Coping with Microaggression

Microaggressions are often invisible and differ from other stressful events that might elicit a sympathetic response. For example, stressors such as illness or family difficulties are more obvious stressors, where colleagues will be more understanding; in contrast, the invisibility of microaggressions garners no sympathy or emotional support and is often looked upon as people being overly sensitive. Many who experience acts of microaggression post the incident on social media, which often gets them verbal support from allies. In his guide to responding to microaggressions, Kevin Nadal proposes five questions to ponder when making the decision to respond [8]:

1. If I respond, could my physical safety be in danger?
2. If I respond, will the person become defensive and will it lead to an argument?
3. If I respond, how will this affect my relationship to the person (e.g., coworker, family member, etc.)?
4. If I don't respond, will I regret not saying something?
5. If I don't respond, does that mean that I accept the behavior or statement?

Nadal suggests someone responds to microaggression by asking him- or herself the following questions: (1) Did the microaggression really occur? (2) Should I respond to this microaggression? and (3) How should I respond to this microaggression [8]?

An exploratory study of adaptive responses by Hernandez et al. identified eight coping themes that can be used by medical professionals when they experience microaggression [10].

1. Identifying Key Issues in Deciding How to Respond to a Racial Microaggression:

The decision to respond to a microaggression is very complex. While the response to overt racism might include demonstrations, marches, and media outcry, the response to microaggression tends to require introspection. This often starts with self-reflection: “Did an act of racism truly occur?” Microaggressions are often quick, subtle, and unintentional acts—so people may wonder, “Am I overreacting?” “Am I being too sensitive?” or “Are there other ways to interpret this other than racism? If I choose to respond, it will likely lead to defensive behavior, anger, broken relationships, and increased stress. If I don’t respond, I will feel guilty for allowing myself to be treated so poorly.” Other reasons for not responding include racial fatigue and fear of retribution or even harm. To minimize the defensive behavior, it is best to address the behavior in a calm manner and avoid personal attacks such as calling someone a racist. It is also helpful to reflect on the situation with others.

2. Self-Care:

We know from research and our own observations that microaggressions affect the mental and physical health of their victims. It is very important to engage in wellness activities that can help detoxify and maintain positive thoughts in these situations. Mindful behaviors such as meditation, exercise, and acupuncture are often helpful in coping with the stress of microaggression. Taking pride in one’s ethnic heritage is also a helpful coping strategy.

3. Spirituality:

Faith can play a major role in coping with stress. Prayers and other rituals can help one switch focus from oneself to a higher power. One’s belief that a higher power can handle the stress can lead to some personal stress relief.

4. Confronting the Aggressor:

After pondering the potential risk of responding to a microaggression, and ultimately finding one’s voice to confront an aggressor, there are still many considerations. One may need to first evaluate the relationship one has with the aggressor. The decision to confront and how to do it will be different if the aggressor is a friend, a family member, or a colleague. Some authors [8, 9] suggest that one uses this as a teachable moment and offers a brief lesson on diversity education. Of course, one will need to decide if that is a battle one chooses to pick as not every microaggression is amenable to a teachable moment. One must balance taking care of their own psychological well-being against providing education to others. Challenging what was said and offering clarity is another option.

5. Seeking Support from Majority Allies:

There is no question that majority allies are hugely helpful in advancing the cause of equity, diversity, and inclusion. Although it is unfortunate, the same elements of discrimination and racism allow majority allies to make statements that might not be as easily accepted coming from minority populations. People in the

majority may have the financial resources and influential contacts that could be used to address microaggressions. In the case of microaggressions, allies can address microaggressions without seeming defensive. For example, microinvalidation statements such as “It’s not a big deal,” when offensive statements are made, are harmful, and support from a majority ally can allow others to recognize the underlying fallacy of similar statements. Having allies recognize the importance of microaggressions allows them to call out microaggressions as they happen, as well as be receptive to feedback in case of unintentional statements.

How do you identify allies? From pre-existing organizations, some allies are obvious. Groups with similar aims, such as other minority groups with similar goals, may be helpful. Institutional officials such as chief diversity officers may be able to identify others within a network who are willing to be supportive.

Once allies have been identified, have closed door conversations around overall inclusion; a discussion specifically about microaggressions will allow both public support and a clarification about elements of microaggressions, as well as the opportunity to prep allies with appropriate responses and identification tactics.

6. Keeping Records and Documenting Experiences of Microaggressions:

The documentation of experiences has multiple benefits. From a legal perspective, it can assist with proof of an intolerant work environment. When talking with allies, it helps to have examples, and without documentation, remembering individual experiences is often difficult. With appropriate documentation, a fruitful discussion with employment leadership about microaggressions can open eyes, and possibly change culture. Documenting the frequency of occurrences is also beneficial. When the volume of issues is obvious, microaggressions become apparent. If consistent attempts at success for culture change and administrative support are unsuccessful, legal action and involving the press are alternate options.

7. Mentoring:

Issues regarding microaggressions are difficult to process alone. Having a mentor who one can talk to and receive feedback from is beneficial. A mentor can help frame scenarios, as well as serve as a sounding board for future actions. A mentor can also assist in describing cases in terminology that makes the issues around discrimination more clear.

8. Organizing Public Responses:

Change requires group and public awareness. By utilizing allies, mentors, and documentation, the hope is that the opportunity to speak in a larger venue about discrimination in all forms, and microaggressions in particular, becomes available. From overall lectures and discussion groups about microaggressions, as well as individual conversations about the importance of eliminating microaggressions, communicating the message of inclusion on a larger stage is critical. However, individual events serve as touchpoints for success, and long-term support strategies, such as campus groups and alliances, serve to constantly move the needle forward. Utilizing these groups to develop uniform responses serves

two purposes: It provides members with a prepared, measured, vetted method to reply to key issues, and it allows others in the group to understand that their issues are not theirs alone. This solidarity cannot be understated. Along similar lines, research on microaggressions and how they affect self-image, self-worth, career opportunities, and career success is critical to future planning and addressing these issues on a larger scale [11]. When presented with data, majority deniers will have trouble stating these issues do not exist. Further data, examples, and multiple avenues of support will lead to long-term changes in culture and policy [12–14].

Conclusion and Recommendations

Microaggressions occur in everyday life and are not immediately or easily visible to their victims. Even the aggressors of microaggressions may not be immediately aware of their bias. While the impact of microaggression on the well-being of marginalized groups requires more rigorous research, it is clear from the current literature that it has significant impact on the biological, emotional, cognitive, and behavioral well-being of marginalized groups. It is important for educators to teach everyone—not just the marginalized groups—how to recognize and, more importantly, how to cope with microaggressions, as well as to characterize microaggressions for what they are—a form of racism [15].

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