# Microaggressions in Human Service Organizations

Nkiru Nnawulezi, Surbhi Godsay, and Lamont Stanley Bryant

**Abstract**

Microaggressions are interpersonal communications that invalidate, tokenize, exoticize, and isolate those with nondominant group identities. The aim of this chapter is to discuss how human service organizations (HSOs), often designed to support people who live at the intersections of multiple forms of domination and marginalization, can maintain settings where microaggressions persist. This chapter provides examples of microaggressions from two distinct human service organizations and discusses how to respond to microaggressions at individual and interpersonal levels as both targets and perpetrators. This chapter also describes organizations getting *In View*, which means they are consistently self-correcting and seeking to disrupt the institutional power structures that support the perpetration of microaggressions. Future research, practice, and policy implications are discussed.

N. Nnawulezi (✉)
Department of Psychology, University of Maryland, Baltimore County, Baltimore, MD, USA
e-mail: nnawulez@umbc.edu

S. Godsay
University of Maryland, Baltimore County, Baltimore, MD, USA

L. S. Bryant
University of Maryland School of Medicine, Baltimore, MD, USA

Microaggressions are interpersonal communications that invalidate, tokenize, exoticize, and isolate those with nondominant group identities. As a result, people who perpetrate microaggressions subtly (or overtly) devalue the lived experiences of the person to whom the microaggression was directed (Sue, 2010). Microaggressions are based on all dimensions of human diversity (e.g., race, sexual orientation, class, gender, religion) and are intimately connected to systems of privilege and oppression. Microaggressions can also be present in organizational policies, procedures, cultural norms, and practices. Both the content of the microaggression and the actors involved demonstrate how power is distributed within and across settings.

The aim of this chapter is to discuss how human service organizations (HSOs), often created to support people who live at the intersections of multiple forms of domination and marginalization, can maintain settings where microaggressions persist. We define microaggressions and discuss how they manifest in interpersonal communications and organizations. Using two organizational case examples studies, we demonstrate how HSOs can recreate the same oppressive power dynamics they seek to challenge by not developing procedures

to interrupt interpersonal microaggressions and maintaining environmental microaggressions. We summarize the empirical evidence on how people respond to and cope with microaggressions as well as discuss potential multilevel interventions for addressing microaggressions. We then introduce the concept of being *In View,* a type of organization that is consistently self-correcting and aims to disrupt institutional power structures that support the perpetration of microaggressions. The chapter concludes with a discussion on future research, practice, and policy implications for HSOs.

## Overview of Microaggressions

Microaggressions have been defined as "everyday verbal, nonverbal and environmental slights, snubs or insults whether intentional or unintentional that communicate hostile, derogatory, or negative messages to a target person based solely upon their marginalized group membership" (Sue et al., 2007, p. 273). They are often perpetrated within interpersonal interactions and appear in organizational structures and cultures. The perpetration of microaggressions spans across multiple settings where individuals frequently interact. For example, researchers have studied microaggressions within academic libraries (Alabi, 2015), universities (Burrow & Hill, 2012), and rehabilitation programs (Cartwright, Washington, & McConnell, 2009). Within interpersonal communications, microaggressions can be categorized in three distinct types: microinvalidations, microinsults, and microassaults. When microaggressions manifest within organizations, they are called environmental microaggressions. Each of these types is discussed below.

## Microinvalidations

Microinvalidations are the most common, and insidious, microaggression. They are "communications or environmental cues that exclude, negate or nullify the psychological thoughts,

feelings or experiential reality of certain groups" (Sue et al., 2007, p. 274). Perpetrators can invalidate targets by ignoring them, insisting that the target is crazy, or denying the targets' experiences. Microinvalidations are often unconscious to the perpetrator and the interpretation of the incident depends on context (Sue et al., 2007). For example, when someone says, "I don't see race, gender, or sexual orientation. I see people as people," this is a microinvalidation because the statement assumes a universal human experience often typified by members of a dominant group. This statement both flattens and dismisses the complex lived realities and experiences of people who exist outside of dominant group.

## Microinsults

Microinsults are "interpersonal or environmental communications that convey stereotypes, rudeness, and insensitivity which demean a person's racial, gender or sexual orientation, heritage or identity" (Sue et al., 2007, p. 274). Microinsults are more ambiguous forms of interpersonal communications. They are often unconscious and can convey hidden messages, which may seem positive, but are not. The target person often must expend cognitive energy to decipher whether these messages are related to stereotypes about their social identities (e.g., race, gender, sexual orientation) and their intersections.

For example, asking a young Black transwoman "Why are you so loud. You don't need to be loud to get my attention" is an example of a microinsult that pathologizes cultural values and communication style. In the context of race, the perpetrator insinuates a preferred communication style of quiet while also subtly pushing for assimilation toward this style. The stereotype that Black people are "loud" or "disruptive" sits in the cognitive awareness of the target. In addition, under the scope of gender, this message implies the expectation that women should not assert themselves. This microinsult reinforces discrimination at the intersection of Blackness and

womanhood. Previous scholars found that Black women are often viewed as loud, threatening, and argumentative (Lewis & Neville, 2015; Nnawulezi & Sullivan, 2014). These characteristics can be traced back to a stereotypical image of Black women as Sapphires—women who are perceived to be pushy or hostile and for whom the use of assertive behavior is perceived as aggressive (West, 1995).

## Microassaults

A microassault is the most visible and conscious form of microaggressions. They are the "explicit racial derogations characterized primarily by a violent verbal, nonverbal or environmental attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions" (Sue et al., 2007, p. 274). Unlike other forms of microaggressions that are subtler in content, microassaults are often conscious to the perpetrator (Sue et al., 2007). Therefore, critics suggest that the inclusion of microassaults as microaggressions is a categorical misclassification and trivializes overt racist acts (Lilienfeld, 2017). Some studies identified macroassaults as macroaggressions, while microinsults and microinvalidations are categorized as microaggressions (Donovan, Galban, Grace, Bennett, & Felicié, 2013).

