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The Moral and Political Status of Microaggressions

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Abstract

This dissertation offers a robust philosophical examination of a phenomenon that is morally, socially, and politically significant – microaggressions. Microaggressions are understood to be brief and routine verbal, behavioral, or environmental indignities that, whether intentional or unintentional, convey hostility toward or bias against members of marginalized groups. Microaggressions are rooted in stereotypes and/or bias (whether implicit or explicit) and are connected to broader systems of oppression.

Microaggressions are philosophically interesting, since they involve significant ambiguity, questions about speech and communication, and the ability for our speech to encode and transmit bits of meaning. Microaggressions prompt reflection about the nature of blameworthiness and responsibility, especially for unintended acts and harms. They involve questions about how we perceive and treat one another, and whether or not people are treated as true equals in our social and political worlds. For all of these reasons, microaggressions are a critical area in need of philosophical reflection, specifically reflection in feminist philosophy, philosophy of language, moral philosophy, and social and political philosophy.

This dissertation seeks to advance the philosophy of microaggressions through three distinct aims: a conceptual aim (chapters 2 and 3), an epistemological aim (chapters 1 and 2), and a moral aim (chapters 4 and 5). The conceptual aim involves clarifying how we should understand and categorize microaggressions. The epistemological aim involves identifying some of the epistemological assumptions undergirding discussions of microaggressions in the literature, including assumptions made by critics of microaggression theory, and arguing for an alternative epistemological framework for theorizing about microaggressions. The moral aim involves better understanding the harms of microaggressions, including their role in reinforcing structures of oppression and unjust social hierarchy.

Taken together, these chapters make some progress on the conceptual, epistemological, and moral questions that microaggressions generate, and which philosophers have not yet adequately analyzed. It thus offers a meaningful contribution to the conversations philosophers are beginning to have about the morally and politically salient phenomenon of microaggressions.

Keywords

Summary for Lay Audience

My research focuses on the power that language has to shape our social and political worlds, often in subtle and difficult to detect ways. Our society is stratified along lines of race, ethnicity, religious affiliation, socioeconomic class, gender identity, sexual orientation, dis/ability status, body size, and more. I am interested in the ways that our linguistic practices (e.g., how we use speech and engage in communication with one another) contribute to, or reinforce, problematic forms of social stratification and hierarchy. One speech phenomenon that I argue contributes to oppression and reinforces social hierarchy is what has been called "microaggressions." Microaggressions are frequent and subtle comments (or gestures or features of our social environments) which function to reinforce stereotypes or biases about members of structurally marginalized groups. My work aims to get clear on what microaggressions are, how we should understand and study them, in what ways they can be harmful to their targets, and why they warrant our moral concern.

Co-Authorship Statement

The original versions of two chapters included in this thesis were co-authored by myself and Dr. Lauren Freeman, Associate Professor of Philosophy at the University of Louisville. These are Chapter 1: "Sticks and Stones Can Break Your Bones and Words Can Really Hurt You: A Standpoint Epistemological Reply to Critics of the Microaggression Research Program" and Chapter 3: Microaggressions in Clinical Medicine." In both cases, the development of the research, from the initial thinking through the publication process, was perfectly collaborative; both authors contributed fifty percent to the research, writing, and revisions. My co-author is a regular collaborator and we provide equal contributions to all of the work we do together. Permission has been granted by the publishers to include these pieces (see appendix A to this thesis) and the co-authorship and original publication information has been included as footnotes in both chapters. I have revised and updated both chapters on my own, building upon our original publications.

Dedication

This dissertation, and the perseverance and dedication it took to see it through, are dedicated in the honor of my father, Dave Stewart; my Nan, Juanita Rose Buechel; and my best bub, Norman Percival Stewart. If only y'all could see me now!

Acknowledgments

I am excited, proud, humbled, and admittedly terrified to be drafting these acknowledgements. Sitting down to reflect on the many people who have played a role in seeing my graduate education through to this final stage means that I have nearly arrived at a very strange point of finality. Soon, I will relinquish my identity as "student," formally turning the page on a 24-year long educational journey. From kindergarten to doctoral studies, I have always found significant meaning and value in my educational pursuits – in learning new things, expanding my horizons, and engaging in the often-messy process of becoming (what is I hope) a better person along the way. As I end this chapter, I anticipate that something of significance will feel absent from my life – no longer having time devoted exclusively to the pursuit of knowledge, without too many other strings attached. It has been an immense honor and privilege that I have had to be able to devote so much of my life to this sort of unadulterated learning and growth. I am grateful every day for the educational opportunities that I have had, which now culminate in the finalizing and submission of this dissertation. Typing that, and reflecting on it, still feel incredibly surreal.

Without much further ado, let me acknowledge with my upmost gratitude the many people who have supported me in the various stages of this process. It is a product of their invaluable support, advice, mentorship, and in many cases, stern talking-tos that I am finding myself at this particular juncture.

First, I owe immense gratitude to all of the educators at all levels who invested in me and nurtured my curiosity, creativity, and incessant questioning. While this of course includes my primary and secondary teachers, I want to express a particular degree of gratitude for the faculty in the philosophy department at my undergraduate institution, the University of Louisville. The members of the faculty there, and particularly Nancy Potter, Lauren Freeman, John Gibson, and Avery Kolers, helped me see a future where I could pursue my intellectual interests down whatever rabbit holes they led me – even the rabbit hole of graduate study. They made me believe that despite the odds and the obstacles, I could do philosophy and be a philosopher. I never would have come to believe this without their helping me see it. The members of this department shaped my philosophical interests, helped me develop my broader moral, political, and social commitments,

laughed with and at me through some awkward college moments, and, perhaps most importantly, caught me when I fell… again and again and again. In innumerable ways, I would not be where I am, or indeed, who I am, without the time I spent in this department and with these incredible, life-changing humans. I will feel indebted to them forever, even as they insist I shouldn't.

I am also deeply indebted to those who took me under their wings during my graduate training, at both the MA and PhD levels. This includes my truly remarkable MA advisor, the legendary Alison Jaggar, who helped see me through to the end of a master's degree in the face of a tumultuous time in both my personal and professional lives. I wanted to give up, but she helped me forge a path forward. Without her believing I could finish and encouraging me not to throw in the towel the many times I seriously considered doing so, I not only finished the MA, but I am now putting the finishing touches on a PhD. Even as I type that, I still can't really believe it. Thinking about the transition from my MA to my PhD brings into focus another utterly invaluable person along this journey, my glorious PhD Mom (as I adoringly refer to her as, mostly behind her back), Carolyn McLeod. Carolyn has mentored me, molded me, and supported me, at times in ways that I doubt have been fully transparent to her. She has made space for my persistent stubborn desire to do things my own way, only inserting herself to issue painful-but-entirely-necessary reminders of when I need to slow down, or say "no" to some next commitment, or prioritize myself and my increasingly limited time. I have these reminders to thank for my now [nearly] completed PhD. Carolyn supported me as a student, and as a person. She opened herself, and her home, up to me on many occasions. She reflected the human side of the academic, which too often gets lost, and embodied the best possible version of the supervisor role. Biases aside, I think Carolyn truly is among the best people one could have as their PhD supervisor, and I am not just saying this because she was mine. Of the decisions I have made along this journey, coming to Western to learn from her was certainly among my wisest.

I also want to express immense gratitude to the other members of my committee who have at various stages sacrificed time to offer their feedback, the result of which is a stronger and more well-rounded thesis. In particular, I am grateful to Rob Stainton for his philosophy of language expertise and for his constant kindness and compassion, and to Richard Vernon for his expertise in political philosophy and for expressing interest in a term paper I wrote my first semester at Western on hate

speech – a topic which, as a result of his enthusiasm, I continued to work on throughout my time in graduate school. Taken together, your input, contributions, and support of this project have helped me to both expand upon and refine my thinking, and to ultimately put together a thesis that speaks to my chronically "all over the map" philosophical interests. I am also grateful to those willing to serve on the examination committee for this thesis, including Helen Fielding, Kim Shuey, and Jennifer Saul. Thank you for your time and willingness to support this process.

While those just mentioned have all played, to varying degrees, direct roles in my progress to and through graduate study and in the drafting, revising, and finalizing of this thesis, I would be remiss not to mention some of the other philosophers and thinkers who have played an important role in shaping and developing my own philosophical perspectives and insights. Most obviously, this includes my intellectual partner in crime, Lauren Freeman, whose collaboration and friendship have made me a better thinker and person. Our first paper, which grew out of a conversation we had when I was a graduate student in her seminar, has opened up the door for a many years long journey of bouncing ideas off each other and thinking together about big, difficult problems and how to go about fixing them. This also includes Jennifer Saul, who I used to fan girl over before meeting, and now realize is (in additional to a mind-blowingly awesome philosopher), a totally down-to-earth person I can share cat photos and talk about politics with. Jenny's work in philosophy of language has been deeply important to my own thinking, and she is a model of the sort of socially and politically engaged philosopher I hope to be. Finally, I want to acknowledge Ian James Kidd, who I look to not only as an exemplar of total and remarkable kindness, but as the sort of feminist philosopher of medicine and illness that I hope to be. Ian's work in the domain of philosophy of medicine and illness has factored heavily into my own thinking, dating back to my first term of graduate study, and I continue to learn from Ian (and Ian's work) in so many ways. Each of these people have believed in and supported me and the work that I do, in different ways, and I am so grateful and humbled to know each of them. Finally, I want to shout out to the other diverse, radical graduate students I have come to know, all over the US and Canada, for making community with me and often commiserating with me about grad life. Our meet ups at conferences and encouraging texts to each other have helped keep my passion for philosophy alive. There are too many people to name, here, but I want to specifically acknowledge Arianna Falbo, Miranda Pilipchuk, and Corey

Reed. I cannot wait to try to make this discipline better and more inclusive with you all in the ranks with me.

Those who have undertaken graduate study are likely acutely aware of how alienating and at times lonely graduate study, preparing for and writing comprehensive examinations, defending a prospectus, and ultimately writing a dissertation can be. This, it turns out, is especially true when you are doing some or all of these things during a once in a century pandemic, as I am at the present time. Bearing that in mind, there is absolutely, fundamentally, no way I would have made it through graduate school without my close friends here in London, who have become, in all of the relevant ways, family. Having people to lean into in the tougher times, and to celebrate the wins with you when they come, has been more precious than I can put into words. I am ever so grateful for the deep discussions, the laughter, and the adventures with you, especially Emily Cichocki, Andie Keating, Benjamin Formanek, Mack Marcotte, Rush Pill, and Matthew Howery. Thank you for the full, rich, robust friendship and love you all bless my life with. I am rooting for each of you as you continue along this strange path of academia (except for you, Rush, having been wise enough to avoid it, and chasing other incredibly valuable pursuits).

I am immensely grateful that my support network extends beyond London, ON, and that I have had a cheering squad so expansive it touches many parts of the globe. Though it would be impossible to name all of the key players in my story here, I relish the opportunity to mention just a few people without whom my successes would not have been possible, and, perhaps more importantly, my life would be lacking other things of immense value. To my best friends Derrick Woodward, Kassi Wofford, Lesanne Story, Lauren Oliver, Brian Russell, Dakota Campbell, Keri Brown, Jason Tarlton, Matt Allen, and Courtney Barrett, thank each and every one of you for believing in me, for picking me up when I am down, and for making my stressful, busy life feel lighter, more fun, and generally worth living. To my best accomplices in the ongoing struggles for justice and a better world, I am especially grateful to Gordon Henry and Georgia Hensley, both of whom I learn a great deal from watching push on institutions for greater accountability, and who will (and have) undoubtedly make the world a bit better, and a lot brighter. I look forward to the ways we can work together on the endless project of bring about greater justice in the world.

This process has been in so many ways facilitated by the love and support of my family, most notably my mother, Alice; my step-father, Barry; and my brother, Sean. In their own ways, they have lifted me up, encouraged me, and believed in me. They have inspired me, all in their own ways, through their hard work, dedication, and determination, even when things get tough, or in the face of doubt about what is possible. I am grateful to my Dad, too, although he cannot be here, physically, to see this process come to a close. I know that he's with me, and that I carry him along, and that I am who I am in no small part because of the man he was. Finally, I am grateful for my Nan, Juanita Rose Buechel, whose loss during the process of finalizing this dissertation made it feel impossible to complete. As I was told recently, I am so, so much like my Nan (to quote my cousin Rachel, I am "resilient and inspiring" like her). I am pretty sure that's why this dissertation is, somehow, getting done at all. That said, I am grateful to all of you (Mom, Barry, Sean, Dad, and Nan) for raising me to be the stubborn, relentless person that I undoubtedly am; I think these traits have served me well enough.

For getting me through the day to day of the writing and revising process, I am grateful to my uniquely brilliant, hardworking, motivating, and stunningly gorgeous partner, Nimalka Weerasuriya. Dearest Nimalka, I thank you for your bravery in coming into my life with all of its complexity and uncertainty, and for the unimaginable ways in which you proceeded to turn it upside down. With each passing day, I continue to learn from your wisdom, your appreciation of nature and slower moments, your patience, your humor, and your deep, beautiful love, each of which have enriched my mind and my heart more than I could ever find adequate words to capture, explain, or repay. Thank you for holding me through so much and seeing me through the hardest and scariest parts (of the pandemic, of the dissertation, of changes, and of life), and for believing in me so truly and wholly that I am left with no choice but to believe in myself, too. I will never forget the ways you held and nurtured me through this time, through the tightest hugs, the finest bourbons, and the hottest bowls of homemade Tom Yum soup. You saw this thing through with me, and I appreciate it so dearly. I always will.

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presence and affection to get me through what would otherwise be monotonous routine. The energy you two bring has brightened up this process a million-fold.

As this reflection has made so keenly evident, many incredible souls have been with me along this journey and have shaped it in all of the best ways. My sincerest and most profound gratitude belong to each of you. Thank you, all of you, for the past and for what lies ahead, and for the roles you have played in the mess and the beauty of all of it.

With the fullest and most thankful heart,

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Table of Contents

List of Appendices

Introduction

I. The Value of Philosophy to Thinking About Microaggressions

Broken sticks and broken stones
Will turn to dust just like our bones
It's words that hurt the most now, isn't it?
-Brandi Carlile, "Again Today"

Let me begin with a quote that I believe captures a sentiment at the very heart of this thesis. The quote, which comes from the fictional character Albus Dumbledore of the Harry Potter fiction franchise, goes as follows: "Words are, in my not-so-humble opinion, our most inexhaustible source of magic – capable of both inflicting injury, and remedying it" (Rowling 2007, 708). The core of Dumbledore's statement, here, is that words contain immense power. What we *do* with our words can have a profound influence in our social worlds, and importantly, on the lives of others. Our words can lift people up, empower them. But – and this will be the focus of this thesis – our words can also bring about tremendous harm.

The focus of this thesis is on one particular speech phenomenon, *microaggressions,* which have, I contend, significant power in shaping our moral, social, and political relationships to one another. The term "microaggression" refers to brief and routine verbal, behavioral, or environmental indignities that, whether intentional or unintentional, convey hostility toward or bias against members of marginalized groups (definition adapted from Sue 2010).[1] Microaggressions, although quick and easy to commit, and seemingly benign from the perspective of those committing them (hence the "micro" prefix), are, as I will go on to argue, significant from the perspective of those

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[1] Here, and throughout the thesis, the use of the word "convey' should not be taken to imply anything about the speaker's intention. To the contrary, as will become clearer throughout the thesis, my view holds that speaker intention is not relevant to whether a microaggression has occurred, or whether a microaggression is consequential. The use of "convey" here should be taken in the ordinary sense: to suggest, communicate, or express some bit of information, in this case, information relating to stereotypes, bias, and/or hostility toward members of marginalized groups.

on the receiving end, and for their role in perpetuating systems and structures of social inequity and injustice.[2]

Microaggressions, as myself and others understand them, are frequently occurring in the lives of socially marginalized people. In other words, those who experience microaggressions tend to experience them often, in a variety of settings (e.g., in academic settings, in medical settings, in legal settings, and beyond). Microaggressions are also widely understood to be tightly connected to social oppression, and specifically widely held stereotypes and biases about oppressed groups.[3] Microaggressions function by picking up on, and reproducing, bits of prejudice and bias that exist in the broader social landscape (or, as Fricker 2007 calls it, the "social imagination"). Microaggressive speech (verbal or otherwise) or actions are rooted in these stereotypes and biases, which can be either implicitly or explicitly held by the microaggressor (i.e., the stereotypes or biases can be explicitly and consciously endorsed by the microaggressor, or can be the result of implicit bias).[4]

I present this thesis as an integrated article thesis, which brings together five chapters to offer a robust philosophical picture of microaggressions. The thesis, as I will discuss in section IV below, has three distinct aims: a conceptual aim, an epistemological aim, and a moral aim. The conceptual aim involves clarifying how we ought to understand and categorize microaggressions. The

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[2] For more justification for the use of the term *micro*aggression, see discussion in chapter 3 of this thesis. Also see Rini (2020, 29-31) for a discussion of the "micro" prefix. As Rini sees it, the "micro" prefix needn't be about relative size, but rather can denote a certain sort of relation, specifically, a part-whole relation (e.g., in the way *micro*economics refers to part of the system or study of economics; Rini 2020, 30). Rini writes: "The point is this: a microeconomy is not a little economy in the way that a micropig is a little pig. Rather, a microeconomic actor is a part of a more complete system. Similarly, a microaggression needn't be simply a little aggression. It is a part of a more complete system – in this case, a system of oppression" (Rini 2020, 30).

