Psychology Cannot Afford to Ignore the Many Harms Caused by Microaggressions

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Abstract
In an ongoing debate, Scott Lilienfeld (2019) continues to question the merits and meaning of microaggressions research. Key issues include how to define microaggressions, whether microaggressions cause measurable harm, whether microaggression education is helpful, and defining the most important next steps in the microaggressions research agenda. I discuss the importance of understanding microaggressions in context and as they relate to pathological stereotypes about groups, given that this is critical to identifying them. I summarize some of the many longitudinal studies linking psychological and medical problems to experiences of everyday discrimination. In addition, the literature indicates that victims of microaggressions experience further harms when trying to respond to offenders, but there is little research to support any specific interventions, including those advanced by Lilienfeld. I discuss the importance of believing and supporting those reporting experiences of microaggressions. I conclude that there is a need for more research examining (a) how to reduce the commission of microaggressions, (b) how to best respond to offenders in the moment in a way that mitigates harm for all persons involved, and (c) how clinicians can best help those who are suffering as a result of microaggressions as the next frontier in this important work.

Keywords
microaggressions, racism, ethnic differences, diversity, education

It has been more than 50 years since the passage of the Civil Rights Act of 1964 in America, outlawing discrimination on the basis of race, color, religion, sex, or national origin; nonetheless, ethnic and racial disparities in mental-health care stubbornly persist. These disparities have several causes, including the experience of stigma itself, which is often embodied in a covert form of racism known as a microaggression (Pierce, 1970; Sue et al., 2007).

Fair Critique or More Microaggressions?
Some questions have been raised in academic circles—primarily by scholars outside the area of diversity—about the merits and meaning of microaggressions research. These include: Can we define microaggressions? Can microaggressions be sufficiently operationalized? Do microaggressions really cause harm? Is microaggression education helpful? What are the most important next steps in the microaggressions research agenda? Such questions deserve a response, ideally from scholars who have an understanding of the issues, have contributed to the science, and are invested in the well-being of those affected. Although vigorous exchange of ideas can be healthy and good for the field, to approach this matter as a simple debate fails to acknowledge the ongoing stigma and marginalization experienced by those most in need of this work and the very researchers who battle disproportionate obstacles to bring findings to fruition and into the public eye (DeLapp & Williams, 2015).

When Scott Lilienfeld’s (2017) critique of microaggressions research was initially published in this journal, it did pose some important questions. However, it was also filled both with inaccuracies and with the very subject matter of the article—microaggressions. It caused hurt and offense to many readers, so much so that several top diversity scholars collectively decided

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not to respond. I understand their decision, but I also think this was a tactical error. Even though Lilienfeld is not a diversity researcher, and there were many problems with his original article, his words resonated with opponents of microaggression education (e.g., Haidt, 2017). Lilienfeld’s ideas and opinions were widely repeated in the popular media and often taken as fact by the uninformed, resulting in tangible harms, including victim blaming and heightened scrutiny of antiracism-training efforts (e.g., Krayden, 2017; Torino, Rivera, Capodilupo, Nadal, & Sue, 2018). I decided to offer an informed response to his article; that response was accepted by Perspectives in December 2018 but not published online in August 2019 (M. T. Williams, 2019b).

I appreciated that Lilienfeld’s (2019) response to my piece offered some helpful clarifications to his original article. However, I was disappointed to see that one of his main strategies to address my points was to take statements from several coherent arguments within my article and paste them together in a way that makes it appear that I contradict myself, rather than constructive scientific engagement with the larger issues I raise concerning the harms of microaggressions and the research agenda moving forward. It seems we agree that microaggressions research is important, microaggressions are correlated with underlying prejudicial attitudes, the topic has historically been overlooked in psychological research, and teaching about it should continue. It is helpful that Lilienfeld clarifies that his arguments about negative emotionality (NE) refer to within-group differences only, rather than between-group differences, and that he never meant to imply that NE was the only cause of microaggression-related distress. However, if this is the case, it makes his original exposition on NE even more perplexing, given that nearly all psychopathologies are correlated to NE. So to belabor a correlation between NE and distress from microaggressions is both uninteresting and unnecessarily stigmatizing of victims.

Defining Microaggressions: Clarity or Confusion

Lilienfeld posits that I offer no explicit guidance concerning what types of contextual variables help us identify microaggressions, which is incorrect. One problem is that he reduces my definition of microaggressions to “deniable acts of racism” (p. 2 of proof), which from his perspective makes microaggressions “inherently racist by fiat” (p. 2 of proof), precluding the possibility that certain microaggressions reflect misunderstandings of cultural norms, and leaving “the door open for interpretation biases” (p. 4 of proof).