While microassaults are conscious and deliberate, they still maintain subtlety through the situational context. Sue et al. (2007) purports that microassaults "are generally expressed in limited 'private' situations that allow the perpetrator some degree of anonymity" (p. 274) or publicly when situational anonymity creates a sense of safety for a perpetrator to engage in a microassault. Microassaults differ from other types of microaggressions because perpetrators excuse their behavior as humor, state that they are emotionally dysregulated, or ask the target to rely on their perceived intention rather impact of the communication (Sue, 2010). Situational obscurity allows for perpetrators to engage in microassaults in both private and public spheres.

## Environmental Microaggressions

Environmental microaggressions are "demeaning and threatening social, educational, political or economic cues that are communicated individually, institutionally, or societally to marginalized groups" (Sue, 2010, p. 25). Organizations with formal policies or informal norms that assault, insult, or invalidate nondominant group members, either directly or indirectly, perpetuate environmental microaggressions. When environmental microaggressions are present, nondominant group members report not feeling welcomed or wanted or they report feeling like they do not deserve to be at the organization (Houshmand, Spanierman, & Tafarodi, 2014; Nnawulezi & Sullivan, 2014).

## Microaggressions, Power, and Social Identity

Microaggressions are the daily consequences of living in a society with an unequal distribution of social, political, and economic power among groups. They are present in any setting where there are social groups that are dominant—has greater or total access to power—and nondominant —limited to now access to power. Dominant group identities such as being white, cisgender,[1] male, Christian, wealthy, able-bodied, neurotypical, heterosexual, and thin are rarely targets of microaggressions. Microaggressions are disproportionally directed toward, and negatively impact, those who have nondominant social identities (Burrow & Hill, 2012; Basford, Offermann, & Behrend, 2014). In fact, Donovan et al. (2013) surveyed 187 Black female university students and found that microaggressions such as being disrespected or ignored because of their race were more common in their daily lives than overt forms of discrimination. In this study, nearly 97% experienced microaggressions a least a few times a year.

[1]When a person's gender identity aligns with the sex that was assigned at birth

The content of microaggressions also reflects the negative cultural stereotypes associated with nondominant group status. For example, in a university sample of racially diverse undergraduate students, students of color were much more likely to report microaggressions compared to white students. Black students reported more microaggressions associated with assuming they committed a crime and being treated like a second-class citizen while being less likely to report microaggressions related to exoticism compared to other students of color. Whereas Latinx and Asian students reported experiencing microaggressions where the perpetrator assumed that all members of their social group looked similar (Forrest-Bank & Jenson, 2015).

## Impact of Microaggressions on Well-Being

Microaggressions are associated with numerous negative physical, psychological, and social health consequences. Those with multiple nondominant identities are disproportionately susceptible to health consequences which manifest in their bodies, psyche, and social interactions. We describe some below.

**Physical health consequences** People who experienced interpersonal microaggressions (microassaults, microinsults, and microinvalidations) reported poorer general physical health, feeling limited in their roles, being fatigued, and experiencing more pain. In the same study, environmental microaggressions were also significantly associated with having less energy, greater fatigue and being limited because of physical health concerns (Nadal, Griffin, Wong, Davidoff, & Davis, 2017).

**Psychological and social health consequences** Microaggressions were also associated with greater depressive symptoms (Choi, Lewis, Harwood, Mendenhall, & Huntt, 2017) and more social anxiety (Huynh, 2012). Targets had negative emotions and felt isolation and shame related to their microaggressive experiences (Gonzales, Davidoff, Nadal, & Yanos, 2015; Nadal et al., 2017). Targets were also more apt to internalize negative messages about themselves (Kohli & Solórzano, 2012). When people perpetrated microaggressions, targets felt less connected to society and reported cultural othering (Nadal et al., 2017). Microaggressions were also associated with decreased trust in counselors and lower likelihood to adhere to therapeutic treatment (Gonzales et al., 2015).

## Microaggressions in Human Service Organizations

Human service organizations are the primary focus for practitioners who seek to provide supportive interventions to people who are the target of intersecting individual, community, and societal harms and come from social and geographic communities that have been historically disenfranchised. Yet, it is difficult to meet the goal of individual wellness when people experience microaggressions in human service contexts. Since microaggressions exacerbate negative physical and psychological health and reduce the efficacy of supportive psychosocial interventions (Hook et al., 2016; Nadal et al., 2017), it is imperative that practitioners identify the ways in which microaggressions can manifest in HSOs, undermine the organizational mission, and inadvertently harm communities.

There is limited evidence about how people view services after a microaggression is perpetrated. Owen, Tao, and Rodolfa (2010) found that when clients experience microaggressions in therapy, they reported lower therapeutic alliance and worse therapeutic outcomes. This was true no matter how bad they felt prior to the start of therapy. This study and others suggest that microaggressions can create distance between the practitioner and the people who are served (Constantine, 2007), which is problematic because therapeutic alliance and trust are often at the core of service provision. Below, we present two case examples that discuss the subtle ways microaggressions are perpetrated within two distinct HSOs.

## Case Example 1: Microaggressions Experienced by a Transgender Client in a Healthcare Setting

The relationship that the transgender community maintains with human and health services can be both empowering and harmful. In comparison to gays and lesbians, transgender people face increased barriers to health due to a lack of available data, providers, and resources specifically about transgender communities. Transgender people are often not the focus of specialized clinical care. After navigating complicated systems, transgender patients often encounter healthcare environments where they struggle to be taken seriously or forced to interact with practitioners who are not equipped to provide appropriate sources of care (Kaufman, 2008).