[3] I follow Blum (2004) in understanding stereotypes as "false or misleading generalizations about groups held in a manner that renders them largely immune to counterevidence." As Blum argues, stereotypes "powerfully shape the stereotyper's perception of [the] stereotyped groups," making stereotypers more apt to only see stereotypical features, to ignore non-stereotypical characteristics or counterevidence, and to homogenize all members of the group. Microaggressions, as I will be understanding them, are in a feedback loop with stereotypes: microaggressions are rooted in stereotypes (e.g., the more deeply embedded the stereotypes, the more pervasive the microaggressions are likely to be) and microaggressions reflect and reinforce stereotypes (e.g., microaggressions encode and reify the content of the stereotypes). Microaggressions and stereotypes, then, are closely related.

[4] See Saul (2014) for a discussion of implicit bias. Also see Holroyd (2017).

epistemological aim involves identifying some of the epistemological assumptions undergirding discussions of microaggressions in the literature, including assumptions made by critics of microaggression theory (e.g., Lukianoff & Haidt's 2017 claim that microaggressions are not that serious, which assumes the perspective of those who are not likely to be impacted by microaggressions) and also assumptions made by other microaggression theorists (e.g., the assumptions underlying Sue's 2010 account and taxonomy of microaggressions, which, not unlike Lukianoff and Haidt (2017), presupposes the perspective and standpoint of those committing microaggressions, at the expense of the standpoint of those on the receiving end). The second component of the epistemological aim involves defending a particular epistemological approach – what is called "feminist standpoint epistemology" – for guiding our theorizing about microaggressions (on feminist standpoint epistemology see, for example, Toole 2019). Adopting the epistemological approach of feminist standpoint theory helps justify a transition in microaggressions theory and research that places more explicit attention on the perspectives of those on the receiving end of microaggressions (i.e., structurally oppressed people) and what they claim to be true about their experiences with microaggressions. The moral aim involves better understanding the harms of microaggressions, including their role in reinforcing structures of oppression and unjust social hierarchy.

The main theme unifying the articles in this dissertation is microaggressions. However, as I will discuss in section V below, certain concepts are of central importance to the dissertation as well. These include harm and oppression. Discussions of harm and oppression are woven throughout each of the chapters, and, given their central importance to the thesis, I will make clear how I am understanding and employing the concepts of harm and oppression in section V below.

In the remainder of this introduction, I will do the following. In section II, I will offer a general overview of the development of microaggression theory within the field of psychology, from the origin of the concept in the 1970s through research in the present day. In section III, I will explain how philosophy is valuable to the study and understanding of microaggressions, despite the fact that, until quite recently, philosophers have paid very little attention to the phenomenon. In section IV, I will clarify the aims I hope to achieve in the dissertation, and offer summaries of the chapters, with reference to how they go about making good on those aims. In section V, I overview

assumptions that I make in the thesis, and also clarify how I am understanding central concepts (e.g., power, privilege, oppression, and harm). Finally, in section VI, I offer brief concluding remarks to the introduction.

II. Background on Microaggression Theory

Before I begin laying some of the theoretical groundwork for my dissertation, it might be of use to say something about my interest in this topic, and how I think it fits within the domain of philosophy. To do so, some background on microaggression theory is in order.

The term "microaggression" was first coined by a Black psychologist at Harvard University by the name of Chester Pierce in the 1970s. Pierce came to the concept of microaggression rather creatively. Specifically, he began observing the Harvard football team and thinking about what made a significant impact in game play. In examining what, for example, the coaches focused on and grilled players about, he noticed that, perhaps contrary to what many might assume, much of the emphasis was not on the macro-elements or major, overarching strategies of the game, but rather on the more minor, or micro, dimensions of the game. For example, there was focus on slight changes in body position or foot movements, or in the angle or spin of the ball. These seemingly minor adjustments resulted in macro level effects – points gained or lost, and thus games and championships won or lost. There was a recognition, among the coaches and players, that the seemingly small-scale actions had an immense impact on the big picture (Pierce 1970, 269-270). And yet, for those observing the game – especially those untrained in the technical aspects of the game – these minor changes are hardly noticed (while the macro-scale things are quite obvious to all watching the game).[5] Thinking about the significance of these micro-elements of game play in football, Pierce began to think about how this related to his own experience as a Black faculty member at an elite academic institution. He thought about the daily, subtle, seemingly minor acts of discrimination that he encountered. He thought about how, while noticeable and impactful for

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[5] This is a matter of perspective, or standpoint, specifically regarding what one is trained to (and thus better able to) see and appreciate in a given situation. Though the facts might be the same for all observing them, different people (in light of their different training or experiences) will be more or less able to pick out certain features of that situation. I develop this point in chapter 2.

him, they are likely to go unnoticed to other, outside observers. In pulling this thinking together, Pierce coined the term "microaggression."

In reflecting on his own experience, Chester Pierce identified an important, previously unnamed phenomenon, likely to register to many structurally marginalized people. Consider Pierce's description of an interaction with a subtly hostile white student, about which he writes the following:

> One could argue that I am hypersensitive, if not paranoid, about what must not be an unusual kind of student-faculty dialogue. This I concede. What I cannot explain, but what I know every black will understand, is that it is not what the student says in this dialogue, it is how he approaches me, how he talks to me, how he seems to regard me. I was patronized. I was told, by my own perceptual distortions perhaps, that although I am a full professor on two faculties at a prestigious university, to him I was no more than a big black n*****. (Pierce 1970, 277; N-word edited out by me).

Pierce thought this was how racist aggression could be done well: how it could withstand civility culture and elite desires for "multiculturalism" and "color-blindness." Instead of the overt, old-fashioned forms of racist aggression, aggression could be achieved in more savvy ways – ways that could happen right out in the open, even by "nice white folks." It was the subtle build up and repetition of minor acts and comments, which could fly under the radar of even the most well-intended bystanders. But, at its core, it was still a way of asserting racial superiority and, in Pierce's case, making him feel as if he didn't, and never really could, belong at a place like Harvard. And this is at the core of how we now understand microaggressions. Through these seemingly minor acts, people can act in ways that reflect white supremacy, misogyny, homophobia, or transphobia, but still have the protective guise of ignorance and/or innocence. And, these acts build up over time to reinforce these unequal power relations. Pierce notes that:

> Most offensive actions are not gross or crippling. They are subtle and stunning. The enormity of the complications they cause can be appreciated

only when one considers that these subtle blows are delivered incessantly (Pierce 1970, 265).

In recognizing this feature of oppression – that it often happens in "broad daylight" by those who can lay claim to their ignorance and/or innocence – Pierce was onto something incredibly insightful and important. He was articulating one way in which oppressive social hierarchies can remain so firmly intact, even in our contemporary society that, for the most part, rejects overt and explicit instances of racist macro-aggression or violence. However, despite his astute observations, Pierce's work, and the concept of microaggression, didn't really gain much traction in the academic literature. The concept sort of faded into the background. That remained the case for a few decades until a Chinese-American psychologist at Columbia University, Derald Wing Sue, put the spotlight back on the concept.

Though Sue and his colleagues began publishing on microaggressions around 2007 (see Sue et al. 2007), it wasn't until 2010 that the concept of microaggressions really gained steam. This was, primarily, the result of Sue's 2010 monograph, *Microaggressions in Everyday Life.* In this book, Sue launched what is now a robust research agenda for microaggressions. He overviewed the concept and illuminated it with a number of examples and developed a now widely-cited taxonomy for classifying microaggressions as one of three distinct types: microinsults, microassaults, or microinvalidations. He also described three different mechanisms for microaggression (verbal, non-verbal (behavioral), and environmental).

In order to illuminate the phenomenon of microaggressions, and the three mechanisms by which they occur, let's consider a few examples. There will be a number of additional examples throughout the thesis. I offer these examples now to get us thinking about the broad range of cases which can be described as instances of microaggression. I will follow Sue's lead here and describe microaggressions which are verbal, behavioral, and environmental.[6]

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[6] While this breakdown of the mechanisms of microaggressions is Sue's (2010), these examples are my own.

a. Verbal Microaggressions**:**

These are microaggressions which are spoken aloud, most often in the forms of comments or questions. Consider the following:

- **Femme-Erasure:** A femme-presenting woman is chatting with a group of people at a social event and is asked about her dating situation. She responds that she identifies as gay and has recently been seeing a new woman. A person standing in the circle immediately blurts out, "Really!? But you don't *look* gay!" Such a statement invalidates her identity as gay, because (as a result of stereotypes about what gay women look/dress/act like), it assumes and suggests that she couldn't *really* be gay. It also undermines her testimony, insofar as it casts doubt on an assertion she just made, about her own identity. On account of each (having her identity invalidated and her testimony undermined) she might cease to feel welcome or included in that particular conversation or environment or feel as if her sense of self-worth has been compromised. This is a microaggression, rooted in stereotypical assumptions about what gay people (and specifically, gay women) "look" like, as well as biases against femme-presenting queer women.[7] It reflects the pernicious ignorance (cf. Dotson 2011) in society about queerness and the many varieties of queer identity, experience, and presentation.

- **International Student:** An international graduate student from China arrives at a new, predominantly white North American academic institution. Upon arriving, he finds that very few people attempt to talk to him at the new graduate student orientation. The time comes for the new students to go around the room and each share their names. When it is his turn, he says his name, "Wei Xin." Immediately the professor says, "That one is tough! Say it again?" to which Wei Xin complies, stating his name a second time. After repeating his name for the second time, the professor responds, "I am going to have a tough time with that one!" The professor never tries to address Wei Xin by name again, instead calling on him by pointing at him or saying "hey!" Mostly, he just ignores him outright and calls on the white students, always by name. This is a microaggression because it singles out the

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[7] On anti-femme bias and the problem of femme erasure, see Blair and Hoskin (2015).

student as "different" or "exotic", which can have the consequence of making him feel like an Other, or outsider, in the classroom space. There is no effort made to include him or make him feel as if he genuinely belongs.

b. Behavioral Microaggressions:

These are microaggressions which take the form of unspoken actions, gestures, or body language. Let's consider a few examples:

- **Needing Directions:** A Black man is visiting a new city and isn't sure where to find the transit station. Unfortunately, after long hours of travel, his cell phone has died. He sees a white woman across the street, preparing to get into her car, and thinks that she must be from around there. He calls out to her "Excuse me!" and starts crossing the street to ask her for directions. She immediately scrambles to quickly unlock her car door, jumps in, locks her doors, and starts her car. She does not wait to roll down her window and see what he needs. She pulls off, leaving him standing on the sidewalk. This is a microaggression because it signals that, although he hasn't given her any explicit reason to feel unsafe, she nevertheless feels fearful of him. This automatic tendency to fear (and flee from) Black men is rooted in pervasive social stereotypes that Black men are violent or dangerous.

- **Bus Seat:** There is a pandemic going on that is broadly thought to have originated in Wuhan, China. As a result, there has been significant anti-Chinese rhetoric and fear-mongering, including from high profile politicians and celebrities. An older Japanese man is sitting on a crowded bus and the only remaining seat is next to him. A young white man gets on the bus, looks around, sees the empty seat next to the Japanese man, and instead goes and stands in the aisle. The Japanese man pats the seat next to him to offer it up, in case the white man had not seen the available seat. The white man shakes his head and continues to stand. This is a microaggression because it suggests that the white man is made uncomfortable by, or doesn't want to be near, the Japanese man. It also reflects the

tendency for North American people to lump all Asian people together, reinforcing them as non-white Other.[8]

c. Environmental Microaggressions:

Environmental microaggressions are interesting because they lack a direct agent (e.g., they are not the result of the speech or action of a particular, identifiable agent). Rather, this final type of microaggression involves features of our built environment or the aesthetics or design of our physical spaces. Consider the following examples:

- **Toy Shop:** A young Black girl receives a gift card for her birthday to a new toy shop in town. On the drive to the shop to pick out her gift, she tells her mom how she really wants a doll that looks like her. As she sits in the seat, she imagines playing with the doll's hair, braiding it, and taking the doll to church with her on Sundays. She gets really excited. When they arrive at the toy store, she looks around at the dolls on display. There are many, many different dolls, however, they are all of fair complexion. Almost all of the dolls are peach skinned, with blonde hair and light eyes. A few have light skin and straight, brunette hair. There is no doll with dark skin or curly hair like her own. She looks the aisle up and down and eventually asks her mom if she can get a basketball instead. This is a microaggression because it reflects a world in which she is not represented, and in which she is made to feel as if she does not fully belong. Girls like her have not been considered or valued in the design of toys. They are not reflected or represented in the world more broadly. She cannot see herself in the toys, or in the world they are meant to represent.

- **Dream Proposal:** A lesbian woman has just had the proposal of her dreams. Her partner got down on one knee atop their favorite hiking destination, overlooking the mountains that remind her of her family and her home. She is over the moon, and, when they return home for their trip, she is eager to jump into wedding planning. She texts her friends who have recently been married for their wedding planning recommendations. They send her

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[8] As Blum (2004) makes clear, stereotypes (and I would add microaggressions) worsen this tendency to erase differences due to their flattening effect. In other words, stereotypes (and the microaggressions rooted in them) tend to flatten diversity and homogenize members of a group (in this case, by lumping all Asian people together).

all of their favorite bridal websites and catalogs. Back at home, she sets up a station at her desk to start pouring over them, finally ready to plan her dream wedding. However, when she starts turning the pages and scrolling the sites, she feels a bit uneasy. Not only are there no lesbian couples represented at all within the pages of photos, but virtually everything is packaged as "his and hers" and "bride and groom" sets. Suddenly, her excitement turns to a knot in her chest – her eagerness to plan her wedding transforms into anxiety about whether she will be able to find venues and vendors willing and able to meet her and her partner's needs. This lack of representation is a microaggression because, in centering heterosexuality and representations of heteronormative love, it erases and fails to recognize the love between queer people – even in the most special and intimate of times. It makes her feel as if these companies, oriented toward celebrating love, are unable or unwilling to celebrate her love. She feels left out of something really deeply important to her – something that was easy and natural for all of her heterosexual friends.

Though each of these examples might strike you as quite different, they all share some underlying features. One feature they appear to share is that, in each case, the intention of the person (or company, or institutions in the latter examples) committing the microaggression is unclear or ambiguous, perhaps even to those committing the microaggression. For example, in "Needing Directions," the woman who quickly jumps in her car and locks the door instead of seeing what the Black man needed might not have done this on *purpose;* rather, she might have acted automatically and unreflectively, driven by implicit associations that link together Black men and violence or danger. The same can be said for the white guy who doesn't take the seat next to the Japanese man on the bus ("Bus Seat"); it is entirely possible that he didn't even think about his decision as to whether he should take the seat or not, but rather acted automatically. In either case, we can give the benefit of the doubt that these people did not *intend* to send racist or xenophobic messages or to reinforce stereotypes or biases against Black men or Asian Americans respectively. And yet, in both cases, this is precisely what happens. Similarly, in "Toy Shop," the toy companies producing toy dolls might be responding to social demand (e.g., for toys resembling white children) which itself is informed and driven by racial hierarchy and white supremacy. As Young (2011) makes clear, sometimes oppression is reinforced simply by going along with the status quo.

Another commonality between the examples above is that, regardless of the intentions involved, they send deeply problematic messages to the recipients (and reinforce problematic social stereotypes, or ideals, along the way). Consider the examples of "Needing Directions" and "Bus Seat." Though, from the prospective of the white woman in the "Needing Directions" example or the white guy in the "Bus Seat" example, these actions might seem insignificant or benign, a number of things nevertheless happen: the person on the receiving end internalizes the message ("I am frightening," or "I am Other"); the person committing the microaggression acts on (and thus fails to challenge or compensate for) their internalized biases or stereotypes; and, when others are present and bystanders witness or overhear these things happening, that can reinforce, or function as confirmatory evidence for, their own biases. Importantly, all of these things can happen in incredibly subtle, difficult to detect ways (or, at least ways that are difficult to detect for the one committing them). But, even when we are not fully aware of them, microaggressions contribute to broader systems of oppression, propping up the stereotypes and biases that reinforce social hierarchy and keep perverse relations of power, privilege, and oppression in place. And this is precisely why I believe microaggressions are ripe for philosophical analysis, a point to which I will return below.

III. Why a Philosophy Dissertation Devoted to Microaggressions?

As I have just indicated, I believe that microaggressions offer fertile ground for philosophical inquiry. I believe this for a number of reasons. One reason is because microaggressions involve vast ambiguities of the sort that philosophers enjoy puzzling over (e.g., "Did that person mean "X" in the way I have understood it?" "What is being conveyed here?" "What is encoded in this particular bit of speech?"). Microaggressions involve questions about how we communicate with one another, often in subtle ways. Microaggressions prompt reflection about the nature of blameworthiness and responsibility, especially for unintended acts and harms. Microaggressions involve questions about how we perceive and treat one another, and whether or not people are treated as true equals in our social and political worlds. For all of these reasons, and likely for many more, microaggressions are a critical area in need of philosophical reflection, specifically reflection in philosophy of language, moral philosophy, and social and political philosophy. And yet, philosophers are, as it were, coming late to the party.