Look at both halves of the definition I provided. The cardinal considerations of a microaggression are these:

(a) Does the behavior reinforce pathological stereotypes or promote exclusion? (b) Is it easy to explain away as not being due to race? If the answers to both are yes, then we have a microaggression and not simply a cultural faux pas (although certainly a behavior can be both). The problem is that Lilienfeld examines only my second consideration and not the first. Being able to make effective use of this rubric requires knowledge and comprehension of pathological ethnic and racial stereotypes, and omitting the first half of the definition may reflect a lack of understanding as to what constitutes problematic stereotypes. Research has been conducted to identify pathological stereotypes as they apply to various marginalized groups (e.g., the Princeton Trilogy; Madon et al., 2001), and interested persons are encouraged to reference these to help in making a determination as to what is and is not a microaggression. This speaks to the fifth point of consideration in my original article, for those who would like to better understand microaggressions (M. T. Williams, 2019b): in essence, people should educate themselves on subtle prejudice in America and the life experiences of those from different ethnic groups.

Further, as noted in my original article, microaggressions should always be considered in the context in which they are produced, and this is what I teach in the trainings and workshops I provide. At such trainings, I typically show slides with a list of categories and examples of related microaggressions from focus groups that I have conducted or from the literature. I notice that people are quickly snapping pictures of the slides with their cell phones, and many ask if they may have the list emailed to them. The problem, however, is that microaggressions are context dependent (Sue et al., 2007), and so they cannot be defined simply on the basis of the exact behavior performed or the precise words in a given sentence. I encourage picture taking and use this as a teaching moment. I explain to learners that they must understand pathological stereotypes about the target and whether, in the context of the event, the behavior tends to be rationalized as caused by something other than race. Lilienfeld says that “the microaggression training workshops advocated by Williams inform participants that certain statements and actions are unequivocally microaggressions” (p. 7 of proof) and this is simply incorrect (M. T. Williams, 2019a).

Lilienfeld still insists that the concept of microaggressions has “excessively open boundaries” (p. 7 of proof), but this is an inappropriate value judgment on his part. There is a large literature on everyday-language concepts that shows that many categories with unclear boundaries still have strong interrater reliability (e.g., consider the word “tall”). Using a cultural
consensus analysis, Michaels et al. (2018) demonstrated agreement by both Black and White raters as to what items were microaggressions, and these items were, in fact, independently assessed by diversity experts, providing compelling converging evidence for a construct with clear boundaries.

Can a Target Be Wrong?

Lilienfeld notes that I urge believing those who report experiences of microaggressions (e.g., M. T. Williams, 2019a, 2019b, Point 9), but he takes this to mean that I am saying targets are always correct. I do wish to clarify that this is not my position—microaggressions are not defined on the basis of the individual’s interpretation of the event. As I noted before, a microaggression may be present whether or not the target perceives it. Because microaggressions are subtle and must be interpreted in context, a person can believe they experienced a microaggression but be mistaken. That being said, when Person A describes a microaggression, and Person B approaches this situation with the notion that Person A “could be wrong,” it sets the stage for more microaggressions and relationship damage (or further relationship damage if the offender is the one claiming the target may be wrong). The default response should be belief of a person’s experience, just as we would believe them if they said that we had accidentally slammed the door in their face, left something in the hall that they later tripped over, or mispronounced their last name. It is problematic that a typical response to a microaggression is denial from the offender, with the implied or explicit assertion that the target is mistaken (e.g., Minikel-Lacocque, 2013). Also conceptualized as “gaslighting,” this is a second microaggression and only compounds the damage from the initial assault (Rini, 2018).

When others assume that a target is mistaken, it adds insult to injury and is disempowering. It shifts the authority of interpretation from the person who experienced it (who is usually in the best place to make this determination) to the person who is learning about it second hand (a person who was not present for the event and does not understand the full context of the situation) or the person who committed the microaggression (who is motivated to deny racist wrongdoing to preserve self-esteem or for impression management). This is why the default response should always be to believe and support someone reporting a microaggression. Even if the target is mistaken, suggesting this at the onset will be counterproductive, so it is important to give the target benefit of the doubt. Offenders should apologize, show cultural humility, and be willing to learn so that they do not needlessly keep hurting others with their words and behavior (e.g., Hook et al., 2013).