This case example describes a multidisciplinary, not-for-profit health clinic that provides a wide range of services aimed primarily for, but not limited to, uninsured and low-income patients. In the past, the medical center was recognized by the LGBTQ community for their commitment to having inclusive and nondiscriminatory health providers. After a rapid expansion in services, the leadership team changed. Eighty percent of executive level leadership were heterosexual and white. Many patients also reported decreased satisfaction in their healthcare and sense of security. A patient of the health clinic, who identified as a transgender man, recalled experiencing microaggressions with a healthcare provider that later shaped his perception of the organization:

*I've been on my hormones for about 10 years and it was great…however I had to stop taking my T* [testosterone] *due to a lack of insurance. A few years ago, I finally got really good insurance through my job. I made an appointment with [the health clinic] so I can start my hormones again. Of course, I had to wait months in order to see* [the practitioner] *because she was the only doctor serving trans men… We* [trans men] *have few options.*

*During my first appointment, I told her that I would like to start taking my hormones. She looked at me and said, "Oh you look good now, but you will look better once you are back on your T* [testosterone]*". I was so insulted. When we started to talk about* [hormonal] *dosage, I shared with her the levels I was taking for 10 years, but she totally dismissed me. I told her that the dosage she was prescribing will not suppress my period. She said that she is prescribing a*

*lower dose "because trans men have anger issues" on higher levels of T* [testosterone]. *I gave up at that point. What was I supposed to do? She is the only one in town that specializes in trans men health.*

There were a number of microaggressions that occurred within this example. An environmental microaggression occurred in the shifting of the organizational leadership to primarily white and heterosexual staff. A microaggression was also present in the limited number of practitioners in the organization that provided services to trans men. The practitioner engaged in a microinsult by assuming that the ultimate goal of the patient hormonal therapy was to assimilate to the dominant culture. In this case, the patient's gender identity as a man did not equate to the dominant culture conceptualization of masculinity or "passing." The client's gender identity was also challenged by the practitioner's notion that male secondary sex characteristics were requisites for masculine identities. Another microinsult was the assumption that all transgender men were susceptible to increased episodes of anger and should be regulated for it against their will—despite evidence that hormonal replacement therapy actually mitigates anxiety and depression symptoms, including decreased anger and hostility (Davis & Meier, 2014).

These microaggressions influenced the transgender patient's physical and psychological health. While secondary sex characteristics were likely side effects of testosterone therapy (Gooren & Giltay, 2008), hormonal therapy has also been attributed to the improvement in quality of life for transgender people, including a positive influx in mood and sexual function (Costantino et al., 2013; Gorin-Lazard et al., 2012). For the patient, the primary focus of his hormonal therapy was to increase quality of life. Not only were the practitioner's postulations unsubstantiated, it also confirmed to the patient that health services were unsafe.

## Case Example 2: Microaggressions in a Positive Youth Development Program

Positive youth development (PYD) programs strive to be inclusive, empowering, and safe for young people from diverse backgrounds.

This is important because PYD programs serve an increasingly diverse group of young people. For example, by 2060 the US Census projects that non-white youth will comprise 64% of youth under 18 (Colby & Ortman, 2015). Despite the efforts to be inclusive, PYD organizations can unknowingly create a supportive context for some youth while leaving others behind. The following case describes examples of racial, ethnic, and cultural microaggressions in an organization that uses a PYD approach.

A local youth development center in a large urban city provides recreational opportunities for kids and informal mentorship and counseling, with a mission to prevent problem behaviors and delinquency. This program is housed in an under-resourced community with high rates of poverty and aims to serve low-income youth who are majority Black and Latinx. Two white women who are developmental psychologists created the program using evidence-based models. Consistent with the organizational mission to reduce problem behaviors, the center workers are instructed to interrupt any behaviors that they may view as problematic.

The one Black male staff member recalled a formative moment in his first year on the job:

> My first year…I had a young lady… say 'Mr. Chad you're not like us.' And I didn't know how to respond, so I don't think I did respond. But I knew what she was saying…I was not the caricature of a young Black male that she had known. I think that's what she was saying, like you're not like us. That was weird to hear. And I thought…. [this is] part of this racial structure. What does it look like to be a twenty-one-year-old Black male in this world? Not teaching kids, right?

Another staff member, an Asian American woman, witnessed another interaction at the center that bothered her. She said:

> One day, a Black student accidently grazed the arm of a White staff member when he walked by. In response, the student said "Oh, my bad." And the teacher responded, "No, that's not how you talk. That's the wrong way to talk. What you should say is 'I'm sorry.'"

Although the staff member was concerned about the interaction, she did not know how to address it.

As a PYD organization, there is an inherent assumption that the context aims to be inclusive of all youth. Yet, the current case portrays how environmental microaggressions and microinsults continue to operate despite the well-intentioned PYD practices implemented at the center. The first example of the young person who found it surprising that a Black man was working at the center points to an environmental microaggression. Although the center served majority low-income, Black and Latinx youth, white college-educated women primarily staffed the center. The inadvertent message this communicated to youth was that white women were the experts on teaching them to change behaviors.

The second example of the youth whose speech was corrected was indicative of a microinsult. The staff member viewed the student's speech as problem that needed to be addressed. The organization needs to also explore how they conceptualize youth problem behavior and the cultural and racial implications of that definition. Second, the onlooking Asian American staff member was bothered by the incident but did not know how to respond. When program staff do not know how to interrupt microaggressions, or they perpetuate microaggressions themselves, it may send a message to other staff or youth in the program that these behaviors, attitudes, or beliefs are normative and acceptable.