I suggest that philosophers are arriving late here because, as I have indicated in the previous section, the concept of microaggressions has been around since the 1970s and has been studied rather extensively in disciplines such as psychology and sociology for the past decade following the publication of Sue's 2010 monograph (see for example Dominguez & Embrick 2020; Levchak 2018; Owen et al. 2014; Williams 2019, Williams 2020; Wong et al. 2014). Philosophers, however, have (until very recently) mostly ignored the concept. For the reasons mentioned above (e.g., on account of the sorts of questions about language and morality that microaggressions generate), I think this is a mistake. I believe philosophers can, and should, have a lot to say about the phenomenon of microaggressions, as well as a role to play in shaping and refining the research agenda that is mostly carried out through social science research. Though I think there is much more for philosophers to say about microaggressions, I will briefly canvas the work that philosophers have done on this topic so far. I will then suggest what sort of work remains for philosophers to do on the concept of microaggressions, and how I see this thesis as making some strides in this domain.

To my knowledge, the first philosophical article to offer sustained engagement with the phenomenon of microaggressions is Jeanine Weekes Schroer's article, "Let's Give Them Something They Can Feel: On the Strategy of Scientizing the Phenomenology of Race and Racism" (2015). In that article, Schroer examined connections and overlap between the empirical research on microaggressions, and that of a separate phenomenon, stereotype threat (on the phenomenon of stereotype threat, see Spencer et al. 2016). In this piece, she warns that the attempts to "scientize" the study of race and racism, and to quantify the harms that result from such phenomena as microaggressions and stereotype threat, can have the perverse effect of excluding the testimonies and direct knowledge of those on the receiving end of these phenomena. Her call is for research and attempts to understand oppressive (here: racist) phenomena to center the testimonies of those who live and experience racism directly, and to center those testimonies when trying to understand and give texture to the "what it is like" of living as a non-white person under white supremacy. Importantly, this is not to say that we should abandon our empirical study of phenomena such as microaggressions and their consequences, but rather that we should not *reduce* our understanding of the phenomena to that which is measurable. We must always seek to enrich

our understanding of oppressive phenomena by appealing to the voices, testimonies, and experiences of those on the receiving end of them.

Though much more research (including robust qualitative research) has been done on microaggressions (and stereotype threat, for that matter) since the time Schroer's article was published, I think the heart of Schroer's critique stands. Indeed, her central point coincides with an underlying research commitment you will find throughout this dissertation – that is, that we must center the rich testimonies of those who experience microaggressions directly, and not try to minimize or erase them in the name of "objective, empirical" evidence. Testimonial evidence, I believe, is a valuable source of evidence, specifically in regard to the "what it is like" of oppression (i.e., what it feels like to be oppressed or to live as a target of oppressive systems and structures). This is why you will find numerous first-hand testimonies throughout this dissertation. Centering the relevant perspectives and voices, I believe, is a key component of doing ethical research on, and philosophizing about, oppression.[9]

Following Schroer's 2015 article, philosophical articles on microaggressions remained sparse for the next few years. They include articles from Mark Tschaepe (2016), Saba Fatima (2017), Emily McTernan (2018), and Christina Friedlaender (2018). All of these articles make important philosophical contributions to thinking about microaggressions. However, one interesting point of unity in them is that they all offer an uncritical engagement with Sue's theory of microaggressions, and his taxonomy for classifying microaggressions. Until the publication of an article by Lauren Freeman and myself (included as chapter 3 in this dissertation), there had been no critical challenge of Sue's theoretical framework itself. Sue's general theoretical orientation, and his specific tripartite taxonomy for classifying microaggressions, had been uncritically adopted and taken for granted in the budding philosophical literature on microaggressions. Since the publication of our 2018 article, Lauren Freeman and I have continued to build our challenge of Sue's work across a series of journal articles and book chapters, as well as a book manuscript currently in progress (see for example Freeman and Stewart 2019, 2020, 2021). We believe that this sort of methodological

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[9] For an overview of such feminist methodologies in research see Jaggar (2015).

critique – and a calling of attention to theoretical assumptions in research – is one important contribution that we, as philosophers, can make to this growing research program.

There have been more articles and chapters written by philosophers since 2018, and, there are now two book length treatments of the topic by philosophers. This includes an edited collection by Lauren Freeman and Jeanine Weekes Schroer, *Microaggressions and Philosophy* (2020) and a recently published monograph by Regina Rini, *The Ethics of Microaggression* (2020). I see this dissertation as contributing to a young but rapidly growing philosophical literature on the concept and phenomenon of microaggressions.

Though philosophers are starting to weigh in on microaggressions, many questions remain unanswered. As I will contend in this thesis, there is still a lot of conceptual work to do to clarify the meaning and scope of the concept (see chapter 2). There is also more work to be done to illuminate the specific harms experienced as a result of microaggressions (see chapter 3) and the status of microaggressions in various applied contexts, such as medical contexts (see chapters 3 and 4) and academic contexts (see chapter 5).

Reflection about the nature and impact of microaggressions makes use of machinery in the philosophy of language, as well as insights from moral, social, political, and feminist philosophies. Moreover, it is an area of research that is inherently interdisciplinary – one that requires seeking out constructive dialogue with researchers in psychology, sociology, and beyond, and listening to those with different areas of expertise. It is for all of these reasons that I find the philosophical study of microaggressions fruitful and enriching. But beyond the intellectual fruitfulness of the project, I believe it is an area in which philosophical reflection can be translated into a positive impact, aimed at improving our moral, social, linguistic, and communicative practices. *That* is why I have chosen to pursue this project and this line of philosophical research.

IV. Aims of This Dissertation and Overview of Chapters

As noted above, this dissertation has three main aims. These are the conceptual aim, the epistemological aim, and the moral aim, respectively. In what follows, I will offer a brief overview of the chapters contained in this thesis. In so doing, I will briefly summarize the main contributions

of each chapter and draw some connections regarding how the chapters connect to one another, and to each of these three aims.

Chapter 1, "Sticks and Stones Can Break Your Bones and Words Can Really Hurt You: A Standpoint Epistemological Reply to Critics of the Microaggression Research Program," aims to develop a systematic reply to the main critics of microaggression theory (e.g., Lukianoff and Haidt 2017; Lilienfeld 2017). The critics' main claim is that microaggressions do not cause any serious harm, and, as a result, are not worth paying attention to, researching, discussing, or trying to intervene on. In order to respond to these critiques and defend the value of microaggressions research, chapter 1 makes use of the concept of structural and systemic oppression (of which microaggressions are a part) and also advocates for feminist standpoint epistemology as the best epistemological starting point for theorizing about microaggressions. With a concept of oppression, and the commitments of feminist standpoint epistemology in hand, microaggression theory is defended as an important theoretical and practical pursuit. In offering a sustained defense of microaggression theory against critics, this first chapter justifies the rest of the thesis, i.e., this chapter gives us a sense of why it is of value to theorize about microaggressions at all, despite how critics might (mis)understand and (mis)represent the concept. Moreover, in highlighting the epistemological assumptions inherent in the critics' understanding of microaggressions, and arguing for a different epistemic starting point, chapter 1 goes some way toward the epistemological aim of the dissertation, that is, to clarify and refine the epistemic assumptions underlying and guiding microaggression theory.

Chapter 2, "Making Sense of "Microaggression": On Family Resemblance and Standpoint Epistemology" aims to make some progress on the conceptual aim of the dissertation. It does so by responding to concerns about the clarity and coherence of the microaggression concept. By appealing to a family resemblance approach of concepts, I demonstrate that the microaggression concept is perfectly coherent, even in the face of definitional challenges (e.g., challenges locating necessary and sufficient conditions for the concept). In addition to shedding light on the conceptual aim, chapter 2 makes use of the defense of feminist standpoint epistemology provided in chapter 1. Specifically, I argue that although microaggressions are difficult to pin down in practice, some people (on the basis of their first-personal familiarity with microaggressions and more general

experience with structural oppression), are generally epistemically advantaged when it comes to recognizing and identifying microaggressions in practice. This argument aligns with the epistemological aim, insofar as it helps to clarify an important point about our ability to appropriately understand microaggressions. The main claim is that microaggressions are generally best understood from the perspective of those most likely to be on their receiving end.

Building on the commitment that microaggressions ought to be understood from the perspective of those most likely to be on the receiving end, chapter 3, "Microaggressions in Clinical Medicine," develops a novel conceptual approach to microaggressions that takes as its starting point the perspectives, experiences, and testimonies of those who experience microaggressions directly, viz., structurally oppressed people. This novel approach constitutes a significant departure from the dominant approach to microaggressions (cf. Sue 2010). Instead of being "act-based" (e.g., classifying microaggressions on the basis of the actions undertaken by the person committing microaggressions), this novel approach, which is developed within the context of medical practice, is "harm-based." This means that the focus on how to conceptualize and categorize microaggressions is placed on the harms that they cause for their recipients, instead of on the acts that are undertaken by those who commit microaggressions. This shift in focus helps illuminate the moral seriousness of the short- and long-term harms of microaggressions and centers the perspectives of those on the receiving end. Chapter 3, then, makes progress on two of the main aims of the dissertation: the conceptual aim and the moral aim. With regards to the former, the chapter helps clarify how microaggressions should be understood and theorized. With respect to the latter, the chapter helps illuminate the moral significance of microaggressions for those who experience them.

Chapter 4 constitutes a shift in the thesis. While the first three chapters are more conceptual, the final two chapters (chapters 4 and 5) are more applied. Chapter 4, "Hearing Queer Voices in the Clinic: On the Prevention of Clinical Microaggressions for Better Communication and Care," zeroes in on one group that is likely to be on the receiving end of microaggressions – LGBTQ+ patients in medical settings. Applying many of the insights developed in chapter 3 about the short- and long-term impacts that microaggressions can have on patients, this chapter focuses on the seriousness of microaggressions for queer patients in particular (a patient population that already

experiences significant health vulnerabilities and health disparities). In an effort to reduce and offset the harmful impacts of microaggressions, this chapter advocates for a number of strategies that can be developed to better listen to, respect, and include patients in clinical encounters.

Finally, Chapter 5, "Paving the Road to Truly Free Speech: Establishing a More Just Free Speech Infrastructure on Campus and Beyond," uses the phenomenon of microaggressions as a focal point for thinking through debates about free speech on college and university campuses. Though some microaggression skeptics and free speech absolutists contend that efforts to reduce microaggressions on campus constitute a violation of their free speech and/or academic freedom, I argue, contrarily, that efforts to reduce microaggressions on campus are in fact an essential part of developing a free speech infrastructure that is more just, more equitable, and more attentive to the distorting impacts that power and oppression have on speech norms and practices. Reducing microaggressions is one necessary step in creating the conditions that allow certain (read: structurally marginalized) community members to speak and be taken seriously when they do so. As such, efforts to reduce these acts are not an affront to free speech, but rather a boon to it. This chapter, then, suggests that we have a moral obligation to consider the impacts that microaggressions have on our broader speech climates, and who is truly free to speak (and be heard) within them.

Taken together, these chapters aim at a philosophical analysis of different dimensions of microaggressions, and specifically, the ways in which microaggressions factor into our moral, social, and political lives, and shape our linguistic norms and practice in tangible ways. I hope that these chapters help us get clearer not only on how we should think about and understand microaggressions, but also why we should care about them in the first place. To this end, this thesis goes some way toward the project of clarifying and justifying microaggressions research, and also toward advocating for more just speech practices, and ultimately, greater social and political justice.

V. Guiding Assumptions

In order to achieve my three aims – the conceptual aim, the epistemological aim, and the moral aim – I will make a number of theoretical assumptions and draw on several philosophical concepts. I will now introduce these in turn.

First, I will say something about my guiding commitments. This dissertation is guided by a deep commitment to intersectional, queer and trans-inclusive, feminist, anti-racist scholarship. I follow in the tradition of Black feminist, and queer and trans scholars, and take many claims as given (that is, I do not argue for certain baseline assumptions about the existence of social stratification, the existence of structural and systemic oppression, and so on). For my purposes, it is taken as given that the context of writing this dissertation is a society with a history and present situation of colonialism, white supremacy, and cis-heteropatriarchy. None of these background assumptions are up for debate, as far as I am concerned. Neither is the legitimacy of queer and trans experiences, or the value of Black, Brown, and Indigenous lives. I operate with all of these assumptions, and with the assumption that these background social and political conditions influence our social and political lives: e.g., the ways we perceive and treat one another, and the stereotypes and biases that pervade our social world.

With these background commitments in mind, I will now set out some of the concepts that I will use and refer to throughout the dissertation, which I will not necessarily define again upon each subsequent use. Since the nature of these concepts can be contested, I want to make clear precisely how I am understanding and employing them throughout the dissertation.

First, I rely on an understanding of power, and the way power informs social relationships and dynamics, including communicative dynamics and linguistic exchanges. Put most simply, power involves who has control over whether or not they can actualize their desires and pursuits and who doesn't. The more power one has, the more they can shape their world in accordance with their own desires and ends. The less power one has, the more they are subjected to the desires and ends of others (see Allen 1998; 2016). Power is relevant to microaggressions because, generally, microaggressions flow from a person with relatively greater social power (in a given context or

exchange) to a person with lesser social power (in that context or exchange). Microaggressions are both a manifestation of power imbalances, and also serve to reinforce them.

The concept of power is related, in many important respects, to the concept of privilege. Privilege, as Peggy McIntosh (1989) explains it, is like an invisible knapsack of benefits that one carries with them, and which they can draw upon whenever necessary. Benefits of privilege that one might carry with them include "special provisions, assurances, tools, maps, guides, codebooks, passports, visas, clothes, compass, emergency gear, and blank checks," which make one's navigation of the world much easier (McIntosh 1989, 29). Although privilege is often invisible to those who have it, and thus often goes unrecognized and unacknowledged, it influences how one sees and moves about the world. As Alison Bailey explains, privilege confers a whole host of "unearned advantages" on people, who have not earned, and thus do not deserve them (see Bailey 1998). When it comes to microaggressions, I believe that privilege not only makes one more immune to microaggressions and their harmful effects than those who lack it, but also makes microaggressions more difficult to see and recognize. Insofar as microaggressions are not something that the comparatively privileged have to worry about as a routine feature of their existence, microaggressions are less "on the radar" of those who have significant social privilege.[10] This point factors into the argument made in chapters 1 and 2 of this dissertation; specifically, I think those with more privilege generally lack the appropriate standpoint from which we can best understand and generate robust knowledge about microaggressions.

Related to power and privilege is the concept of oppression. In thinking about oppression, I borrow heavily from feminist philosophers Marilyn Frye (1983) and Iris Marion Young (1990). Both help us to see the way that oppression is *structural* and *systemic*. In her well-known and often-cited

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[10] I qualify this point and say "significant social privilege" here because, privilege is not something that one necessary has (or lacks) in all domains. Taking intersectionality seriously, I accept that a person can be privileged in some regards (e.g., on the basis of race) while lacking privilege in others (e.g., on the basis of gender or sexual orientation). So, one who is privileged in some respects might experience microaggressions on account of those other dimensions of their identity which are lacking in privilege. While someone with more limited privilege (e.g., someone who benefits from white privilege but lacks gender, sexual orientation, or class privilege) might experience microaggressions frequently on the basis of gender, sexuality, or class, while someone who is more privileged (e.g., privileged in most, or all social domains) would not.

account of oppression, Marilyn Frye likens oppression to a birdcage, where the experience of oppression is one of being caged in by a system of interconnected and interlocking forces. On Frye's metaphor, it becomes clear that oppression can be difficult to see and recognize because the structure – the connections between all of the parts – is often obscured from sight (e.g., because one gets caught up examining a single wire, or barrier, at a time, losing focus on the larger structure), and/or because the structure comes to be viewed as normal or benign. Iris Marion Young (1990) adds further development to the view that oppression is structural, arguing that oppression becomes deeply embedded into our everyday social norms and practices, so as to render it invisible, and to make it something that even well-intentioned actors, going about their daily lives, come to perpetuate (for a longer discussion of the views of Frye and Young on oppression, see chapter 1).

Adding to the difficulty of seeing and recognizing oppression (both for oppressors and the oppressed themselves) is the fact that oppression can become "mystified" (Bartky 1979). When oppression becomes "mystified," it becomes obscured from sight, increasingly difficult to see, understand, and intervene on. One reason that oppression becomes obscured in this way is because oppression, and oppressive beliefs, can become internalized by those on the receiving end. To be psychologically oppressed, Bartky writes, is "to be weighed down in your mind; it is to have a harsh dominion exercised over your self-esteem" (Bartky 1979). Importantly, those experiencing psychological oppression become their own oppressors, that is, they come to exercise harsh dominion over their own self-esteem. Putting this point succinctly, Bartky writes: "psychological oppression can be regarded as the internalization of intimations of inferiority" (Bartky 1979). I believe that this sort of psychological oppression (and the mystification of oppression that results) is a symptom of pervasive microaggressions. Microaggressions are so routine, so subtle, and such a *normal* feature of our everyday lives, that they become increasingly harder to detect. Moreover, the messages, especially to the extent that they are repeated, often become internalized by the targets. The targets can even, over time, adopt and integrate these stereotypical and biased beliefs about themselves as their own.

In addition to becoming internalized and mystified, oppression can be what Jean Harvey (1999) calls "civilized."[11] Harvey argues that oppression is "civilized" when its violence is not overt nor clear to victims, perpetrators, or bystanders, and thus is particularly harmful because the actual impact of the harm is obscured. In many ways, this claim is similar to Bartky's claim that oppression becomes mystified, but the significant difference here is that on Harvey's view, it isn't entirely because of the internalization of oppression that oppression becomes obscured from sight, but also because of how… *normal* it is in our daily social interactions. In other words, when oppression is civilized, it comes to feel like a perfectly normal, acceptable even, part of our society and social lives. Microaggressions, I believe, are like this; they are routine, common-place, and even seem benign, and yet, they are an important force for perpetuating oppression and maintaining systems of power and domination. Their "normalness" within society, paired with the fact that they are often committed by well-intended people (even those close to us) makes them harder to see. They seem, in this regard, more 'civilized' than other, more overt or obvious, mechanisms of oppression. The "civilized" nature of microaggressions (that they are something that we see as acceptable in our academic, clinical, legal, and neighborhood spaces) is part of what obscures their significance and allows their harms to continue.

