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Samantha P. Davis

Christine Park

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Letters to the Editor

Addressing Microaggressions: The Power of Language and Positioning

To the Editor: Awareness, training, and scholarship involving microaggressions have increased substantially in recent years. Coined by Pierce to describe racial insults “done in an automatic, preconscious, or unconscious fashion,”¹ the phrase expanded to include similar actions against many minoritized groups.^{1–5} Poorsattar and colleagues’ AM Last Page proposes a model for addressing microaggressions summarizing current nomenclature.⁵ In their manipulation of prior authors’ work,² they fail to properly recognize the underlying systems of power and oppression which drive the relationship between “recipient,” “bystander,” and “source.”⁵

The model suggests that “recipients” seek clarity, take ownership, and remain judgment-free while “sources” listen and commit to doing better.⁵ It is not the responsibility of the person harmed to ask clarifying questions about the abuser’s intent. The onus is on the entity who caused harm to correct their behavior and educate themselves. Suggesting that recipients build resilience to cope with microaggressions is abuse. Doing so perpetuates a damaging victim-blaming mentality where burden and presumed psychological weakness are placed on the recipient. Institutions are not innocent “bystanders” when individuals are left to fix problems they often have no resources, power, or authority to fix.

The ever-expanding vocabulary surrounding microaggressions is intended to advance collective understanding. Describing microaggressions as “subtle” further minimizes impact, centers the perpetrator, and disregards the recipient’s experience. The examples provided in Poorsattar and colleagues’ infographic with the prefix “micro” for “microassaults,” “microinvalidations,” and “microinsults” are racist, sexist, and classist, respectively.⁵ Just as postracialism modernized colorblindness without directly addressing racism, the vocabulary regarding microaggressions modernizes “-isms” without directly

naming them.⁶ Word choice is important. We should choose language to create clarity rather than palatability.

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Samantha Davis, MS
International instructional design and training specialist, Henry Ford Health System, Detroit, Michigan; sdavis55@hfhs.org; ORCID: <https://orcid.org/0000-0002-6195-8515>.

Christine Park, MD
Professor of anesthesiology and medical education, and director of the Simulation and Integrative Learning Institute, University of Illinois Chicago College of Medicine, Chicago, Illinois; ORCID: <https://orcid.org/0000-0002-5261-9820>.

References

- 1 Pierce CM. Psychiatric problems of the Black minority. In: Aneti S, Caplan S, eds. *American Handbook of Psychiatry*. 2nd ed. New York, NY: Basic Books; 1975:512–523.
- 2 Ackerman-Barger K, Jacobs NN. The Microaggressions Triangle Model: A humanistic approach to navigating microaggressions in health professions schools. *Acad Med*. 2020;95(12 suppl):S28–S32.
- 3 Nadal KL, Whitman CN, Davis LS, Erazo T, Davidoff KC. Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: A review of the literature. *J Sex Res*. 2016;53:488–508.
- 4 Williams MT. Microaggressions are a form of aggression. *Behav Ther*. 2021;52:709–719.
- 5 Poorsattar SP, Blake CM, Manuel SP. Addressing microaggressions in academic medicine. *Acad Med*. 2021;96:927.
- 6 Crenshaw KW. Twenty years of critical race theory: Looking back to move forward: Commentary: Critical race theory: A commemoration: Lead article. *Conn Law Rev*. 2011;53:1253–1352.

To the Editor: The original Microaggressions Triangle Model developed by Ackerman-Barger and Jacobs positions the “recipient,” “source,” and “bystander” involved in an act of microaggression with a suggested response for each party, respectively, at the vertices of a triangle; the sides appear to

represent the relationships between the 3 participants.¹ In their AM Last Page, Poorsattar and colleagues have modified the original model to locate the actors along the sides of a triangle.² This alteration, while subtle, suggests that the 3 parties are equally responsible and accountable to address the microaggression. However, responsibility should sit primarily with the “source,” and not be shared equally with the “recipient.” This newer model conveys the wrong message. It is concerning that the model by Poorsattar and colleagues has been disseminated in its current form, and as such, may be accepted into wider discourse over the original model by Ackerman-Barger and Jacobs.

Ackerman-Barger and Jacobs focus on individual microaggressions; consequently, their model does not include institutions or organizations, and is not used to describe systemic, systematic, or structural racism, for which the term “macroaggression” is often used. In contrast, Poorsattar and colleagues do include the “institution” in their model, implying that their model is not limited to individual microaggressions. Unlike their recommendations for “recipients,” “sources,” and “bystanders,” there is no accompanying reference for the actions they suggest “institutions” perform. The lack of supporting evidence is problematic.

Moreover, they have placed the “institution” next to the “bystander” along the same side, but institutions and organizations are not “bystanders.” They are the workplace contexts in which microaggressions play out. Workplace culture greatly influences the likelihood of microaggressions being inflicted; the harm done; and the probability of acknowledgment, apology, and reconciliation being undertaken. Poorsattar and colleagues’ model fails to represent organizations’ moral duty to establish and ensure safe workplaces.

Although the original model by Ackerman-Barger and Jacobs is less problematic than the modified version created by Poorsattar and colleagues, both models require the