## Multilevel Approaches to Interventions That Interrupt Microaggressions

The insidious nature of microaggressions requires overt intervention to prevent their reoccurrence and mitigate their negative impact. Given that microaggressions can occur at multiple levels, there is a need for multilevel interventions to address the individual harm that is caused by microaggressions (individual), change the interpersonal dynamics that impede the ability to create and engage in meaningful interactions with others (interpersonal), and create institutional cultures grounded in values of anti-oppression, inclusion, and respect (institutional). Researchers

need to go beyond the individual because therapeutic or behavioral interventions alone will not rid organizations of the discriminatory and oppressive cultural dynamics that supported microaggressions. All intervention efforts must be grounded in an understanding of how power is distributed within an organization. Below, we describe some evidence on coping and intervening at individual and interpersonal levels when microaggressions occur and then introduce a concept to support setting-level interventions.

## Individual

**Targets** Individuals engage in multiple strategies to cope with microaggressions. Intervention first requires appraisal or identifying whether someone perceives the microaggressions as discrimination. In one study, twelve Black female survivors of intimate partner violence experienced racial microaggressions while staying at a domestic violence shelter; yet, only one of them appraised the experience as racist (Nnawulezi & Sullivan, 2014). Data demonstrated that their lack of appraisal was associated with internalized sexism and racism, victim blaming beliefs, and perceptions of perpetrators as otherwise good and fair. The ability to forgive might also influence appraisal of microaggressions. Burrow and Hill (2012) found that dispositional forgiveness was related to being less likely to view microaggression as discriminatory. In other words, the more likely one was to forgive, the less likely they were to see the situation as discriminatory. This association is stronger for ethnic minorities than white people. After appraisal, targets have responded to microaggressions by either ignoring or directly confronting the perpetrator (Hall & Fields, 2015; Hernández, Carranza, & Almeida, 2010; Nnawulezi & Sullivan, 2014).

There are multiple strategies that people can use to lessen the negative psychological impact of microaggressions. Contemplative practices, such as meditation, can help to protect the target's mental health (Hernández et al., 2010; Holder, Jackson, & Ponterotto, 2015). Another protective practice is to develop a strong identity that validates and affirms the self (Choi et al., 2017; Holder et al., 2015). This extends into purposefully creating opportunities to engage meaningfully with members of similar social identity groups (Houshmand et al., 2014). In some studies, participants buffered the negative impact of microaggressions by utilizing in self-care practices such as exercise, vacations, and spending time with loved ones (Holder et al., 2015); while others engaged in activism and community organizing (Hernández et al., 2010).

**Perpetrators** Perpetrators, and potential perpetrators, of microaggressions can engage in numerous strategies to lessen the number of microaggressions they perpetrate against targets. Like those who are targeted, perpetrators should be able to appraise microaggressions as discrimination. Subsequently, a decrease in the likelihood to perpetrate a microaggression can also mean an increase in critical consciousness—awareness that people have unequal access to resources and experience multiple harms because of this unequal distribution of social power. Using perspective-taking strategies, a form of prejudice reduction, can help potential perpetrators to gain an more intimate understanding about how targets experience microaggressions (Nnawulezi, Ryan, & O'Connor, 2016). The adoption of a cultural humility provides a foundation of how to behave once consciousness is raised. Within a cultural humility framework, individuals make a commitment to constantly learn about themselves and others while also being open to critique. This framework centers the experiences of nondominant identities by asserting that people are the expert of their own lives and have valid experiences. Potential perpetrators must develop a commitment to social justice, which means engaging in efforts that ensure equitable treatment and distribution of resources among all groups while also seeking to eradicate exclusionary, oppressive policies that perpetuate the use of overt racial discrimination and microaggressions at the individual level.

## Interpersonal

Microaggressions are most common in our direct and interpersonal communications with one another. They are, by definition, relational. Individual strategies can be useful to building

awareness, appraising, and coping with microaggressions but understanding how to work in relationships is vital.

**Targets** When someone is a target of a microaggression, there are numerous practices that have been suggested or tested to mitigate the negative impact of microaggressions. First, having social support helps. When people feel like they have someone to ask for advice, it mitigates the negative impact of microaggressions (Holder et al., 2015). Relating to others decreases the anxiety that is associated with microaggressions (Liao, Weng, & West, 2016). Sue (2010) describes the process of sanity checks—processing the microaggression with an outside person to help appraise, often affirm, that the experience was microaggressive. Relying on trusted others, or providing affirming support, interrupts the internalization of the negative messages at the core of the microaggression.

**Perpetrators** There is limited evidence on what to do when someone perpetrates a microaggression. However, the adoption and practice of cultural humility within interpersonal interactions is an evidence-informed strategy that reduces the likelihood that a person will perpetrate a microaggression and lowers the negative impact of the microaggression on the target (Hook et al., 2016). Within a human services organization, this means that the provider maintains an interpersonal stance focused on the cultural identity or identities that are important to the possible target. They provide space for the potential target to talk about their life experiences and integrate and affirm these experiences in subsequent conversations.

Another realm for consideration of interpersonal interactions is in the alliance between the therapist and the client, because that alliance is vital for positive therapeutic outcomes. People who reported stronger alliances, compared to people with weaker alliances, perceived that therapists perpetrated less microaggressions (Owen, Tao, Imel, Wempold, & Rodolfa, 2014). Owen et al. (2014) found that when a microaggression was perpetrated within a therapeutic intervention, the impact of the microaggression was less hurtful when the therapist immediately identified the

microaggression, admitted the mistake, apologized, and communicated to the client that they respected them. The therapist's communication about the experience was critical for maintaining the alliance. When a therapist discussed the microaggression with the client, they maintained a working alliance that was similar to the alliance scores of dyads who were in therapeutic relationship where a microaggression never occurred. However, if the therapist did not talk about the perpetrated microaggression, then the working alliance scores decreased significantly compared to those therapist-client dyads who discussed it and to therapist-client dyads who never experienced a microaggression in their relationship.