Microaggressions are a mechanism of oppression, one that is often mystified and is often interpreted as civilized. Oppression, and the condition of being oppressed, is a harm. It follows, rather straightforwardly, that microaggressions, insofar as they reflect and perpetuate oppression, are harmful. I will be making the claim that microaggressions are harmful in various places throughout the dissertation, that microaggressions are harmful. As such, it is worth saying some general things about how I am understanding harm.

First and foremost, I believe that, for feminist ends, we need a working conception of harm that is broader than many dominant understandings of harm, and which can capture important, non-physical categories of harm, whether emotional, epistemic, or otherwise. Following Carolyn

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[11] Harvey (1999) describes civilized oppression as serious but subtle forms of oppression which involve neither physical violence nor the use of law, but which nevertheless have serious implications for those on the receiving end. I think this description does, quite clearly, fit with the phenomenon of microaggressions.

McLeod (2010; 2020), I first contend that the concept of harm can be teased apart from the concept of wrong (where a wrong is when one is deprived of something to which they are entitled; McLeod 2020, 50). McLeod (2010; 2010) argues that it is a mistake to assume that all harms are wrongs; the concept of harm is broader (McLeod 2010, 16).[12] But, like McLeod, though I believe that the concept of harm is broader than many theorists do, I also believe the concept of harm is still constrained (e.g., not all instances of disappointment or unpleasantness amount to harm (McLeod 2020, 51))[13]. Following Joel Feinberg (1984), McLeod describes harm as a "setback to an interest," where an interest is something in which we have a stake (e.g., our families, our reputations, our ability to provide testimony and receive uptake, our equal social standing, our self-respect). For most people, an instance of frustration or disappointment isn't sufficient to set back their interests (though, repeated instances of disappointment might be, a point which McLeod acknowledges).

It is notable that McLeod's account (following Feinberg) allows for non-normative harms, namely, harms which are not (or are not obviously) wrongs. Such a view of harm is valuable for feminist projects, including my own, and in particular can help make sense of how certain phenomena such as implicit bias, stereotype threat, and microaggressions can be harms without necessarily being wrongs. As many forms of oppression are subtle in these ways, a notion of harm which can capture the harmfulness of such phenomena without needing to prove that they also constitute moral wrongs is invaluable. Importantly, I believe, a non-normative account of harm such as the one McLeod endorses is better equipped to make sense of harms which are cumulative in nature. There are many types of harm for which any single instance might not constitute a wrong, but which, taken together over time and across multiple instances, might.

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[12] McLeod gives some examples of things that, though they would be excluded from some accounts of harm, are plausibly harmful (even if not wrongful). These include, for example, being driven out of business by someone who sets up shop across the street and lures over one's customers, or being driven to tears by someone who implies unjustly that one is a reprehensible person (McLeod 2020, 51). I agree that the situations described in these examples, while perhaps not constitutive of moral wrongs, cause the subjects harm.

[13] Marilyn Frye (1983) makes a similar point in "On Oppression," namely, that not all instances of bad luck or misfortune reflect oppressive harms. For example, a rich white guy who breaks his leg skiing in Aspen has certainly experienced a setback, but not one that is reflective of structural and systemic oppression. In this dissertation, I am interested in harms that do share this link to oppression. In order to find out when harms are connected to oppression, Frye says we are too look at those harms "in context" to see if they are part of an "enclosing structure" that works together with other elements to systematically cage one in (Frye 1983, 13).

A second noteworthy feature of McLeod's account is that it allows for the possibility of one's causing harm to another without their express intent to do so, and irrespective of their explicitly held attitudes or beliefs. For example, when discussing pharmacists' conscientious refusals of emergency contraception (EC), McLeod discusses the potential, given features of our social context, for pharmacists' refusals to reify sexist and/or racist stereotypes. Importantly, this could occur despite, and indeed in spite of, pharmacists' intentions to contribute to such stereotypes, and indeed, without their explicitly endorsing those stereotypes. These mechanisms of reinforcing social structures by reinforcing stereotypes – without the explicit intention to do so – are certainly harmful and need to be accounted for in feminist accounts of harm. As such, feminists need an account of harm that can make sense of harm which is not necessarily intentional.

The ability to cause harm without intending to do so might sound, at first blush, counterintuitive. But, upon reflection, I think that many things that we would all likely intuitively agree are harmful can be unintentional. Take a really easy example. You come to visit my house. Upon leaving, and while backing out of my driveway, you hit my beloved dog. My beloved dog dies. You did not intend this. But my dog is now dead. I have been harmed by this. Your intention is not relevant to the question of whether harm is caused. It might be relevant for the question of whether you are blameworthy, but it is not relevant to the question of whether your action (e.g., backing up the car) brought on an action that caused harmed to me (e.g., my dog dying). For the sake of identifying harm, intention and impact can come apart.

McLeod's broadening of the concept of harm is useful for her specific purposes (specifically, her focus on whether or not women are harmed by the conscientious refusals of health care providers to provide them with reproductive care, such as emergency contraception). I believe this broadening, and this understanding of harm, is useful for my objectives as well. Feminist and anti-oppressive projects, such as the one I am undertaking, need an account of harm with at least the two traits I have identified. Specifically, an account of harm which is useful for feminist and anti-oppressive theorizing demands the ability to capture and make sense of (1) harms which do not necessarily constitute wrongs, and (2) harms which result independent of the intentions of the agent who causes the harm. Such an account is better able to account for more subtle mechanisms of oppression (e.g., microaggressions, implicit bias, and stereotype threat), as well as the myriad

types of non-physical harm which feminists are concerned with (e.g., epistemic harm, emotional harm, and others). Such an account, then, fits well for my purposes.

Going beyond McLeod's account of harm, I will add a final point about how I am understanding harm in this thesis. Harms, I contend, can be *objective.* This is a contentious claim, so I will unpack it and offer at least some reasoning for making it. While some might be inclined to think that something is only harmful if one consciously perceives and/or experiences the harm as such, I believe, contrarily, that one can experience a harm without being fully aware of it. I think this can happen in two types of situations.

The first type of situation in which one can be harmed without being aware of it is when one is harmed by something that is slow and cumulative in nature. Consider a slow poisoning by leaking carbon monoxide in my home. It makes good sense, I believe, to say that I am being harmed by this poisoning, long before I realize it. Another case might be climate change. There is a sense in which I am being harmed by the build-up of climate change, long before I personally feel (in a direct and obvious way) the impacts of climate disaster. I believe in cases like this, harm is occurring, even if I am not (yet) aware of it. In some ways, microaggressions are like this. They chip away at one's self-esteem, self-trust, and sense of who they are. But they are often degrading, or causing one to internalize oppression, in slow, building ways; importantly, this can happen without one being aware of it. It is still, despite this lack of immediate awareness, harmful.[14]

The second type of situation in which we can be harmed without our awareness is the sort of case in which something sets back our interest without our knowing it, and we are unlikely to ever find

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[14] In her recently published book on the ethics of microaggression, Regina Rini (2020) makes a similar point in order to offset the critique that microaggression simply cause hurt feelings, not harm. To respond to this, Rini points out that the harm lies in the repeat nature and the systematicity of microaggressions. She writes: "Ordinary rudeness happens randomly, unpredictably, without any pattern or regularity. But microaggression happens to certain people again, and again, and again. For example, consider the way that some strangers insist upon touching black women's hair, often without asking. Just once, this might happen to almost anyone, and then it might be best to shrug off the discomfort. But some black women are approached by curious hair-touchers *all the time*. When an uncomfortable experience becomes systemic, the nature of the discomfort changes. You might begin to worry that you are never completely free to just be among other people, interacting as people, without some ignorant person treating you like a pet. Writer Maisha Johnson puts it this way: 'Everyone who asks me if they can touch follows a long line of people othering me – including strangers who touch my hair without asking. The psychological impact of having people constantly feel entitled my personal space has worn me down'" (Rini 2020, 25).

out that this has been the case. (Note that this is different from the examples above, in which the harm builds up slowly toward some tipping point, at which point I am likely to realize I have been harmed: e.g., when I start to feel the effects of the poisoning or experience climate disaster). Consider the following as an example of the second sort of case (one in which my ever becoming aware of the harm is unlikely). I have a lot of money in my bank account.[15] A very savvy thief begins slowly withdrawing micro-increments from this account, so slowly that I do not notice at first. Indeed, I never catch on. They go on doing this for so long that they end up enjoying a great benefit. Each seemingly insignificant withdraw adds up for them (and thus, adds up the overall loss for me). You might think that, in this loss, I have suffered a harm – despite my lack of awareness. Insofar as maintaining and building my wealth, and not having someone steal my hard-earned money from me, are interests that I have, the thievery constitutes a setback to meaningful interests that I have. This, I believe, would be harmful. And I think the harm occurs regardless of my awareness or recognition of it.

Take another example. I am a queer identified woman. I apply for a job that I am incredibly qualified for in the deeply conservative, Bible-belt south. Upon reading my personal statement, members of the hiring committee find out that I am queer. Previously, based on my CV, they thought they would offer me an interview. The knowledge that I am queer then changes several members of the committees' mind, and they do not, in the end, offer the interview. The hiring committee chair sends an email saying I was less qualified than the other candidates. I have, in many relevant senses, experienced discrimination, although I will never find out that this has taken place. This is an unjustified setback to an interest I have in being fairly considered for the job, for which I am qualified. In this setback to this significant interest, I am harmed. This is true even if I do not come to find out.

Consider one final example. OB/GYNs in training are taught how to administer routine pelvic exams on young women who are under anaesthetic for unrelated procedures (see Goldberg 2020; Green 2019). In going in for a minor surgery, I sign an "informed consent" form agreeing to allow

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[15] I am a graduate student, and a graduate student in philosophy, no less. So, this is, of course, a fabricated example.

this procedure to be a "teaching procedure." To my knowledge, I am allowing medical students in the room to observe and learn from the surgical process. I am not explicitly informed that the learning might go beyond the procedure that I have come in for. While I am asleep, multiple students take turns practicing how to give pelvic exams upon my unconscious body. When I wake up from my scheduled procedure, I am never made aware that this has taken place. Multiple people have seen, and had physical contact with, my genitalia, without my knowledge. I have a significant interest in my own bodily integrity, and especially as it pertains to my sexual and sexed body. Am I harmed by what has taken place? I think so. And, as in the savvy thief example, I believe that the harm has occurred irrespective of my ever becoming aware of what has taken place.

My contention is that microaggressions can be like this – they can be sources of undetected harm. For the reasons indicated above (microaggressions being an example of "civilized oppression," oppression becoming "internalized" and "mystified"), microaggressions are not always readily obvious or detected, even by those at whom they are directed. And yet, the harm(s) can take place. So, throughout the remainder of the thesis, it will be assumed that, as a mechanism of oppression, microaggressions are harmful. This harm can occur regardless of the intention of the person causing it, and this harm can (and often does) occur without the awareness or recognition of the person(s) experiencing it.

These are the central theoretical commitments and underlying conceptual assumptions that will factor into the forthcoming arguments in this dissertation. I hope that they help to clarify the arguments to come.

VI. Concluding Remarks

As the quote that I opened this introduction with reflects, I believe that words have immense power. Microaggressions are no exception. Microaggressions play a role in many important social phenomena: they set norms (e.g., of permissibility, of how we see and treat one another), police boundaries (e.g., of communities, and who is treated as welcome or included within them), and in very tangible ways, shape our (social and political) worlds. I hope to have made clear in this introduction why microaggressions are important – both in general, and more specifically, as an avenue for philosophical reflection and theorizing.

VII. References

Allen, Amy. 2016. *Feminist Perspectives on Power*. Edited by Edward N. Zalta. *Stanford Encyclopedia of Philosophy*. Fall 2016. http://plato.stanford.edu/entries/feminist-power/.

Allen, Amy. 1998. "Rethinking Power." *Hypatia* 13 (1): 21–40.

Bailey, Alison. 1998. "Privilege: Expanding on Marilyn Frye's 'Oppression.'" *Journal of Social Philosophy* 29 (3): 104–119. doi:10.1111/j.1467-9833.1998.tb00124.x.

Bartky, Sandra Lee. 2015. *Femininity and Domination: Studies in the Phenomenology of Oppression. Femininity and Domination: Studies in the Phenomenology of Oppression*. 1st ed. Routledge. doi:10.4324/9780203825259.

Bartky, Sandra. 1979. "On Psychological Oppression." *Southwestern Journal of Philosophy* 10 (1): 190.

Blair, Karen L, and Rhea Ashley Hoskin. 2015. "Experiences of Femme Identity: Coming out, Invisibility and Femmephobia." *Psychology and Sexuality* 6 (3): 229–244. doi:10.1080/19419899.2014.921860.

Blum, Lawrence. 2004. "Stereotypes and Stereotyping: A Moral Analysis." *Philosophical Papers* 33 (3): 251–289. doi:10.1080/05568640409485143.

Domínguez, Silvia, and David G. Embrick. 2020. "Racial Microaggressions: Bridging Psychology and Sociology and Future Research Considerations." *Sociology Compass* 14 (8). doi:10.1111/soc4.12803.

Dotson, Kristie. 2011. "Tracking Epistemic Violence, Tracking Practices of Silencing." *Hypatia* 26 (2): 236–257.

Fatima, Saba. 2017. "On the Edge of Knowing: Microaggression and Epistemic Uncertainty as a Woman of Color." In *Surviving Sexism in Academia: Strategies for Feminist Leadership*, edited by Kirsti Cole and Holly Hassel, 147–154. Routledge. doi:10.4324/9781315523217.

Feinberg, Joel. 1984. *The Moral Limits of the Criminal Law*. Oxford: Oxford University Press.

Fricker, Miranda. 2007. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford University Press.

Friedlaender, Christina. 2018. "On Microaggressions: Cumulative Harm and Individual Responsibility." *Hypatia* 33 (1): 5–21.

Freeman, Lauren, and Heather Stewart. 2021. "Toward a Harm-Based Account of Microaggressions." *Perspectives on Psychological Science*. Forthcoming.

Freeman, Lauren, and Heather Stewart. 2020. "Sticks and Stones Can Break Your Bones and Words Can Really Hurt You: A Standpoint Epistemological Reply to Critics of the Microaggression Research Program." In *Microaggressions and Philosophy*, edited by Lauren Freeman and Jeanine Weekes Schroer, 1st ed., 280. New York: Routledge.

Freeman, Lauren, and Heather Stewart. 2019. "Epistemic Microaggressions and Epistemic Injustice in Clinical Medicine." In *Overcoming Epistemic Injustice: Social and Psychological Perspectives*, edited by Benjamin R. Sherman and Stacey Goguen, 121–138. Rowman & Littlefield International.

Freeman Freeman, and Heather Stewart. 2018. "Microaggressions in Clinical Medicine." *Kennedy Institute of Ethics Journal* 28 (4): 411–449. doi:10.1353/ken.2018.0024.

Freeman, Lauren, and Jeanine Weekes Schroer, eds. 2020. *Microaggressions and Philosophy*. Routledge.

Frye, Marilyn. 1983. *The Politics of Reality: Essays in Feminist Theory*. Crossing Press.

Goldberg, Emma. 2020. "She Didn't Want a Pelvic Exam. She Received One Anyway." *The New York Times*, February 17. https://www.nytimes.com/2020/02/17/health/pelvic-medical-exam-u nconscious.html#:~:text=A%202005%20survey%20at%20the,consent%20had %20not%20been%20obtained.

Green, Hannah Harris. 2019. "Med Students Are Doing Vaginal Exams on Unconscious, Non-Consenting Patients." *Vice*, June 26. https://www.vice.com/en/article/43j59n/medical-students-allowed-to-do-pelvic-exams-on-unconscious-patients-without-consent.

Harvey, Jean. 1999. *Civilized Oppression*. Rowman & Littlefield Publishers.

Holroyd, Jules, Robin Scaife, and Tom Stafford. 2017. "What Is Implicit Bias?" *Philosophy Compass* 12 (10): e12437. doi:10.1111/phc3.12437.

Jaggar, Alison M. 2015. *Just Methods: An Interdisciplinary Feminist Reader*. 2nd ed. Routledge.

Levchak, Charisse C. 2018. *Microaggressions and Modern Racism: Endurance and Evolution*. Palgrave Macmillan, Cham. doi:10.1007/978-3-319-70332-9.

Lilienfeld, Scott O. 2017. "Microaggressions: Strong Claims Inadequate Evidence." *Perspectives on Psychological Science* 12 (1): 138–169.

Lukianoff, Greg, and Jonathan Haidt. 2015. "The Coddling of the American Mind." *The Atlantic Monthly*. September.

Lukianoff, Greg, and Jonathan Haidt. 2020. *The Coddling of the American Mind: How Good Intentions and Bad Ideas Are Setting Up a Generation for Failure*. Edited by Maja Graso and Lynn Bowes-Sperry. *Academy of Management Learning & Education*. Vol. 19. Penguin UK. doi:10.5465/amle.2020.0048.

Lukianoff & Haidt. 2017. *The Coddling of the American Mind.* Penguin Books.

McIntosh, Peggy. 1989. "White Privilege: Unpacking the Invisible Knapsack." *Peace and Freedom*, July/August.