If a person believes a microaggression happened to them when it positively did not happen, and accuracy in this matter is of paramount importance, then the appropriate response would be to have a careful and sensitive discussion about the situation. The response should never be, “You are wrong,” or “That was not a microaggression and here’s why...” This is simply replicating the harmful and invalidating messages people of color experience all the time when trying to engage in a conversation about this problem. The putative offender might instead start the conversation with, “I can see why that felt like a microaggression, given the many times you’ve experienced that situation in other contexts. If I had experienced all of the ignorance and bias from others the way you have, I would think that too. But this particular case seems a bit different to me. May I tell you why?” This approach shows empathy, recognizes that microaggressions do occur with some regularity, and invites the target to explore alternatives rather than immediately negating their experience; as a result, such feedback will be more effective and experienced more respectfully.

Prospective Studies Show Harm From Microaggressions

Lilienfeld continues to question the idea that microaggressions are a cause of mental-health problems, calling for more longitudinal studies to be conducted. In my original article, I cited a number of studies linked to various mental disorders to illustrate the breadth of the problem. However, if we refocus our search to just prospective studies as he suggests, we continue to observe that microaggressions are linked to numerous negative psychological and medical outcomes over time. As described in my original article (M. T. Williams, 2019b), the concept of microaggressions almost entirely includes everyday discrimination (e.g., M. T. Williams, Printz, Ching, & Wetterneck, 2018), which has been widely measured (D. R. Williams, Yu, Jackson, & Anderson, 1997). In prospective studies worldwide, everyday discrimination predicted a number of poor outcomes, including common mental disorders in migrant and ethnic groups in the United Kingdom (N = 1,052; Hatch et al., 2016), loneliness in Canadian new mothers (N = 72; Khan et al., 2018), poor adjustment after childhood trauma in Sierra Leone (N = 529; Betancourt, McBain, Newnham, & Brennan, 2013), and alcohol-related problems in American college students (N = 1,539; Hatzenbuehler, Corbin, & Fromme, 2011). A nationally representative longitudinal study of older adults, spanning 2 years, found that microaggressions in the form of everyday discrimination had stronger negative effects, especially on emotional health, than
did major discriminatory events \( (N = 6,377) \); Luo, Xu, Granberg, & Wentworth, 2012).

In addition to mental-health problems, everyday discrimination was found to predict increased inflammation, a risk factor for future cardiovascular disease, over a 7-year period in nonobese diverse women \( (N = 2,490) \); Beatty Moody, Brown, Matthews, & Bromberger, 2014), and related memory decline in older adults over a 6-year period \( (N = 12,624) \); Zahodne, Kraal, Sharifian, Zaheed, & Sol, 2019). It is also predictive of chronic conditions such as heart disease, pain, and respiratory illnesses in Asian Americans \( (N = 2,095) \); Gee, Spencer, Chen, & Takeuchi, 2007), and low infant birthweight in African American women \( (N = 119) \); Dailey, 2009). This list is not exhaustive. The evidence that microaggressions contribute to stress experienced by people of color is of high quality and considerable volume; this stress can measurably worsen mental health and contribute to chronic illness, if not cause these problems in its own right.

Lilienfeld (2019) overlooked this vast body of literature when he considered only the analyses by Lui and Quezada (2019), which did not include studies of everyday discrimination. Further, Lui and Quezada’s (2019) article is a meta-analysis that examines many different types of microaggressions (e.g., racial, gender, LGBTQ, health status) and correlations with many different types of outcomes, of which some were health-related and some were not. Some problems had stronger correlations to microaggressions (e.g., anxiety and depression) and some were weaker (e.g., affect, physical symptoms). Microaggressions were more strongly linked to harm for Black and Hispanic Americans compared with non-Hispanic Whites. Yet all of these varied studies went into the meta-analysis despite their many differences, so it would be a mistake to equate all of these and conclude that microaggressions cause minimal harm. The study authors “found robust correlations linking racial, LGBTQ, and health status microaggressions and psychological adjustment outcomes associated with internalizing and externalizing problems, stress and negative affect, positive adjustment, and positive affect” (Lui & Quezada, 2019, p. 72).

**Responding to Microaggressions**

Lilienfeld repeats some points from his original article, closing with a particularly vexing suggestion, where he proscribes that victims of microaggressions should say “let’s talk” as a mantra when they experience a microagggression (p. 9 of proof). Why is it reasonable for a target to endure racism from a more powerful person and then invite that more powerful person to have an uncomfortable chat about racism, knowing fully that the more powerful person is likely to hold some rather ugly false beliefs about the target and everyone like them? The target is taking an unreasonable and enormous social risk. Lilienfeld offers no scientific rationale or evidence that this approach will be safe or effective, which is of paramount concern given the racial power differential between parties. It is important to understand that when considering how a target should respond to a microaggression, it is not simply about responding to a lone and isolated incident; it is also about responding to an incident that is but one piece in a much larger pattern of oppression (Rini, 2018). The literature indicates that no matter how gingerly targets approach offenders, targets are typically met with further aggression or emotive distress and thus harm is compounded (e.g., Minikel-Lacocque, 2013). This problem is so common that is has been termed “White fragility” by diversity educator Robin DiAngelo (2011).