## Integrating Settings into Microaggression Research: Bringing Organizations "In View"

Scholars often study microaggressions as an individual or relational phenomenon, yet the prevalence and acceptance of microaggressions are strengthened or weakened by the settings where they occur. How microaggressions appear in settings are as diverse and multidimensional as the range of social identities. Since microaggressions are varied and can manifest differently over time, it is likely that HSOs lack the capacity to completely eliminate microaggressions. However, it is essential *In View (an organization)* that HSOs work toward being *In View which describes* an organization that is consistently self-correcting and aims to disrupt institutional power structures that support the perpetration of microaggressions. An organization *In View* is supportive, aware, conscious, free of harm, safe, affirming, authentic, and missioned around justice and transformative change for those that they serve. Ultimately, HSOs need to get *In View* to promote individual and collective well-being, which aligns with the overall mission of human service work.

**Organizational Culture** An organization that is *In View* understands the role of social power within and outside of their organization. Members in the organization are attuned to how organiza-

tional power is being wielded, distributed, and allocated and how this distribution perpetuates oppression. *In View* organizations value learning, engage in iterative processes of self-examination, and provide opportunities for members to reflect on their personal experiences. This organization would continually examine how and why staff ended up in their various roles. For example, how does the requirement of an advanced degree for high-paying leadership positions influence employee demographics, especially with structural barriers related to accessing higher education vis-à-vis socioeconomic status?

**Organization Structure** Being *In View* means that organizational activities are developed, led, and staffed by people who live in the communities where the organization is located and/or included in meaningful decision-making and leadership roles. The organization would have policies, and engage in practices, that create a culture of responsiveness, honesty, and trust. Organizational members would advocate for public policies relevant to the reduction of microaggressions at multiple levels. They would institutionalize practices to affirm the humanity and worth of the individuals they serve. This organization would train its members to be aware of diverse social identities, acknowledge the microaggressions that manifest in the presence of these social identities, and provide members with the skills to interrupt microaggressions when they occur. The organization would develop and implement individual- and organizational-level accountability practices to equip relevant staff to effectively address microaggressions when they occur. Hiring criteria would require candidates to demonstrate their plan to honor, recognize, and respect the knowledge of people who have been historically marginalized. Finally, an organization *In View* would be able to locate itself within a larger social justice movement by recognizing that the microaggressions clients experience outside of the organization influence the ways they interact inside the organization.

**Member Attitudes, Beliefs, and Behaviors** Being *In View* means organizational members are self-reflective and take intra- and extra-organiza-

tional actions to align their personal practice with the organizational mission to ensure that all members, those who work in and receive services from the organization, can achieve well-being. Since microaggressions are rooted in implicit and explicit bias, members who operate within an organization *In View* would make microaggressive attitudes, beliefs, and behaviors visible so that they can be immediately addressed. When microaggressions do occur, organizational members would validate the experiences of the targets and provide sanity checks (Sue, 2010).

To move beyond the status quo, HSOs need to bring their members into consciousness about what microaggressions are and assure that their members and constituents are seen and heard. When existing HSOs are transformed into being *In View*, they are closer to meeting their collective mission to reduce suffering and increase well-being.

## Complexities and Limitations of Microaggression Theory

Microaggression is a relatively novel and complex theory; yet, there are notable limitations to the current scholarship on microaggressions as well as opportunities to strengthen future research. First, microaggression theory would benefit from further refinement. For example, it is not always clear how overt acts of discrimination differ from microassaults. Lilienfeld (2017) argued the lack of clarity in the operationalization of microaggressions calls into question the reliability and validity of existing scales which measure the impact of microaggressions on mental and physical health. Also, numerous microaggression studies use self-report and qualitative methods, which is appropriate given the relational and context-dependent nature of microaggressions. Yet, future research would benefit from a wider range of methodological approaches. Another major criticism of microaggression research is appraisal. Who gets to decide whether a microaggression has occurred: the target or the perpetrator? According to Lilienfeld (2017), microaggressions are from the "eye of the beholder." He posits that subjective appraisals of microaggressions may be

due to individual differences, such as personality. Therefore, for something to be deemed a micro-aggression, there needs to be some degree of consensus about its nature and intent.

Some of the empirical evidence supports the dichotomization of perpetrators and targets. Perpetrators occupy the dominant group while targets occupy the nondominant group. Or, the identity of the perpetrator is not identified or analyzed in the study at all. This contributes to the need to further nuance how scholars conceptualize the perpetration of microaggressions, especially when multiple intersecting identities often include both privileged and marginalized identities that are more or less prominent or powerful depending on the context. While there is currently limited evidence to support this claim, we suspect that internalized oppression could contribute to the perpetration of microaggressions against members of the same group. It is not clear in microaggression theory whether there is differential impact or experience of harm if a member of the same social identity group perpetrated a microaggression versus someone outside of the social identity group. Microaggressions contribute to the perpetuation of oppressive dynamics even if the perpetrator would not typically hold power within the larger social structure. Future research could examine these gaps in the literature by examining internalized subordination and internalized domination and its relationship to microaggression perpetration within the context of intersectionality. This would allow for more complex and nuanced understandings of how to respond to microaggressions at the individual and interpersonal levels.