McLeod, Carolyn. 2010. "Harm or Mere Inconvenience? Denying Women Emergency Contraception." *Hypatia* 25 (1): 11–30. doi:10.1111/j.1527-2001.2009.01082.x.

McLeod, Carolyn. 2020. *Conscience in Reproductive Health Care*. *Conscience in Reproductive Health Care*. Oxford: Oxford University Press. doi:10.1093/oso/9780198732723.001.0001.

McTernan, Emily. 2018. "Microaggressions, Equality, and Social Practices." *Journal of Political Philosophy* 26 (3): 261–281.

Owen, Jesse, Karen W Tao, Zac E Imel, Bruce E. Wampold, and Emil Rodolfa. 2014. "Addressing Racial and Ethnic Microaggressions in Therapy." *Professional Psychology: Research and Practice* 45 (4): 283–290. doi:10.1037/a0037420.

Pierce, Chester M. 1970. "Offensive Mechanisms." In *The Black Seventies*, edited by Floyd B. Barbour, 265–282. Boston, MA: Porter Sargent Publisher.

Rini, Regina. 2020. *The Ethics of Microaggressions*. 1st ed. New York: Routledge.

Rowling, J. 2007. *Harry Potter and the Deathly Hallows*. New York, NY: Arthur A. Levine Books. doi:10.1353/bcc.2007.0672.

Saul, Jennifer. 2014. "Implicit Bias, Stereotype Threat, and Women in Philosophy." In *Women in Philosophy: What Needs to Change?*, edited by Katrina Hutchison and Fiona Jenkins, 1st ed., 39–60. New York: Oxford University Press. doi:10.1093/acprof:oso/9780199325603.003.0003.

Schroer, Jeanine Weekes. 2015. "Giving Them Something They Can Feel: On the Strategy of Scientizing the Phenomenology of Race and Racism." *Knowledge Cultures* 3 (1): 91–110.

Spencer, Steven J., Christine Logel, and Paul G. Davies. 2016. "Stereotype Threat." *Annual Review of Psychology* 67: 415–437.

Sue, Derald Wing. 2010. *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. New York, NY: Wiley & Sons.

Sue, Derald Wing, Christina M. Capodilupo, Gina C. Torino, Jennifer M. Bucceri, Aisha M. B. Holder, Kevin L. Nadal, and Marta E. Esquilin. 2007. "Racial Microaggressions in Everyday Life: Implications for Clinical Practice." *American Psychologist* 62 (4): 271–286.

Toole, Briana. 2019. "From Standpoint Epistemology to Epistemic Oppression." *Hypatia* 34 (4): 598–618. doi:10.1111/hypa.12496.

Tschaepe, Mark. 2016. "Addressing Microaggressions and Epistemic Injustice: Flourishing from the Work of Audre Lorde." *Essays in the Philosophy of Humanism* 24 (1): 87–101. doi:10.1558/eph.31404.

Williams, Monnica T. 2019. "Microaggressions: Clarification Evidence, and Impact." *Perspectives on Psychological Science* 15 (1): 1–24.

Williams, Monnica T. 2020. "Psychology Cannot Afford to Ignore the Many Harms Caused by Microaggressions." *Perspectives on Psychological Science* 15 (1): 38–43.

Wong, Gloria, Annie O Derthick, E.J.R. David, Anne Saw, and Sumie Okazaki. 2014. "The What, the Why, and the How: A Review of Racial Microaggressions Research in Psychology." *Race and Social Problems* 6 (2): 181–200. doi:10.1007/s12552-013-9107-9.

Young, Iris Marion. 2011. *Justice and the Politics of Difference*. Princeton University Press. doi:10.7312/blau17412-114.

Chapter 1

1. Sticks and Stones Can Break Your Bones and Words Can Really Hurt You: A Standpoint Epistemological Reply to Critics of the Microaggression Research Program

Abstract:

This chapter responds to a series of objections that have been raised against what has been called the "microaggressions research program" (MRP) (e.g., Lilienfeld 2017a; Lilienfeld 2017b; Haidt 2017; Lukianoff and Haidt 2018). These objections aim to challenge the legitimacy of continued research on and advocacy around microaggressions in addition to calling into question whether or not so-called victims of microaggressions are indeed experiencing any real or significant harm. This chapter introduces the conceptual tool of structural oppression and the epistemological framework of feminist standpoint epistemology as a way to respond to these objections, by arguing that members of historically and systemically marginalized groups are generally epistemically advantaged with respect to recognizing and identifying instances of oppression. As such, members of structurally oppressed groups can know different things—and/or know them better—than those who are comparatively privileged or possess greater social power (Wylie 2003). Developing replies to the critics' objections is an important part of both legitimizing the claims of those in structurally oppressed groups who are harmed by repeated experiences of microaggression, and of justifying continued academic and public discussion of, and research around, microaggression theory. Our approach to the MRP critics, rooted in feminist standpoint epistemological commitments, offers a step in this direction.

1.1. Introduction

This chapter aims to respond to a cluster of objections that have been raised against what has been called the "microaggressions research program" (MRP) (see for example Lilienfeld 2017a, 2017b; Haidt 2017; Lukianoff and Haidt 2015, 2018).[16] Taken together, the objections call into question whether or not self-proclaimed victims of microaggressions are indeed experiencing any real, substantial harm. In broad strokes, critics of MRP advance the following argument: microaggressions are often committed via the expressions of words and because words cannot constitute a real form of violence or inflict serious harm, microaggressions are not serious infractions worthy of our empirical study, time, or moral attention (Lukianoff and Haidt 2015; Campbell and Manning 2018; Lukianoff and Haidt 2018, 204-205; Pinker 2018). Furthermore, even if words could result in real harm, we cannot demonstrate this empirically (at least not yet) (Lilienfeld 2017). On the basis of this argument, critics have called for a moratorium on microaggression awareness campaigns and trainings, as well as any further discussion of microaggressions, until there is firm research to confirm that microaggressions are indeed damaging to their recipients and can be empirically measured as such (ibid.).

This chapter offers a two-fold response to the first part of this objection concerning the legitimacy and seriousness of harm caused by linguistic expressions of microaggressions. In order to do so, we provide a working conception of systemic oppression and introduce feminist standpoint theory as a way of arguing that members of historically and systemically marginalized groups generally have an epistemic advantage with respect to recognizing and identifying instances of oppression, relative to their comparatively privileged counterparts. We take this conception and methodology

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We contributed equally to the research, development, writing, and editing of the original published version of the chapter. I have revised this chapter on my own for inclusion in the thesis. Prior to original publication, we presented the research and received helpful comments from audience members at the 2019 Central Division Meeting of the American Philosophical Association and the 2018 meeting of the Midwest division of US SWIP. This chapter has also received helpful feedback from Andreas Elpidorou, Jeanine Weeks Schroer, Monnica Williams, Carolyn McLeod, and Rob Stainton.

as premises of our argument. In other words, we will not argue for the existence of structural and systemic oppression, experienced by certain groups on the basis of race, gender identity, sexual orientation, or other marginalized identity categories. Nor will we argue for the validity of feminist standpoint epistemology as an epistemic approach, though such defenses have been offered (see for example Collins 1990; Harding 1993; and Wylie 2003, 2012). With both of these assumptions in hand (e.g., the existence of structural oppression and the validity of the feminist standpoint theory approach to understanding oppression), we develop a response to the growing criticisms against MRP. We do so in such a way that situates recipients of microaggressions and the harms they experience at the centre of our understanding of the phenomenon, and by legitimating the kinds of knowledge one's social position and daily experiences of oppression grant them.

This chapter unfolds in five parts. In section 1.2, we define what microaggressions are and provide an example of the phenomenon. In section 1.3, we reconstruct the grounding claims of the main objection against MRP outlined above (that is, that microaggressions aren't that serious). In section 1.4, we develop an argument as to why an understanding of oppression is relevant to this discussion, insofar as oppression is a form of harm (also see the introduction to this thesis). We present two methodological tools – the concept of structural and systemic oppression and an account of feminist standpoint theory – that will allow us to properly respond to the MRP critics. Using these concepts, in section 1.5, we respond to each objection. Our chapter only claims to offer a theoretical grounding for reconceptualising the harms of microaggressions and does not discuss in detail how to measure those harms empirically. Nevertheless, we conclude the chapter, in section 1.6, by mentioning some of the philosophical and empirical work that has already begun, and which holds great promise for responding to the second part of the objection (that is, that microaggressions cannot be studied empirically). Our main claim is that responding to these objections by pointing to the larger context of structural and systemic oppression in which microaggressions occur is of paramount importance. Moreover, theorizing microaggressions via an alternative epistemology – feminist standpoint epistemology – offers a fruitful way forward for justifying the continuation of the MRP, and doing so in a way that centers and legitimizes the claims of recipients of microaggressions, namely, that they are experiencing real, serious, and enduring harm.

Before getting started, two clarificatory points are in order. One might be wondering why serious philosophers should address these critiques at all. They are, after all, not made by philosophers, nor are they very philosophically sophisticated arguments (e.g., there is slippage between terms that philosophers tend to use with precision, lack of clarity about how terms such as "harm" are being employed, and there is shallow and superficial engagement at best with philosophical concepts and ideas, such as "intersectionality"). With respect to the first point, it is worth responding to this line of critique because it is having a social and political effect. As a result of their reach on multiple platforms (popular press articles, YouTube videos, podcast appearances), the critics' views have infiltrated popular consciousness, including students in our classrooms. Insofar as the position the critics advocate is getting mainstream uptake, it warrants address. With respect to the second point, it is worth noting that, methodologically, we are extrapolating their arguments and giving them philosophical form, based on what appears across a series of popular books and articles. We attempt to formalize their arguments in order to offer a systematic response. Such a response helps justify ongoing concern about microaggressions in our social, political, and academic realms.

1.2. Microaggressions

Microaggressions refer to brief, commonplace, often subtle verbal, behavioral, and environmental indignities. They can be either intentional or unintentional and are rooted in (implicit or explicit) prejudice and/or racial, ethnic, gender, sexuality, religious, disability, or other stereotypes that are directed at members of marginalized groups (see for example Sue et al., 2007; Sue 2010; Nadal 2013, 2018; Nadal et al. 2011; Torres et. al 2010; Torres et. al 2019). A common example of a microaggression occurs when a person of color is asked "Where are you from?" and when they respond with, "New York, just like you," the questioner persists in asking, "But where are you *really* from?" This exchange is considered to be a microaggression, since it presupposes that there's an important difference between a white person and a person of color who are both from the United States. Even if unintentional, such a line of questioning sends the message to the person of color that they aren't a "true" American, or that they are really a foreigner or "Other" in their own country. Microaggressions also occur when people of color, people of lower socioeconomic standing, or people with unfamiliar accents are told, "Your English is so impressive!" or, "You're

so articulate!" Here, though the speaker might think they're complimenting their interlocutor, they in fact send the message that members of these groups aren't expected to be articulate and that their being articulate comes across as surprising and anomalous (see Ayala 2020). Importantly, microaggressions of this sort are never one-offs. Rather, when members of these groups routinely hear such comments and questions, microaggressions can compound to create significant harm (see Pierce 1978; also see Evans and Mallon 2020). In the first example regarding country of origin, the harm is their resulting feeling that they don't belong, even in their birth country. Microaggressions are directed toward members of marginalized groups not because of who they are as individuals but because of their membership in a systemically oppressed social group that is defined on the basis of race, ethnicity, class, gender identity, sexual orientation, dis/ability status, body size, or any combination thereof. The person of color who is asked "But where are you *really* from?" is asked that question precisely because they are a person of color. Microaggressions are subtle (yet highly effective) means of reinforcing the oppression of members of socially marginalized groups, a point to which we return below.

1.3.   Objections to Microaggression Research Program

In the past decade, there's been heightened attention to microaggressions in popular and academic venues, largely following the publication of psychologist Derald Wing Sue's book, *Microaggressions in Everyday Life* (2010). While many scholars and activists have found the concept of microaggression to be helpful for explaining this strikingly common phenomenon and have engaged in fruitful developments of the concept in the bourgeoning microaggressions literature, there remain some vocal critics who deny the reality and/or seriousness of microaggressions, and thus the value of researching or discussing them in academic and other contexts.

In the introductory remarks above, we provided a sketch of a central argument that has been launched against MRP, both in popular media outlets (Mac Donald 2014; Campbell & Manning 2015; Friedersdorf 2015a, 2015b; Lehmann 2018; Lukianoff and Haidt 2015; Harper 2018) and in the academic literature (Haslam 2017; Lilienfeld 2017; Nagai 2017). The general idea is that microaggressions do not cause serious and enduring harm, and that concerns over them are overblown and unwarranted. They call for an end to microaggressions research as a result, and on

account of various other concerns, such as threats to free speech, apparent obsession with "political correctness," and the creation of a culture of "victimhood." A particularly noteworthy piece in this vein is Greg Lukianoff and Jonathan Haidt's 2015 piece in *The Atlantic,* "The Coddling of the American Mind." This piece forms the basis for their 2018 popular book, *The Coddling of the American Mind: How Good Intentions and Bad Ideas Are Setting Up a Generation for Failure.*[17] Their treatment of microaggressions in this book will be our main focus, since it builds the detailed foundation upon which the more general argument discussed above is based.

In what follows, we reconstruct and assess four claims that are central to their critique: (1) the concept "microaggression" is being taught to students on college campuses in order to police and take down well-meaning professors and students (40-41, 46), thereby building both a problematic call-out culture (71, 77) and a culture of victimization that is both dangerous and detrimental to the aims and goals of higher education (46; also see Campbell and Manning 2015, 2017); (2) students have a choice as to how to interpret so-called slights against them and the pervasive microaggression culture is encouraging them to choose to interpret actions incorrectly, namely, as harms that were intentionally committed toward them, when in fact, they were really just harmless, unintentional actions that could just as easily be interpreted as such (40-42); (3) recipients of microaggressions are wrong (verging on pathological) in their interpretation and understanding of what they call "microaggressions" and the so-called harm they claim to experience as a result (38-38, 41-42), and (4) there is only one worldview in the context of which microaggressions can be understood, namely, the worldview of the agent committing them (40-46, 206) and that those who do not occupy that worldview and who think otherwise are suffering "cognitive distortions" that demand psychological intervention (39). Taken together, these four claims constitute the general critique. Let us now expand upon each claim.

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[17] Note, their critique of microaggressions offered in the book is just one strand of a broader investigation into what they think is "going wrong on college campuses." They also criticize things such as content warnings, safe spaces, identity politics, and the like, all on the grounds that they are forms of "overprotection" which have net negative implications for students.

Claim 1: Professors and Administrators are Teaching Marginalized Students to See Slights Where They Do Not Exist

It is clear throughout their discussion of microaggressions that Lukianoff and Haidt believe that students who are members of marginalized groups arrive at university, naïve and inexperienced, and upon their arrival are being indoctrinated about microaggressions and even *encouraged* by (certain) professors and administrators to level the charge that (other) well-intentioned professors and students have committed microaggressions against them (40-41). For example, they write the following about what they take university professors and administrators to be doing, namely "[t]eaching people to see *more* aggression in ambiguous interactions, take *more* offence, feel *more* negative emotions, and avoid questioning their initial interpretations" (42). They suggest that this is part of a plot to "scrub campuses clean of words, ideas, and subjects that might cause discomfort or give offense" (Lukianoff and Haidt 2015).[18,19]

Claim 2: Recipients of Microaggressions Choose to Interpret Actions Incorrectly, as Microaggressions

Building upon (1), their account states that students who are members of marginalized groups who believe that they have experienced a microaggression have a choice: they can interpret such

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[18] This is directly related to the free speech concerns raised in academic contexts that I discuss in chapter 5 of this thesis.

[19] It is worth flagging the irony here that Lukianoff and Haidt are discouraging a certain type of speech here, namely, teaching about microaggressions, implicit bias, and the like. As such, they might not really be the robust free speech advocates that they take themselves to be, at least not if the speech being exercised is about these phenomena (e.g., microaggressions).

One additional point worth mentioning here is that the way Lukianoff and Haidt characterize microaggressions, and what professors teach about microaggression, doesn't always seem to track how microaggression theorists understand the concept, or how professors tend to teach about it. As such, at times we can simply be talking past one another, as we might not be on the same page about what microaggressions are and how we should talk to students and others about them. A parallel tension exists between critics of "critical race theory" and those who teach it. Specifically, the recent panic around "critical race theory" seems, in many cases, not only to mischaracterize critical race theory itself, but also to misunderstand how it is taught in classroom settings. So, the accusations of critics (e.g., about what they believe professors are teaching students) might not have anything to do with what professors are teaching students (e.g., about structural racism) *in practice*. When concepts like "microaggression" and "critical race theory" get taken outside of the academy and unleashed into our incredibly polarized social and political domain, good faith debates about them get more difficult to have, as the debates are *always already* obscured by bad press and misinformed presentations of the issues at hand.

comments or actions "uncharitably" (41), that is, as microaggressive slights; or, just as easily, they can interpret them more charitably, as benign comments.[20] They write: "If a student feels a flash of offense as the recipient of such statements, is he better off *embracing* that feeling and labeling himself a victim of microaggression, or is he better off asking himself if a more charitable interpretation might be warranted by the facts?" (41-42).[21,22] Moreover, they claim that by encouraging students to develop an "extra thin skin," we fail to teach them to "question their own emotional reactions" and to "give people the benefit of the doubt" (ibid.). They write:

> Yes, one certainly *could* interpret these everyday questions and comments in this way, as tiny acts of aggression, rebuke or exclusion – and sometimes that is exactly what they are. But there are other ways to interpret these statements too. More to the point, should we *teach* students to interpret these kinds of things as acts of aggression? (66).