Lilienfeld warns, “It should not be ‘you are engaging in implicit racism,’” (p. 9 of proof) “you are an offender,” or “your actions are aimed and launched at others.” This lamentable mischaracterization of my words only reinforces pathological stereotypes about African Americans being angry, argumentative, and aggressive (Madon et al., 2001), making his admonition a microaggression (which I underscore here to be instructive, not punitive). It also implies that targets are beating offenders over the head to get them to stop microaggressing, which is misleading as it fails to acknowledge that people of color simply let most microaggressions go for many reasons (e.g., needing time to process the experience, not wanting to be seen as complainer, not wanting to deal with denial from the offender; e.g., Holder, Jackson, & Ponterotto, 2015; Pierce, 1970). Finally, Lilienfeld fails to demonstrate cultural humility when he offers his suggestions for how to approach these situations, as it is inherently problematic for oppressors to tell the oppressed how they should respond to their oppression. Victims should not be judged by offenders for the way in which they report (or do not report) these problems, given that it is a common tactic for offenders to deflect blame by focusing on “the way I was spoken to” rather than harms done.

Lilienfeld says we should impute implicit or explicit racist motives to others only as a last resort, after fully ruling out other alternatives. Certainly, this approach may be preferred by many offenders, but it is unscientific and risks being naive and potentially dangerous for targets (e.g., M. T. Williams et al., 2019c). Explicit and implicit racism are widespread and harmful to people of color. Lilienfeld fails to address potential hazards of giving offenders the benefit of the doubt when such persons are already emitting signals of racism. His approach here (assume the best of everyone
always) could be appreciated as a philosophy or even religious practice (e.g., Haidt, 2017), but it is not backed by science. Human beings behave in harmful, deceitful, and dishonest ways all the time, and when such behaviors are detected, targets are right to be wary (e.g., Reid & Foels, 2010).

Finally, undergirding Lilienfeld’s “let’s talk” prescription is the assumption that it is incumbent on people of color to educate offenders about their prejudicial beliefs and behaviors. Certainly, many well-meaning people who commit microaggressions will wish to be informed about the nature of their behavior to better enable them to align their actions with their values. And some people of color are glad to say “let’s talk” when microaggressions occur. However, because microaggressions are so pervasive, many people of color just get tired of having to do this all the time. It is the responsibility of would-be offenders to learn how to behave in a nonracist manner, and they are the ones who should take ownership for their ignorance and be responsible for their own education. Lilienfeld provides no solution to the problem of widespread microaggressions, other than compelling long-suffering and patient people of color to delicately teach offenders every time they err. Certainly, offenders must be educated, which underscores the importance of widely disseminated and accessible antiracism training that includes information about microaggressions. In contrast to a curtailment of microaggressions (e.g., M. T. Williams, 2019a), how to best trainings are safe and effective and should be expanded (e.g., Saleem, Anderson, & Williams, 2018; Sue et al., 2019), and how clinicians can best help people of all ages who are suffering as a result of microaggressions (e.g., Saleem, Anderson, & Williams, 2019). These understudied areas should be next frontier in this important work.

**Future Directions**

If, as Lilienfeld (2019) suggests, my article leaves readers with the impression that key questions in this subfield are all settled or self-evident, I wish to correct this. I strongly agree that much more research needs to be done—not so much to establish that microaggressions cause harm, given that the weight of the evidence seems to have spoken on this point—but in many other important ways. We need more research specifically examining how to reduce the commission of microaggressions (e.g., M. T. Williams, 2019a), how to best respond to microaggressions in the moment in a way that mitigates harm for all persons involved (e.g., Rini, 2018; Sue et al., 2019), and how clinicians can best help people of all ages who are suffering as a result of microaggressions (e.g., Saleem, Anderson, & Williams, 2019). These understudied areas should be next frontier in this important work.

**Action Editor**

Laura A. King served as action editor for this article.

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**Acknowledgments**

I thank Nicholas Flower, Sophia Gran-Ruaz, and Douglas Medin for their helpful comments, edits, support, and encouragement.

**Declaration of Conflicting Interests**

The author(s) declared that there were no conflicts of interest with respect to the authorship or the publication of this article.

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