While skepticism and constructive criticism enhance scholarship, critiques that challenge the lived realities of those who experience microaggressions may be a form of epistemic exclusion —"an unwarranted infringement on the epistemic agency of a knower, which reduces her/his ability to participate in the production of knowledge" (Dotson, 2014, p.115). In other words, critiques about appraisal that reduce the experience of the target to a misinterpretation of events or a result of specific personality traits seeks to reduce the credibility of the target. In addition, despite the popularity of Lilienfeld's (2017) critiques of microaggression scholarship, they are grounded in several assumptions that dismiss the lived realities of those who experience discrimination and the methods used to understand those realities. For example, the suggestion that current microaggression scholarship is not robust enough to constitute sufficient evidence assumes that methods rooted in positivist approaches are the ideal way to gain empirical evidence on the human experience (Sue, 2017).

Critics and perpetrators also commonly respond to microaggressions by providing an alternate account of the event or defending the intentions or motivations of the well-meaning perpetrator. This suggests that the microaggression is a result of the target's misinterpretation or individual characteristics (such as negative affect) (Berenstain, 2016). This response centers the voice and experience of those who are more privileged, without acknowledgment of the perpetrator's biases or the consideration that the perpetrator will benefit from the dismissive notion that "microaggressions do not exist" or that "microaggressions are a perception based on individual characteristics of those that experience them." For example, if the problem is defined in a way that suggests microaggressions are a product of individual characteristics of the victim of the microaggression, it places the onus on the target to change, rather than the perpetrator or the context (Ryan, 1976). In contrast, microaggressions deliberately center the experiences and realities of individuals with less power because their experiences and ideas are valuable contributions to knowledge of the human experience. By doing so, it encourages change in the context and/or among the people with more power.

## Future Implications for Microaggression Research and Practice

**Research** There is a continued opportunity to refine microaggressions research in human service contexts. Specifically, there is a need for further theory development, to use different and new

research methods, explore microaggressions research in diverse settings, and examine the relationships between microaggressions and other outcomes of interest.

Many studies on microaggressions use the framework and taxonomy introduced by Sue et al. (2007). Multiple scholars have generated evidence confirming and building on this taxonomy (Nadal, 2011), yet additional theoretical refinement is needed. This specifically pertains to differentiating between overt discrimination and microassault. Minikel-Lacocque (2013) argues that microassaults should not fit into the microaggression category, but rather be conceptualized as racialized aggressions, because they are not microaggression.

Many scholars employ quantitative and qualitative methods (focus group and interviews) to study microaggressions. The inclusion of more diverse study methods such as observational methods to identify microaggressions and responses in real time could augment self-report data methods. However, observational methods require significant time commitments and the presence of the researcher may influence the behavior of individuals in the setting. There could also be discrepancies between the observer's appraisal and the victim's appraisal of the incident. Another method that researchers might consider is the use of ecological momentary assessment (EMA) to assess responses to and outcomes of to microaggressions in real time. The appraisals of microaggressions differ based on context and individual awareness of oppression. This approach relies on self-report data and may also be time consuming for the participants.

Researchers mostly study microaggressions in higher education institutions and counseling and mental health supervisory relationships. To a lesser extent, microaggression research has taken place in K-12 school settings, workplaces, online, community, and other public spaces. Yet, there is limited research addressing microaggressions in human service settings. The evidence base would benefit from the exploration of microaggressions within diverse social settings. Research studies often focus on microaggressions within specific demographic dimensions, such as race/ethnicity

(Sue et al., 2007), gender (Makin & Morczek, 2016), sexuality (Seelman, Woodford, & Nicolazzo, 2017), religion (Husain & Howard, 2017), and mental illness (Holley, Tavassoli, & Stromwall, 2016). Very few studies have examined microaggressions through an intersectional lens (Holley et al., 2016); yet people have multiple intersecting identities that create unique experiences of discrimination that are distinct from mono-focused explorations of microaggressions.

Parts of the taxonomy of microaggressions are similar across identity groups. For example, multiple microaggression studies demonstrate the theme of assumed universality—the act of assuming all individuals that share a social identity have the same experience. Assumed universality is present when exploring both racial and ethnic microaggressions (Henfield, 2011) and microaggressions among transgender individuals (Nadal, Skolnik, & Wong, 2012). A meta-analysis may be useful in identifying shared patterns and to develop generalizable interventions across settings and identities.

Few studies examine the cognitive processes that are related to the perpetration of microaggressions. Future research questions could examine how a person recognizes when they have committed a microaggression. There is also a need to further explore individual and community protective factors that support the targets of microaggressions. Many microaggression studies have not examined how people can actively respond or interrupt microaggressions as bystanders. How could intervening on microaggressions impact individuals, interpersonal interactions, and settings? How could it influence targets' appraisal and experience of that microaggression, and how safe they feel? There is also ample opportunity for researchers to explore the ways in which human service settings implement structures to reduce microaggressions and the short- and long-term impact of such efforts on staff or clients.

**Practice** HSOs have recognized the need to alter setting practices that decrease experiences of overt discrimination and microaggressions within the setting. However, in practice, acknowledging oppression tends to be reactive

and problem centered emphasizing individual discriminatory practices while ignoring overall structural inequality and unequal resources (Evans, Hanlin, & Prilleltensky, 2007). An organization's ability to only acknowledge microaggressions as a detriment to human service is, at best, insufficient in addressing social injustice. An organization must join other community members who are actively fighting oppression within the community.

**Organizational Settings** In addition to staff training about microaggressions, organizations can also examine their hiring policies and determine who has access to positions of influence in the organization and the criteria mandated to gain access to these positions. After assessing if shared information will cause significant complications, the application of transparency in pay structure, hiring, advancement or termination may decrease microaggressions. Future research can also focus on whether a microaggressive climate relates to satisfaction and employee retention among diverse groups. This may be achieved by identifying external entities to evaluate an organization's blind spots for embedded systems that enable microaggressions.