Claim 3: Talk of Microaggressions and Harm is the Product of a Distorted Worldview

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[20] See Schact (2008) and Thomas (2008) for a similar claim, namely, that microaggressions are no different from interpersonal slights that all people experience, regardless of marginalized identity. Importantly, their criticism has not been supported by empirical research (see, for example, Huynh 2012; Ong et al. 2013)

[21] A key point of Lukianoff and Haidt's critique of MRP (40-42) involves a discussion of the role of intentions in microaggressions (and a critique of the shift of emphasis on college campuses away from "intent" to "impact" (43ff)). Following a common understanding of aggression in psychology – which requires there to be intention behind the action in order for it to count as an instance of aggression – their claim is that the concept of microaggression is nonsensical since most instances of them do not involve the explicit intention by the agent to cause harm to the recipient. Thus, their claim is that not only is this not an instance of aggression (or "microaggression") but additionally, the agent is not morally responsible for the consequences (since the action was not intentional), and therefore should not be blamed or called out for their behavior. We do not have the space to respond to this point in full here; we do so extensively in our longer response to the critique of MRP by Lukianoff and Haidt and others (Freeman and Stewart, manuscript in progress). Suffice it to say that it is a mistake (phenomenologically, conceptually, and morally) to understand aggression in the way that they do; as a result, and once again, their critique of MRP falls apart since they are making a strawman argument.

[22] In another attempt to take the emphasis (and potential blame) away from those who commit microaggressions, they write: "Wouldn't our relationships be better if we *all* did a little less blaming and dichotomous thinking, and recognized that we usually share responsibility for conflict?" (39, our emphasis). But what this really amounts to is an instance of victim blaming, making it seem as though somehow members of marginalized groups are equally responsible for the harms they experience, or, claim to experience, on account of microaggressions as those who caused those harms. The onus here is not on those with less power in a given exchange.

Their third main claim is that recipients of microaggressions are wrong in their interpretation and understanding of what they call "microaggressions" and the so-called harm or "hurt feelings" (42) they claim to experience as a result. Lukianoff and Haidt's critique of microaggression is preceded by a discussion of cognitive behavior therapy (CBT) which is introduced as a method to "combat maladaptive core beliefs" that lead to the development of schemas that "interfere with realistic and adaptive interpretations of social situations" (38).[23] Within the context of discussing CBT, they claim that recipients of microaggressions both make unfair assumptions and also unfairly interpret what's occurred: "But it is not a good idea to start by *assuming the worst about people* and reading their actions as uncharitably as possible" (41). They go even further to claim that such misreadings of people's actions are pathological: "This distortion is known as mindreading; if done habitually and negatively, it is likely to lead to despair, anxiety, and a network of damaged relationships" (ibid.). Lukianoff and Haidt's position is that those who claim to have experienced microaggressions have a skewed perception of reality, are sick, and need psychological treatment/therapy in order to set themselves right (9, 40-43).[24]

Claim 4: There is only One Correct Worldview from Which to Understand Microaggressions: That of Those Committing Them

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[23] They also discuss the need for students who perceive microaggressions to receive CBT in their 2015 article, writing that "[t]he goal is to minimize distorted thinking and see the world more accurately. You start by learning the names of the dozen or so most common cognitive distortions (such as overgeneralizing, discounting positives, and emotional reasoning…). Each time you notice yourself falling prey to one of them, you name it, describe the facts of the situation, consider alternative interpretations, and then choose an interpretation of events more in line with those facts. Your emotions follow your new interpretation. In time, this process becomes automatic. When people improve their mental hygiene in this way—when they free themselves from the repetitive irrational thoughts that had previously filled so much of their consciousness—they become less depressed, anxious, and angry" (Lukianoff and Haidt 2015). It should be noted that theirs is a very thin, at times questionable, articulation of CBT and mindreading that is not even consistent within their own discussion. For a description of how they understand CBT, see Lukianoff and Haidt 2018, 36. Importantly, we do not deny the importance of CBT in some cases, we just think the prescription of CBT in response to subtle acts of oppression is misguided – certainly when offered as a solution to the problem.

[24] It is also worth noting that they recommend CBT – in their thin sense (see footnote 7) – to *everybody,* as a means of "improving critical thinking skills" and "counteracting the effects of Great Untruths" (Lukianoff and Haidt 2018, 14). They explicitly state that since "everyone engages in [cognitive] distortions from time to time… CBT is useful for everyone" (ibid., 39). They even go so far as to include a guide for their readers to self-practice CBT on themselves (ibid., appendix 1, 275-278). Again, we think this is a fairly thin, potentially problematic conception of CBT, as it tends to be understood as a clinical tool used to treat diagnosed or diagnosable mental health conditions, by trained mental health care providers.

Following from what Lukianoff and Haidt explicitly state in claim 3, the upshot of their account of microaggressions is that that there is only one correct worldview on the basis of which such interactions can be understood, namely, the worldview of those who are in positions of social power (those who are white, male and though they do not discuss any identity categories other than race (and marginally, gender), we can assume a normative status of physical ability, heterosexuality, being cisgender, and so on).[25] This position can be seen most clearly in a pattern they set up throughout their discussion (i.e., 39, 41-42, 43, 46) where options for interpreting microaggressions are boiled down to only two: the correct or "charitable" view (that of those in dominant social positions) and the incorrect view of recipients (as discussed in claim 3, and also in claims 1 and 2). Their point is that there is only one correct worldview in the context of which microaggressions can be understood and (as discussed in 3) if you are a member of a marginalized group and do not share this (dominant, and thus correct) world view, then you are simply wrong, possibly even pathologically wrong, and need to be set straight, in some cases, even by CBT or other professional measures (40-46).

Before moving on, in order to be as charitable as possible, it is worth trying to imagine the perspective that leads the critics to their skeptical position. In this regard, a few things come to mind. First and foremost is the sheer difficulty, or perhaps impossibility, of fully understanding either the moral significance or the phenomenological "what it is like" of situations we have not experienced first-hand. Consider a somewhat neutral example: one that is about the significance of lived experience but is not about the specific experience of living under conditions of oppression. The example is as follows: Heather has never experienced the condition of being pregnant. Though she has read and listened to many accounts of what pregnancy is like, such that she can get some indirect sense of this experience, she can never know, fully, what it is like *from the perspective* of a pregnant person. There are certain (epistemic, phenomenological) dimensions of the condition of pregnancy that are off limits to Heather, regardless of how much she tries to listen and be empathetic to others who have had this lived experience.

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[25] Not necessarily coincidentally, this is precisely the worldview that both Lukianoff and Haidt inhabit, given the social positions they both occupy. They both possess a significant degree of social privilege.

Conditions of oppression are like this too; being oppressed is a robust phenomenological and psychological experience that cannot be fully understood – in a direct way – by those who have not been on the receiving end of oppression. It is only from the perspective of one who is oppressed that one can understand the full moral scope and seriousness of oppression, as well as the ways in which being oppressed impacts one's experience of the world. When we cannot experience such things directly, there are strong moral reasons to defer to the testimony of those who have (cf. Thomas 1993 on "moral deference."). Here, it seems as if Lukianoff and Haidt have failed to recognize the limits of their experience, and moreover, have failed to observe deference to those with the relevant experience.

In addition to failing to recognize and respond to one's own epistemic limitations (those which arise on account of one's lived experiences), another relevant factor that might explain the perspective from which the critics are coming to the issue of microaggression is the following. There tends to be a reluctance by those with social power or privilege to acknowledge and respond to this power or privilege, or the ways in which their power or privilege might implicate them in systems and structures of social injustice. Moreover, it can be really psychologically difficult to grapple with, and ultimately take accountability for, the harms we cause to others. As such, there is a tendency to doubt or deny our role in structures that cause harm. For example, many have pointed to the phenomenon of "white guilt" (cf. Steele 2007; also see DiAngelo 2018 on "white fragility"), or the tendency of white people to collapse into self-defeating and unproductive feelings of guilt in the face of racial injustice. Experiences of such guild can lead white people to shut down in the face of injustice, instead of stepping up and taking accountability for their role, or complicity, in racial injustice and harm. Moreover, because guilt is an uncomfortable feeling, many try to avoid this negative feeling by denying their involvement in racist systems or structures that uphold white supremacy, and instead try to absolve themselves from responsibility as a self-protective mechanism.

Acknowledging one's complicity or participation in structures that cause harm is not easy, nor is it comfortable. It is easier to try to absolve oneself of responsibility and claim "clean hands" than to engage in the difficult work of self-reflection and moral growth. As such, people do not want to feel as if they are having the finger pointed at them – they do not want to be "called out" for their

wrongdoing. This puts people on the defensive, especially when they feel as if the conclusion to be drawn (e.g., from claims that they have committed microaggressions) is that they are bad people. Correcting this misconception – namely, that acknowledging the moral seriousness of microaggressions and recognizing the harm one causes in committing them makes one a bad person – is at least part of the challenge of responding to critics and challenging the broader skeptical attitude toward microaggressions.

In suggesting these possible explanations for why the critics make the assumptions and draw the conclusions about microaggressions that they do, the intention is not to let them off the hook. Rather, the idea is to illuminate how these skeptical ideas regarding microaggressions – ones which are informed by power and privilege – can emerge, and what sorts of responses might be necessary to help respond to them. And, because this position is likely to arise as a result of power and privilege, and a lack of direct experience with oppression, it remains relevant to engage with. Doing so involves illuminating the connection between microaggressions and structural and systemic oppression, and clarifying how microaggressions connect to, or are continuous with, other mechanisms of oppression – many of which are deeply embedded into the very fabric of our social lives (see Young 1990). An alternative epistemological framework is also needed – one that can account for the differences in lived experiences, and how they shape and inform one's perspective on oppression. Specifically, a framework of feminist standpoint epistemology can help to reinforce the importance of understanding this phenomenon from the perspective of those with the relevant lived experiences. With both of these methodological tools in hand (the concept of oppression and the alternative epistemological framework), we will be in a position to demonstrate precisely how and why Lukianoff and Haidt's objections to microaggressions fail.

1.4. Oppression and Standpoint Theory

1.4.1. Oppression

Microaggressions are, in many ways, tightly connected to conditions of oppression (see introduction to this thesis). This connection is bi-directional and mutually reinforcing. On the one

hand, because microaggressions are rooted in widely held prejudicial stereotypes and biases, social stratification and social oppression are the very preconditions that make microaggressions possible and forceful (see chapter 2 of this thesis on the social context-dependency of microaggressions). Moreover, insofar as microaggressions convey hostility toward or bias against marginalized groups, microaggressions are one ubiquitous mechanism for more deeply embedding such bias and hostility, and indeed rendering it so commonplace so as to seem socially normal or acceptable. In this way, microaggressions contribute to the reinforcement of certain forms of social hierarchy and subsequently, the oppression of some social groups.

In order to get clearer as to precisely how microaggressions are related to larger forms of structural oppression, we need to have in hand a working concept of oppression. Most broadly, oppression refers to "the existence of unequal and unjust institutional constraints," where these constraints involve harm to some social group and simultaneously benefit another social group (Cudd 2006, 25, 52). Such institutionally structured constraints can include "legal rights, obligations and burdens, stereotypical expectations, wealth, income, social status, conventions, norms, and practices" (ibid., 50).

In her famous chapter "The Five Faces of Oppression," Iris Marion Young refers to oppression as "structural phenomena that immobilize or diminish a group (1990, 42). Oppressive phenomena are *structural* insofar as they are not the result of a few people's choices or policies; rather, their causes are embedded in unquestioned norms, habits, symbols, and policies, and in unquestioned assumptions underlying institutional rules and of often ordinary, well-meaning people. Oppressive phenomena are *systemic* insofar as an oppressed group need not have a correlate oppressing group. That is to say, oppression need not always fit the paradigm of conscious and intentional oppression of one group by another. Rather, it is far more insidious than that. Given that oppression is structural and systemic and is not, first and foremost, about individual oppressors, the individual intentions behind any given act should be bracketed out of the equation as mostly irrelevant. Because of its structural and systemic nature, one can indeed be a well-meaning individual and still perpetuate oppressive norms.

To further parse Young's claim mentioned above, a social "group" is "defined…by a shared sense of identity…. It is identification with a certain social status, the common history that social status

produces…that define the group as a group" (ibid., 44). Members of the same social group share a common experience or way of life (ibid.), though importantly, groups are not homogeneous. Groups are multiple, cross-cutting, and fluid and can be differentiated by race, age, gender, class, sexuality, region, nationality, and so on. Moreover, all persons have multiple group identities. Young places such emphasis on groups because oppression does not affect individuals *qua* individuals; rather, it affects individuals insofar as they are members of a marginalized group or groups.

Building on its structural and systematic nature, and in addition to the idea that individuals experience oppression insofar as they are members of a marginalized group or groups, "all oppressed people suffer some inhibition of their ability to develop and exercise their capacities and express their needs, thoughts, and feelings" (ibid., 40). In other words, oppression hinders members of marginalized groups from achieving their goals, fulfilling their projects, or even simply navigating the world with ease (or, at all). Young develops this position by elaborating upon five "faces" of oppression which represent the myriad ways in which members of marginalized groups can be oppressed. The faces she develops – exploitation, marginalization, powerlessness, cultural imperialism, and violence – often overlap with one another to create complicated matrices of oppression.

The first three faces of oppression – exploitation, marginalization, powerlessness – refer to structural and institutional relations of power and oppression that occur by virtue of the social division of labor: who works for whom, who does not work, and how the content of work defines one's institutional position. Each of these faces pertains to our material lives, resources, and the concrete possibilities we have or do not have in order to develop and exercise our capacities. Each has to do with concrete power in relation to others.

But the fourth face of oppression, cultural imperialism, differs from the previous three. For our purposes and anticipating our response to the objections that have been leveled against MRP, we focus primarily on *cultural imperialism* as a face of oppression. Before doing so, it is worth noting Young's final face of oppression, violence. As Young notes, some groups experience routine physical violence, and, as a result, members of those groups have to live with the constant threat of being met with such violence. Examples in the present day might include the persistent police

brutality experienced by Black communities in America. Because this sort of violence is heightened for members of the Black community, Black people live with constant anxiety that themselves, or someone they love, will become a target of this sort of violence. The specter of violence hangs over Black communities and informs how Black people interact with the world (e.g., Black mothers often prepare their Black children for interactions with the police, and train them on how they should or shouldn't respond in order to minimize such risks). Another example is sexual violence against women. Awareness of the pervasive sexual violence faced by women and girls can lead women to move about the world differently (e.g., differently than their male counterparts). The awareness of this sort of threat – namely, that members of one's group are at heightened risk for certain sorts of physical violence – is oppressive. Though this last face of oppression (violence) might be relevant to microaggressions in some ways (e.g., some argue that certain sorts of epistemic oppression, which might include some microaggressions, constitutes "epistemic violence"; c.f. Dotson 2011), it can be set aside for now. This is because cultural imperialism has the greatest explanatory power for responding to the critiques at hand. Let's now turn our attention back to the face of cultural imperialism.

Cultural imperialism occurs when the experiences, cultural symbols, and perspective of the dominant cultural group are normalized and posited as universal for everyone, rendering other groups who do not embrace such norms to be invisible, inferior, deviant, and 'Other.' Cultural imperialism results in a situation in which those at the margins are defined from outside of the cultural mainstream and placed at the social margins, away from the [dominant] center (see hooks 1984). Such placement as 'Other' becomes internalized insofar as the center constantly reinforces it. For example, consider the negative bias against hairstyles such as cornrows and dreadlocks, traditionally worn by Black people. Such hairstyles have been viewed as "unprofessional," "unnatural," "unruly," "unkempt," "excessive," "distracting," "urban," and "messy" (see, for example, Jorie 2018; Nittle 2018; Sutton 2017) by (white) standards of professionalism; thus, people who tend to wear those styles (i.e., Black people) experience bias and discrimination in interviews and hiring processes.[26] Internalizing this norm – or recognizing that failing to comply

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[26] Recently, as of July 2019, California and New York have become the first two U.S. states to ban discrimination against (Black) people based on hairstyle (Folley 2019; Willon and Díaz 2019).

with the norm makes landing a job more difficult – can cause Black people to adopt more traditionally "white" hair styles (i.e., by straightening their hair, often in expensive, painful, and dangerous processes that have been linked to cancer and reproductive health problems (Nittle 2018)) in an effort to conform to the dominant norms of professionalism (Janin 2016; Mar 2018; Allen 2019). Yet, in these same professional contexts, white people can co-opt or appropriate these hairstyles, and be celebrated for doing so (Blay 2015).[27] This is one example of cultural imperialism – the prioritization and promotion of dominant culture at the expense of marginalized identities and cultures, and the resulting double standards of who can engage in certain cultural practices without stigma or backlash.

In order to further our understanding of cultural imperialism, Young draws upon the work of W.E.B. Du Bois who called this kind of culturally oppressed experience "double consciousness": namely, "the sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in an amused contempt and pity" (cited in Young 1990, 60). To experience double consciousness means that a subject who is a member of a marginalized group desires recognition as a human being who is capable of activity, thought, and personhood (among other things), yet from the dominant culture, they receive only the judgment that they are not only different, but inferior. According to Young, the injustice of cultural imperialism is "that the oppressed group's own experience and interpretation of social life finds little expression that touches the dominant culture, while that same culture imposes on the oppressed group its experience and interpretation of social life" (60). This dominant interpretation is one that demeans the group in question, seeing them as inferior.