## Conclusion

Microaggression is a misnomer because while subtle in nature, it has significant impacts on peoples' lives. HSOs are not exempt from perpetrating microaggressions, but they also can be contexts where members can practice disrupting microaggressions and provide spaces for targets to bond and build solidarity. This aligns with the broader goal for HSOs to contribute to creating a more socially just society.

## References

Alabi, J. (2015). Racial microaggressions in academic libraries: Results of a survey of minority and non-minority librarians. *The Journal of Academic Librarianship, 41*(1), 47–53. https://doi.org/10.1016/j.acalib.2014.10.008

Basford, T. E., Offermann, L. R., & Behrend, T. S. (2014). Do you see what I see? Perceptions of gender microaggressions in the workplace. *Psychology of Women Quarterly, 38*(3), 340–349. https://doi.org/10.1177/0361684313511420

Berenstain, N. (2016). Epistemic exploitation. *Ergo, 3*(22), 569–590. https://doi.org/10.3998/ergo.12405314.0003.022

Burrow, A. L., & Hill, P. L. (2012). Flying the unfriendly skies?: The role of forgiveness and race in the experience of racial microaggressions. *The Journal of Social Psychology, 152*(5), 639–653. https://doi.org/10.1080/00224545.2012.686461

Cartwright, B. Y., Washington, R. D., & McConnell, R. L. (2009). Examining racial microaggressions in rehabilitation counselor education. *Rehabilitation Education, 23*(3–4), 171–181. https://doi.org/10.1891/088970109805029996

Choi, S., Lewis, J. A., Harwood, S., Mendenhall, R., & Huntt, M. B. (2017). Is ethnic identity a buffer? Exploring the relations between racial microaggressions and depressive symptoms among Asian-American individuals. *Journal of Ethnic & Cultural Diversity in Social Work, 26*(1–2), 18–29. https://doi.org/10.1080/15313204.2016.1263815

Colby, S. L. & Ortman, J. M. (2015). Projections of the size and composition of the U.S. population: 2014 to 2060. Retrieved from: https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf

Constantine, M. G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology, 54*(1), 1. https://doi.org/10.1037/0022-0167.54.1.1

Costantino, A., Cerpolini, S., Alvisi, S., Morselli, P. G., Venturoli, S., & Meriggiola, M. C. (2013). A prospective study on sexual function and mood in female-to-male transsexuals during testosterone administration and after sex reassignment surgery. *Journal of Sex & Marital Therapy, 39*(4), 321–335. https://doi.org/10.1080/0092623X.2012.736920

Davis, S. A., & Meier, S. (2014). Effects of testosterone treatment and chest reconstruction surgery on mental health and sexuality in female-to-male transgender people. *International Journal of Sexual Health, 26*(2), 113–128. https://doi.org/10.1080/19317611.2013.833152

Donovan, R. A., Galban, D. J., Grace, R. K., Bennett, J. K., & Felicié, S. Z. (2013). Impact of racial macro- and microaggressions in Black women's lives: A preliminary analysis. *Journal of Black Psychology, 39*(2), 185–196. https://doi.org/10.1177/0095798412443259

Dotson, K. (2014). Conceptualizing epistemic oppression. *Social Epistemology, 28*(2), 115–138.

Evans, S. D., Hanlin, C. E., & Prilleltensky, I. (2007). Blending ameliorative and transformative approaches in human service organizations: A case study. *Journal of Community Psychology, 35*(3), 329–346. https://doi.org/10.1002/jcop.20151

Forrest-bank, S., & Jenson, J. M. (2015). Differences in experiences of racial and ethnic microaggression among Asian, Latino/Hispanic, Black, and White young adults. *Journal of Sociology & Social Welfare, 42*, 141.

Gonzales, L., Davidoff, K. C., Nadal, K. L., & Yanos, P. T. (2015). Microaggressions experienced by persons with mental illnesses: An exploratory study. *Psychiatric Rehabilitation Journal, 38*(3), 234. https://doi.org/10.1037/prj0000096

Gooren, L. J., & Giltay, E. J. (2008). Review of studies of androgen treatment of female-to-male transsexuals: Effects and risks of administration of androgens to females. *The Journal of Sexual Medicine, 5*(4), 765–776. https://doi.org/10.1111/j.1743-6109.2007.00646

Gorin-Lazard, A., Baumstarck, K., Boyer, L., Maquigneau, A., Gebleux, S., Penochet, J. C., … Berbis, J. (2012). Is hormonal therapy associated with better quality of life in transsexuals? A cross-sectional study. *The Journal of Sexual Medicine, 9*(2), 531–541. https://doi.org/10.1111/j.1743-6109.2011.02564.

Hall, J. M., & Fields, B. (2015). "It's Killing Us!" Narratives of black adults about microaggression experiences and related health stress. *Global Qualitative Nursing Research, 2*. https://doi.org/10.1177/2333393615591569

Henfield, M. S. (2011). Black male adolescents navigating microaggressions in a traditionally white middle school: A qualitative study. *Journal of Multicultural Counseling and Development, 39*(3), 141–155. https://doi.org/10.1002/j.2161-1912.2011.tb00147.x

Hernández, P., Carranza, M., & Almeida, R. (2010). Mental health professionals' adaptive responses to racial microaggressions: An exploratory study. *Professional Psychology: Research and Practice, 41*(3), 202. https://doi.org/10.1037/a0018445

Holder, A., Jackson, M. A., & Ponterotto, J. G. (2015). Racial microaggression experiences and coping strategies of Black women in corporate leadership. *Qualitative Psychology, 2*(2), 164. https://doi.org/10.1037/qup0000024

Holley, L. C., Tavassoli, K. Y., & Stromwall, L. K. (2016). Mental illness discrimination in mental health treatment programs: Intersections of race, ethnicity, and sexual orientation. *Community Mental Health Journal, 52*(3), 311–322. https://doi.org/10.1007/s10597-016-9990-9

Hook, J. N., Farrell, J. E., Davis, D. E., DeBlaere, C., Van Tongeren, D. R., & Utsey, S. O. (2016). Cultural humility and racial microaggressions in counseling. *Journal of Counseling Psychology, 63*(3), 269. https://doi.org/10.1037/cou0000114

Houshmand, S., Spanierman, L. B., & Tafarodi, R. W. (2014). Excluded and avoided: Racial microaggressions targeting Asian international students in Canada. *Cultural Diversity and Ethnic Minority Psychology, 20*(3), 377. https://doi.org/10.1037/a0035404

Husain, A., & Howard, S. (2017). Religious microaggressions: A case study of muslim Americans. *Journal of Ethnic & Cultural Diversity in Social Work, 26*(1–2), 139–152. https://doi.org/10.1080/15313204.2016.1269710

Huynh, V. W. (2012). Ethnic microaggressions and the depressive and somatic symptoms of Latino and Asian American adolescents. *Journal of Youth and Adolescence, 41*(7), 831–846. https://doi.org/10.1007/s10964-012-9756-9

Kaufman, R. (2008). Introduction to transgender identity and health. In H. Makadon, K. Mayer, J. Potter, & H. Goldhammer (Eds.), *The Fenway guide to lesbian, gay, bisexual, and transgender health* (pp. 331–364). Philadelphia, PA: American College of Physicians.

Kohli, R., & Solórzano, D. G. (2012). Teachers, please learn our names!: Racial microaggressions and the K-12 classroom. *Race Ethnicity and Education, 15*(4), 441–462. https://doi.org/10.1080/13613324.2012.674026

Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the gendered racial microaggressions scale for black women. *Journal of Counseling Psychology, 62*(2), 289–302. https://doi.org/10.1037/cou0000062

Liao, K. Y. H., Weng, C. Y., & West, L. M. (2016). Social connectedness and intolerance of uncertainty as moderators between racial microaggressions and anxiety among Black individuals. *Journal of Counseling Psychology, 63*(2), 240. https://doi.org/10.1037/cou0000123

Lilienfeld, S. O. (2017). Microaggressions: Strong claims, inadequate evidence. *Perspectives on Psychological Science, 12*(1), 138–169. https://doi.org/10.1177/1745691616659391

Makin, D. A., & Morczek, A. L. (2016). X views and counting: Interest in rape-oriented pornography as gendered microaggression. *Journal of Interpersonal Violence, 31*(12), 2131–2155. https://doi.org/10.3102/0002831212468048

Minikel-Lacocque, J. (2013). Racism, college, and the power of words: Racial microaggressions reconsidered. *American Educational Research Journal, 50*(3), 432–465.

Nadal, K. L. (2011). The racial and ethnic microaggressions scale (REMS): Construction, reliability, and validity. *Journal of Counseling Psychology, 58*(4), 470–480. https://doi.org/10.1037/a0025193

Nadal, K. L., Griffin, K. E., Wong, Y., Davidoff, K. C., & Davis, L. S. (2017). The injurious relationship between racial microaggressions and physical health: Implications for social work. *Journal of Ethnic and Cultural Diversity in Social Work, 26*(1–2), 6–17. https://doi.org/10.1080/15313204.2016.1263813

Nadal, K. L., Skolnik, A., & Wong, Y. (2012). Interpersonal and systemic microaggressions toward transgender people: Implications for counseling. *Journal of LGBT Issues in Counseling, 6*(1), 55–82. https://doi.org/10.1080/15538605.2012.648583

Nnawulezi, N., Ryan, A. M., & O'Connor, R. (2016). Reducing prejudice within community-based organizations. *Journal of Community Practice, 24*(2), 182–204. https://doi.org/10.1080/10705422.2016.1157541

Nnawulezi, N., & Sullivan, C. M. (2014). Oppression within safe spaces: Exploring the presence of racial microaggressions within domestic violence shelters. *Journal of Black Psychology, 40*(6), 563–591. https://doi.org/10.1177/0095798413500072

Owen, J., Tao, K., & Rodolfa, E. (2010). Microaggressions and women in short-term psychotherapy: Initial evidence. *The Counseling Psychologist, 38*(7), 923–946. https://doi.org/10.1177/0011000010376093

Owen, J., Tao, K. W., Imel, Z. E., Wempold, B. E., & Rodolfa, E. (2014). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology: Research and Practice, 45*(4), 283–290. https://doi.org/10.1037/a0037420

Ryan, W. (1976). *Blaming the victim*. New York, NY: Random House.

Seelman, K. L., Woodford, M. R., & Nicolazzo, Z. (2017). Victimization and microaggressions targeting LGBTQ college students: Gender identity as a moderator of psychological distress. *Journal of Ethnic and Cultural Diversity in Social Work, 26*(1–2), 112–125. https://doi.org/10.1080/15313204.2016.1263816

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation*. Hoboken, NJ: Wiley.

Sue, D. W. (2017). Microaggressions and "evidence" empirical or experiential reality? *Perspectives on Psychological Science, 12*(1), 170–172. https://doi.org/10.1177/1745691616664437

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271. https://doi.org/10.1037/0003-066C.62.4.271

West, C. M. (1995). Mammy, Sapphire, and Jezebel: Historical images of Black women and their implications for psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 32*(3), 458–466. https://doi.org/10.1037/0033-3204.32.3.458