One final point that we'd like to introduce in order to better understand the phenomenon of oppression and to explain how and why it can often be difficult for members of dominant groups to see, is the classic birdcage analogy, introduced by Marilyn Frye in her 1983 book, *The Politics of Reality*. Frye describes the analogy as follows:

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[27] For a photography project that explores this very point, see Endia Beal's "Can I Touch It?" series, in which she has white women adorn traditionally Black hair styles and have traditional corporate photos taken. See Rosenberg 2013, Ely 2019.

Consider a birdcage. If you look very closely at just one wire in the cage, you cannot see the other wires. If your conception of what is before you is determined by this myopic focus, you could look at that one wire, up and down the length of it, and be unable to see why a bird would not just fly around the wire any time it wanted to go somewhere. Furthermore, even if, one day at a time, you myopically inspected each wire, you still could not see why a bird would have trouble going past the wires to get anywhere. There is no physical property of any one wire, nothing that the closest scrutiny could discover, that will reveal how a bird could be inhibited or harmed by it except in the most accidental way. It is only when you step back, stop looking at the wires one by one, microscopically, and take a macroscopic view of the whole cage, that you can see why the bird does not go anywhere; and then you will see it in a moment. It will require no great subtlety of mental powers. It is perfectly obvious that the bird is surrounded by a network of systematically related barriers, no one of which would be the least hindrance to its flight, but which, *by their relations to each other, are as confining as the solid walls of a dungeon* (Frye 1983, emphasis added).

The analogy illustrates how, under conditions of oppression, the complex network of barriers (many of which, individually, are difficult to perceive on their own), function together to keep a person caged in, namely, restricted or immobilized. Oppressed people experience the world in a way that is confined and shaped by these forces and barriers, none of which are accidental, and all of which are related to one another in a systematic fashion to keep the cage intact. Frye notes that the cage metaphor helps to illuminate the reason that oppression can be so difficult to recognize for those who are themselves not targets of such forces (i.e., those outside the cage), namely, that when people try to study a singular element of an oppressive structure, and perhaps do so with great care and good will, they still fail to see the structure as a whole. They examine single wires (viz. a single phenomenon) but cannot see that there is a full cage of interlocking wires there (viz. the systemic and structural entirety of oppression). Thus, they fail to see the full picture of how and why people are caged in. In many cases, the one in the cage can't help but be aware of the

entire structure, because it is the structure as a whole which prevents their mobility or freedom.[28] As Frye notes, "barriers have different meanings to those on opposite sides of them" (1983, 12). The ability to recognize the full structure is enhanced or compromised by one's relationship to it and position within or outside of it.

1.4.2.   Standpoint Theory

The central claim of standpoint theory is that those who are subject to oppression and systems of domination generally possess an epistemic advantage with respect to understanding experiences of oppression and subjugation. As such, members of structurally oppressed groups can know different things—or know them better—than those who are comparatively privileged (Wylie 2003). While early articulations of standpoint theory were Marxist, arguing for epistemic privilege of the proletariat over matters concerning economics and sociology (Marx 1976, 1981), feminist epistemologists have developed the standpoint approach to account for the unique experiences of marginalized people who are oppressed on axes other than, or in addition to class, namely, oppression that occurs on the basis of sex, gender, and/or race (see Collins 1990, 2004; Harding 1993; Hartsock 1998).

Despite critiques of standpoint theory which question it as a viable approach to epistemology (see Longino 1993; Lugones and Spelman 1983), recent defenses and revised articulations of feminist standpoint theory have helped to clarify the theory's aims and scope, as well as to respond to some early objections, iron out some initial misunderstandings, and make good on some of the original limitations of the theory (see, for example, Wylie 2012). According to Alison Wylie (2003), the central aim of feminist standpoint theory is to better understand how the systemic partiality of authoritative knowledge arises and to account for the difficulties of both drawing attention to and countering this partiality (26). In societies such as ours, which are stratified by race, ethnicity,

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[28] The phrase "in many cases" is added here because, as is explained in the introduction to this thesis, oppression can be internalized by the oppressed, comprising, in some cases, the ability to see the forces at work in keeping one oppressed. However, even when oppression is internalized, this does not happen in a way that is totalizing or complete; oppressed people are still able to recognize, as a result of their lived experiences, that they are limited or restricted in some way. Sometimes it takes active work to "demystify" oppression to allow one to better see the forces causing this restriction.

class, gender, sexuality, ability, and so on, where one falls within those stratifications can greatly impact how one experiences the world, what one can see, and thereby, what one can know. As such, a central tenet of feminist standpoint epistemology is that knowledge of oppression ought to start from the position of marginalized lives (Collins 1990; Harding 1993; Wylie 2012). As Wylie explains, "to do social science as a standpoint feminist is to approach inquiry from the perspective of insiders rather than impose on them the external categories of professional social science, a managing bureaucracy, ruling elites" (2003, 27). This move is made because those who are systemically marginalized "have the especially salient advantage that they… [are] in a position to grasp the effects of power relations in their own understanding and that of others" (Wylie 2003, 34). That is, those on the losing end of oppressive social systems are better suited to understand those systems because they are the most directly affected by them. In other words, those who occupy "the bottom" of a socially-stratified society have greater epistemic access to understanding oppressive human relations, and to identifying problems to be explained in our social words (Harding 1990, 443). Standpoint theory provides a framework for understanding how, based on this greater understanding, certain kinds of diversity (i.e., racial, cultural, gender, class, etc.) can enrich, rather than compromise, scientific and social inquiry (Wylie 2003, 26).

Furthermore, according to standpoint theory, we must be concerned not only with the production, but also with the effects of systemically defined social locations (ibid., 31). What counts as social location is structurally defined:

> What individuals experience and understand is shaped by their location in
> a hierarchically structured system of power relations: by the material
> conditions of their lives, by the relations of production and reproduction
> that structure their social interactions and by the conceptual resources they
> have to represent and interpret these relations (ibid.).

Standpoint theory is thus committed to the *situated knowledge thesis*: that "social location systematically shapes and limits what we know, including tacit, experiential knowledge as well as explicit understanding, what we take knowledge to be as well as specific epistemic context" (ibid.; also see Toole 2019). Importantly, standpoint theory does not endorse a thesis of *automatic epistemic privilege*: it does not claim that those who occupy marginal positions *automatically*

know more, or know better, based on their social location (ibid., 28).[29] Rather, more moderately, the claim is that what we know is profoundly influenced and shaped by the social and material conditions of our lives, a claim that casts into relief the contingent and historical nature of what counts as knowledge and focuses attention on the processes by and in which knowledge is produced (ibid.). Where people fall in social arrangements (that is, the social positions and identities they occupy) can grant them epistemic privilege with respect to questions about those social contexts, and more precisely, about what it is like to be oppressed within those contexts (Toole 2019; also see chapter 1 of this thesis). Knowledge never happens in a vacuum; it is neither ahistorical, nor translocational (ibid., 30-31). Rather, knowledge is produced within the context of social structures and institutions where not all people occupy equal (social, political, material) positions and therefore, not all people are privy to the same kinds of first-personal knowledge. It is also worth noting that the first-personal knowledge of oppressed people is itself shaped by forces of oppression. For example, people can experience psychological oppression (cf. Bartky 1979), or other forms of self-doubt or self-deception, which is ultimately brought on by living under oppressive circumstances. So, while the epistemic advantage that oppressed people have is not perfect, complete, or infallible, oppressed people are, nevertheless, generally better positioned to know, as a result of their lived experience, what oppression is like and why it is significant.

It is a perverse feature of oppression that knowledge systems are rendered distorted and partial. If we take seriously the kinds of knowledge that people in marginalized positions tend to possess, then, as Sandra Harding wrote, the result is the production of less partial, less distorted, 'less false' knowledge (1991, 185-187).

For the purposes of responding to the objections that have been launched against MRP, we take the most significant theses of standpoint theory to be as follows:

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[29] Importantly, standpoint theory is not committed to an individualist thesis: it does not make claims about what individuals *qua* individuals can know (Wylie 2003, 29). Rather, it is about what individuals *qua* members of marginalized groups can know. This does not imply that all individuals of a given social group will agree about all matters of oppression, nor that all members of oppressed groups will be right in all cases – all epistemic agents are fallible. The claim is about who is better positioned, in a general sense, to know, and how the relevance of lived experiences factors into processes of knowledge production.

(i) Those who occupy systemically oppressed positions are more reliable detectors of instances of oppression than those who occupy dominant social positions;

(ii) People in systemically oppressed social positions are more likely to understand the moral significance of oppression;

(iii) People in systemically oppressed social positions are better situated to identify connections between more subtle instances of racism, sexism, homophobia, etc. and larger, historical and ongoing systems of oppression.

In what follows, we will draw on both tools – the concept of structural and systemic oppression and feminist standpoint epistemology – to respond to the criticisms against MRP.

1.5. Responses to Objections to the MRP

Our general response to Lukianoff and Haidt's critique of microaggressions and "microaggression culture" is that their objections fail for at least two reasons. First, they fail to take seriously the structural and systemic nature of oppression and the larger social context in which microaggressions take place, thereby failing to understand a condition for the possibility of the use of the concept. Second, throughout their account, they consistently commit the fallacy of begging the question; they assume, rather than argue for the position that the dominant epistemic location of those who commit microaggressions is not only correct, but the *only* position from which microaggressions can be reasonably understood. Employing the concepts of oppression and feminist standpoint theory, we now elaborate upon this position by responding in turn to each of the four claims that are central to their critique.[30]

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[30] As noted above, we will not be arguing in defense of feminist standpoint epistemology here, but rather are taking it as a premise in our response. Others have argued for the validity of standpoint epistemology (see, for example, Collins 1990; Harding 1993; Wylie, 2003, 2012) and we are taking those arguments as valid and therefore, as a valid starting point for our argument. Lukianoff and Haidt, on the contrary, neither provide, nor cite any justification for their epistemological starting point or assumptions. It's also worth underscoring that the goal of this chapter is not, primarily, to defend the value of a standpoint theoretical approach to epistemology, but rather, to use that (previously argued for) approach to defend MRP against what we take to be fallacious critiques.

1.5.1.   Response to claim 1

Lukianoff and Haidt's first claim is that some professors and university administrators are indoctrinating marginalized students to see slights where they do not really exist. This is a strawman argument. Students who are members of marginalized groups do not need to be *taught* that they are experiencing microaggressions; rather, insofar as they are members of marginalized groups, and given the pervasiveness of microaggressions (Sue 2010), chances are very good that they're already intimately acquainted with the phenomenon (even if they did not previously have the language or concept available to describe it).[31] Being on the receiving end of microaggressions is not something that marginalized students are experiencing for the first time on university campuses (even if microaggressions become heightened or more prevalent in academic settings). As our account of oppression detailed above has indicated, oppression is both structural and systemic. As has been argued in the introduction to this dissertation (and will be reiterated in chapter 2), microaggressions are one of a variety of phenomena that bolster such oppressive structures. Though at times oppressed people need some consciousness raising to see their oppression (or, to have it "de-mystified"), they are not being *taught* to be oppressed or to misinterpret things that are not oppressive as such. If anything, they are being given the language and conceptual tools with which to name and frame something they already experience. In many cases, oppressed people already possess this knowledge (that is, the knowledge of their experiences with oppression) whether or not they have the term "microaggression" to name it as such. Such knowledge is the result of lived experience and daily interactions with oppressive systems and structures.[32]

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[31] In a very counter-intuitive move (given their overall position), Lukianoff and Haidt concede this very point: "It is undeniable that some members of various identity groups encounter repeated indignities because of their group membership" (44). However, in keeping with their larger project, they go on to argue that even so, once members of these groups step back and see that these indignities were not intentional, and interpret them differently, that most of the initial, superficial harm associated with them falls away. Below, we discuss how and why this understanding of how microaggressions work fails to understand the nature of microaggressions and the context in which they occur such that it is almost never simply a choice for those on the receiving end as to interpret them otherwise.

[32] Still, a critic might argue that although members of marginalized groups have experienced oppression before, they are now being taught to recognize certain ambiguous remarks as instances of oppression. Even if we grant this point, that's not the same as teaching students to be oppressed or to recognize oppression where it does not exist. Rather, it's just a matter of giving students a name to a phenomenon with which they are already intimately familiar, but which they may lack the language or concepts to describe. Recall that in *Pedagogy of the Oppressed* (1968), Paulo Freire

Part of Lukianoff and Haidt's first claim is that not only are professors and administrators teaching students about microaggressions, but that they are also teaching students to feel victimized when they have not in fact been wronged. [33] Recall, they suggest that professors and others are encouraging students to feel offended or to feel negative emotions in response to experiencing microaggressions. This claim is also false. Professors and administrators who have a stake in and who are committed to the wellbeing of their structurally marginalized students do not desire for their students to feel negative emotions, even when such negative emotions are perfectly reasonable responses. Rather, the opposite is true. The goal of professors and administrators who aim to bring attention to microaggressions and other such behaviors is not to encourage negative emotions (or otherwise feelings of discomfort) in those students, but rather to *reduce or prevent* those negative experiences by bringing awareness of microaggressions *to those committing them.*[34] The main target audience of most microaggression awareness campaigns *is not* marginalized students or people– since they do not need to be told what microaggressions are, how they feel, or the harms they cause; they already know this quite well as a result of their lived experiences.

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argued that the first step to liberation and empowerment is 'naming' an oppressive event. What occurs when students learn about "microaggression" is a rectification of a hermeneutical injustice, in Fricker's sense of the term (2007). Recall that one of her examples of a hermeneutical injustice (pp. 149-152) is women gaining the concept of 'sexual harassment,' which helped make sense of what they were already experiencing, but previously did not have the language and conceptual framework to properly describe; moreover, without the commonly accepted language, it was far more difficult to see the systemic nature and frequency of the problem. Providing students with the language to better understand and conceptualize what they are experiencing can potentially help them to both understand what they are experiencing and also to avoid internalizing microaggressive messages (see Torino et al. 2019; 9, 15). For Derald Sue's response to Lukianoff and Haidt's 2015 article, see Sue 2019.

[33] For Sue's response to this point, see 2019, pp. 238-240. I have also indicated in the introduction to this thesis that harms and wrongs come apart; to name something as a harm does not necessarily mean that it is wrongful. It is not clear that Lukianoff and Haidt are aware of or employing the distinction between harms and wrongs.

[34] A quick sampling of microaggression workshops makes it clear that there are primarily two types: the first is aimed at teaching people (who potentially or actually commit microaggressions) what microaggressions are, to identify when they have committed them, and how to respond so as not to exacerbate the harm caused (see, for example, Banks 2015; Fine et al. 2018; Kite et al. 2013; Restorative Justice Center UC Berkeley; Microaggression Awareness Campaign at Metro State University Denver). The second type of workshop is for students who have been recipients of microaggressions, but the aim is not to teach students to identify harms where no harms exist, rather, they are to impart resilience building strategies to cope with the harms experienced (see, for example, The New School for Social Research Health Services website for information on both kinds of workshops https://www.newschool.edu/student-health-services/anti-violence/micro-aggression/).

Rather, attempts to draw attention to microaggressions and their harms are aimed at those who are *not* likely to be on the constant receiving end of microaggressions and other slights, and thus are likely unaware of the real harm they cause. The idea is to educate those with greater social power or privilege about the seemingly subtle ways in which they can reinforce and perpetuate structural and systemic oppression, and ideally to get them to avoid doing so as much as possible.

Lukianoff and Haidt have missed the mark in their understanding and articulation of the aims of microaggression research, education, and advocacy; as a result, they have attacked a strawman. We contend that Lukianoff and Haidt make this strawman argument because of their fundamental lack of understanding of structural and systemic oppression, and because they don't recognize that systemic oppression is the condition for the possibility of the occurrence of microaggressions. Without an understanding of what it is and how it works, one will never understand precisely what microaggressions are, and crucially, the enduring harms that they cause to those on the receiving end of microaggressions. As is evident in Marilyn Frye's birdcage analogy detailed above, those caged in by the various dimensions of oppression (of which routine microaggressions are a part) do not need to be taught or told about the various pieces of that oppressive system; this is their everyday lived reality. It is those on the outside of the cage (Lukianoff and Haidt, for example) who are unable to see the full system and how the pieces connect to one another to create and maintain an oppressive structure. It is imperative to understand microaggressions within the broader context of oppression and in relation to other oppressive forces that work alongside of microaggressions.[35] To fail to do so is to misunderstand the phenomenon entirely.

1.5.2. Response to claim 2

The second claim made by Lukianoff and Haidt is that marginalized people who claim to have experienced microaggressions have chosen to (mis)interpret someone else's words or actions in a way that is uncharitable to the agent. Again, their position entirely misses the mark, underscored by their failure to understand what oppression is and how it works and the fact that they choose to

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[35] For a description of the ways in which microaggressions connect via a spectrum of aggression to other forms of oppression and violence, see McClure 2019.

understand microaggressions atomistically, isolated from the larger context of oppressive systems in which they occur.[36] In so doing, they make two assumptions. First, that microaggressions *can* be simply brushed off, that is, that the experience of microaggressions can be separated from the harm which results from them; second, that microaggressions tend to be one-off instances and therefore, do not result in any cumulative harm. Both of these assumptions are false.[37] Members of marginalized groups experience microaggressions on a routine basis. As Sue writes,

> People of color do not just occasionally experience racial microaggressions. Rather it is a constant, continuing, and cumulative experience. Thus, racial microaggressions remind them that they live in a country where persons of color are not frequently represented in Fortune 500 companies, that they continue to occupy the lower rungs of employment, that segregation continues in many facets of their lives, that they continue to receive inferior education and health care, and that they continue to fill the ranks of the unemployed. They may be reminded that history books never taught them about the contributions of their groups and when they are presented, it is often a dysfunctional or pathological portrayal (Sue 2010, 52-53).

Failure to acknowledge this pattern of microaggressions and their connection to larger discriminatory acts might result in the notion that one *can* simply brush off a single slight or choose to interpret it differently. But, for example, when a student of color is constantly asked if they are

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[36] Rini makes a similar point about how in Lukianoff and Haidt's 2015 article on microaggressions, they ignore the systematicity of the phenomenon (2018, 336); also see Friedlaender (2017, 5-6).

[37] One can even return to Pierce's original account of microaggressions to see that an emphasis in understandings of the concept of microaggressions has always been on their repeat nature and the cumulative harms that they cause. When he first introduces the term "microaggression," Pierce writes that "[e]ven though any single negotiation of offense can in justice be considered of itself to be relatively innocuous, the *cumulative effect to the victim* and to the victimizer is of an unimaginable magnitude" (Pierce 1970, 266, our emphasis). Then several years later, he and his co-authors underscore that "the cumulative weight of their never-ending burden is the major ingredient in black-white interactions" (Pierce et al. 1978, 65). For an excellent account of the cumulative harms of microaggressions, see Friedlaender (2017), especially section II. Also see Brennan's discussion of the aggregative effects and patterns that are relevant to understanding discrimination (2016, pp. 245-247).

on a diversity scholarship, as opposed to a merit scholarship, or if a professor of color is mistaken, on a weekly or daily basis, for a janitor, it becomes more and more difficult not to internalize the message being sent – that one is getting a free ride to university because one is Black and not on the basis of one's accomplishments and intelligence, or that one does not belong in academia, respectively.[38] Here we are *not at all concerned with the intentions behind the comments, which might have no maliciousness behind them*. Such comments, and the kind of internalized oppression in which they result, are not easily brushed off, nor can one choose to interpret them more charitably, so to speak, as we discuss in what follows, in light of an abundance of empirical evidence.[39] As Rini writes, "We need to keep in mind that when we ask how a victim ought to respond to a microaggression, we are not asking how they ought to respond simply to a single isolated incident. We are asking how they ought to respond to an incident which they know to be just one piece in a much larger pattern" (2018, 335).

Second, their claim rests on the assumption that microaggressions *can* be brushed off because they do not result in any real harm. This too is false. While we've all likely been told when we were young that "sticks and stones can break your bones but words can never hurt you," most of us know that words *can* hurt you in a variety of ways, with a variety of short- and long-term consequences, and that *this* is what Lukianoff and Haidt fail to take seriously. We have argued elsewhere that recipients of microaggressions experience real and serious harms, epistemically, emotionally, and in terms of their self-identity (see Freeman and Stewart 2018 and chapter 3 of this thesis), and there has been substantial empirical research measuring the extent to which microaggressions contribute to negative consequences (for an overview of such empirical work, see Williams 2019, 13-16). It is not a matter of mere "hurt feelings" as Lukianoff and Haidt write

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[38] As O'Dowd notes, "[c]ritiques of microaggressions discourse has often ignored the lived reality of recipients and the cumulative nature of the damage caused, as well as mischaracterizing those who complain in ways that bear the hallmarks of epistemic oppression and injustice" (2018, 1231). Also see Tschaepe (2016, 88) for a contextualist approach to microaggressions.

[39] Bartky (1979) describes [internalized] psychological oppression as follows: "To be psychologically oppressed is to be weighed down in your mind; it is to have a harsh dominion exercised over your self-esteem. The psychologically oppressed become their own oppressors; they come to exercise harsh dominion over their own self esteem. Differently put, psychological oppression can be regarded as the 'internalization of intimations of inferiority.'" For an account of internalized oppression within psychology, see David and Derthick (2014).

(somewhat belittlingly, since even if recipients do feel hurt, we should still acknowledge and care about that). Moreover, there is an abundance of empirical research that shows that negative affect (such as that demonstrably brought on by microaggressions) is correlated with a myriad of psychological and probably physiological harms. [40] Some of the real harms that have been correlated with racial microaggressions as well as microaggressions that target other dimensions of identity include lower self-esteem (Nadal 2009; Nadal et al. 2014), lower emotional well-being (Ong et al. 2013), traumatic stress symptoms (Moody and Lewis 2019), feelings of alienation within university communities (Solorzano, Ceja, and Yosso 2001), underage binge alcohol drinking (Blume, Lovato, Thyken, & Denny 2012), increased depression (Nadal et al. 2014), being in a chronic state of "racial battle fatigue" (Smith et al. 2011), and even increased thoughts of suicide (O'Keefe et al. 2015). There is also empirical evidence of the harms associated specifically with microaggressions experienced by members of the LGBTQ+ community; including heightened self-scrutiny and internalized homophobia and/or transphobia among LGBTQ+ individuals (Nadal, Issa, et al. 2011; Nadal, Wong, et al., 2011); lack of belongingness in school settings (Linville 2018); as well as feelings of alienation, loneliness, and being unlovable as who one is (Munro et. al 2019).

When someone is harmed in any or all of these ways, they are not able to make a conscious decision to "interpret" the actions committed against them differently (that is, as not harmful). Let's consider the analogy of physical harm in order to underscore the absurdity of saying otherwise. When someone goes to the doctor with a leg that is clearly broken, rarely do health care providers debate whether or not that person's leg is in fact broken, whether that person is really in pain, or whether they are suffering as a result of it. Nobody would tell that patient to simply choose to interpret their injury differently, or to imagine the pain away. Nobody would even suggest that

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[40] For example, Watson and Clark (1988), demonstrate a correlation between negative affect and depression and other negative health outcomes. Conversely, the following studies show that the presence of positive affect is a good predictor of psychological health (Fredrickson et al., 2005; Ong et al., 2006; Tugade & Fredrickson, 2004) and longevity (Danner, Snowdon, & Friesen, 2001; Levy, Slade, Kunkel, & Kasl, 2002; Moskowitz, 2003; Ostir, Markides, Peek, & Goodwin, 2001). Also see Sue (2010, chapter 5) for an account of the biological and psychological stressors that result from microaggressions, in addition to some of the more long-term consequences on one's physical and psychological well-being.

they should try. To do so would be absurd. Similarly, when one's very identity is continually called into question and diminished or when their heritage is denigrated by microaggressive actions or comments – which can result in a different kind of non-physical pain, but pain nonetheless—it is non-sensical, even offensive, to tell that person to just grow thicker skin and interpret the microaggressor's comment more charitably (e.g., as not harmful). Such a claim can only be made by someone whose identity has never been called into question and who has never personally experienced the harmful consequences of systemic oppression or discrimination. What Lukianoff and Haidt fail to see is that what we are talking about is not a matter of mere interpretation, mere "hurt feelings," or merely "being offended" by a single comment or slight (6, 7). Microaggressions cause serious and enduring harm because they are recurrent (Levchak 2019). People cannot choose not to be harmed by comments that repeatedly call into question and diminish their identity and personhood. Contrary to the popular children's rhyme, sticks and stones can break your bones and words can *very much* hurt you.

Yet Lukianoff and Haidt state that if only recipients of microaggressions would "look at the facts" they'd see that their "interpretation" of the actions or comments was "uncharitable" (41-42). They even go further to say that those who have been charged with committing microaggressions should be given the benefit of the doubt.[41] These are classic moves of privilege.[42] Their view that the recipient's understanding is necessarily wrong and theirs – born out of their position of social

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[41] There are two additional issues here: (1) they assume that the feelings experienced aren't real or reality-tracking in some way, that recipients feel this way but they shouldn't because they are contrary to the facts (that is, that the feelings experienced on account of microaggressions do not meet some basic standards); and (2) even if one assumes that those feelings are not 'correct', it does not necessarily make the one experiencing those feelings wrong to experience them, nor does it show that one can easily disconnect the feelings from the causes.

[42] It is worth drawing attention to the main focus of Lukianoff and Haidt's moral concern here: they are more concerned with the feelings and wellbeing of, and general fairness toward, those people who are committing microaggressions (more often than not, more socially dominant or privileged people vis-à-vis those being microaggressed), and they fail to consider the potential for harm to the person on the receiving end of those comments and actions who already occupy vulnerable positions. Their only worry is that microaggressors are being wronged by having their actions misinterpreted and their characters maligned (3). They write that recipients of microaggressions ought to "transform a victimization story into a story about [their] own agency, and it would make it far more likely that the interpersonal exchange would have a positive outcome" (42). (Positive, for whom, one might ask.) It is clear from their normative statement that their loyalties lie with those who committed microaggressions and *not* with recipients. This is resonant with Kate Manne's (2017) conception of "himpathy," where there is misplaced and disproportionate empathy and concern directed at the person causing harm, and minimal (or zero) empathy, care, or concern directed at that person's victim or target.

dominance or privilege – is necessarily correct, reflects their epistemically disadvantaged positioning with respect to this particular question. Standpoint theory allows us to show just how problematic their lack of perception is, and how it leads to this extremely shortsighted analysis.

Recall that Alison Wylie explains that "to do social science as a standpoint feminist is to approach inquiry from the perspective of insiders rather than impose on them the external categories of professional social science, a managing bureaucracy, ruling elites" (2003, 27). The reason why standpoint epistemologists make this move to prioritize the social positions of those who occupy the "bottom" of a socially-stratified society (the inversion thesis), is because those who occupy this marginalized position generally have greater epistemic access to understanding [oppressive] human relations, and to identifying problems to be explained in our social words (Harding 1990, 443). If you have never been harmed on the basis of your identity, chances are that it will be more difficult for you to identify the nature, the consequences, and the severity of such harm. (Recall Frye's birdcage analogy described above, and how difficult it can be for those on the outside of the cage to see the systemic ways in which the bars are interlocking, when they are only examining one bar in isolation from the others.) Based on standpoint epistemology, we have good reason to take seriously charges of microaggressions, since those who have systemically been on the receiving end of them are more likely to know what microaggressions are and how to identify them (thesis (i)), understand the significance of ongoing experiences with microaggressions and how harmful they are (thesis (ii)), and are better situated to recognize the role that microaggressions play in upholding oppressive structures, and how microaggressions relate to larger systems of dominance and oppression (thesis (iii)).

1.5.3.   Response to claim 3

Lukianoff and Haidt's third claim is that talk of microaggression and their harms is representative of a distorted worldview and that those who possess this world view need to be cured of it by CBT or other kinds of therapies and interventions. Importantly, and like their second point, this "claim" is actually an assumption that they make rather than a claim for which they argue; once again, this leads them to commit the fallacy of begging the question. In our overview of standpoint theory, we noted that contemporary feminist standpoint theory rejects the thesis of *automatic epistemic privilege:* "[S]tandpoint theorists cannot claim that those who occupy particular standpoints

(usually subdominant, oppressed, marginal standpoints) automatically know more, or know better, by virtue of their social location" (Wylie 2003, 28). However, from the reverse perspective (that is, from the perspective of those with greater social power and privilege), an assumption of automatic epistemic privilege is equally problematic and also *exactly* what Lukianoff and Haidt have done: they have assumed, rather than argued for, the automatic, necessary superiority of their epistemic position, not allowing for the possibility that those who receive microaggressions might have some valuable insight into their own experiences. On their view, any perspective from a marginalized position that deviates from their perspective is both wrong (as we discuss in our response to claim 4), and, even more strongly, on their view, potentially pathological. What we'd like to underscore is that they provide no argument for why their position is better, more correct, or the only reasonable perspective from which to approach the question of microaggressions and their harms. Rather, it is simply assumed.

Their position fails based on theses (i) and (ii) of standpoint theory. Based on (i), they fail to recognize that those who occupy systemically oppressed positions are often more reliable detectors of instances of oppression, including microaggressions, than those who occupy dominant social positions. Based on (ii) they fail to recognize that people in systemically oppressed social positions are more likely to understand the moral significance of oppression, including the harms of microaggressions. When it comes to questions regarding the workings of oppression (including microaggressions), those who experience oppression directly generally have the epistemic advantage (acknowledging, in line with revised accounts of standpoint theory, that they are not infallible).

Their position is also problematic for two additional reasons: first, it amounts to gaslighting marginalized people; and second, it is based on a racist and sexist assumption. To the first point, what Lukianoff and Haidt have engaged in by assuming their worldview is correct and leading anyone whose worldview departs from it to believe that they are not only wrong, but pathological is a textbook case of gaslighting. Kate Abramson defines gaslighting as "a form of emotional manipulation in which the gaslighter tries…to induce in someone the sense that her reactions, perceptions, memories and/or beliefs are not just mistaken, but utterly without grounds— paradigmatically, so unfounded as to qualify as crazy" (2014, 3; also see McKinnon 2017 for the

specifically epistemic harms of gaslighting). Telling members of marginalized groups that their perceptions are "distortions of reality" (40) and that they should not "trust their feelings" (41) is a clear case of this. Gaslighting is harmful because over time, it can cause people to lose their grip on reality, to lose their sense of self, and/or to doubt themselves as competent knowers. Arguments like the one Lukianoff and Haidt have provided have the consequence of making oppressed people feel crazy for accurately perceiving and experiencing microaggressions. This is incredibly damaging, both in the short and in the long term.

In addition to being a textbook case of gaslighting, the assumption that Lukianoff and Haidt make has both racist and sexist undertones. This is because, the assumption that women, queer people, and people of color are "crazy," or, to use Lukianoff and Haidt's language, hold "distorted views" (40) and need to be subjected to various medical and psychiatric interventions has a long, painful history for those groups.[43] Calling people "crazy" when they speak out against their oppression is a classic tool of power and privilege that has been long used to keep people in oppressed positions, and to prevent them from challenging the status quo. Furthermore, the historical tendency to take white, cis-men as the norm for intelligence, rationality, and epistemic agency has been incredibly damaging to women and other oppressed groups, and has functioned to keep them out of positions of power, status, and knowledge production (see, for example Harding 1982; Tallbear 2019; and the now feminist classic, *A Mind of One's Own: Feminist Essays on Reason and Objectivity* (Antony & Witt 2002)). These biases against the epistemic agency and credibility of women, people of color, queer people, and others have been critically scrutinized (e.g., in the growing

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[43] For example, for centuries the label "hysteria" (which is actually derived from the ancient Greek word 'hystra', which means uterus) was attributed to women and used to justify isolating them from other people or using abusive "therapeutic" techniques on them (for an overview of this history, see Tasca et al. 2012; also see Kukla 2005). See also the *The Atlantic* feature (Blazevich 2019), which focuses on how in the 1800s, "insane asylums" were used to control women who had been deemed violent, difficult, or crazy, but who were likely just rebelling against the social constraints of their time. Psychiatry has also been used as a tool to discriminate against and harm other marginalized groups. Jonathan Metzl (2010) details how the schizophrenia diagnosis was weaponized against Black men who were vocal advocates of civil rights and resisting their second-class status. He suggests that, at least in part, the sudden influx of such diagnoses could be traced to a change in wording in the *DSM-II* which, compared to the previous edition, added "hostility" and "aggression" as signs of the disorder. For more on the history of institutionalized racism and the pathologization of Black people, see Fernando 2017. "Homosexuality" remained classified as a mental illness until 1973, allowing LGBTQ+ community members to "treated" by various psychiatric methods, including painful shock therapies and other harmful methods of "conversion" (see Carr & Spandler 2019; Scot 2017).

literature on epistemic injustice; see, for example, Kidd, Medina, and Pohlhaus Jr., 2017) and Lukianoff and Haidt demonstrate a staggering lack of awareness of this harmful historical legacy, and the abundance of intellectual work that has been focused on combatting it.

1.5.4.   Response to claim 4

Related to their third claim – that if you think microaggressions are real, you are living with a cognitive delusion that needs to be fixed – is Lukianoff and Haidt's final point: that is the suggestion that there is only one appropriate worldview from which to understand and theorize about microaggressions, namely, theirs. Recall the problem is that these interpretations reflect a particular worldview most often fostered by those acting/thinking from the socially privileged but epistemically disadvantaged position (on this particular issue). So only minds ordered like theirs (i.e., people who occupy similarly socially-advantaged social positions) are in a position to see everything clearly. This is a classic case of the privileged eye (or as Marilyn Frye (1983) calls it, the "arrogant eye"). This is also, we contend, a clear instance of cultural imperialism (as Young (1990) understands the term, and as we outlined in section 1.4.1 above). Remember that cultural imperialism is a face of oppression that occurs when the experiences, cultural symbols, and perspective of the dominant cultural group are normalized and posited as universal for everyone, rendering other groups who do not embrace such norms to be invisible, inferior, deviant, and 'Other.' It results in a situation in which those at the margins are defined from outside the mainstream and are subsequently placed at the social margins, away from center.

As with the previous two claims, Lukianoff and Haidt do not argue for the superiority of their worldview; rather, they simply assume it.[44] This allows them to act as if their worldview is the only possible one, simply because it is the one that they inhabit and, as a result of being at the cultural center, the only one they can see. But why should we readily accept the idea that there is only one worldview from which to understand microaggressions, or that their worldview is the correct one? Recall the three central theses of feminist standpoint theory outlined in section 1.4.2. and developed in response to Lukianoff and Haidt's third claim above. These tenets of feminist

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[44] Also see Sue's response to the assumptions that Lukianoff and Haidt make (Sue 2019, 237-239).

standpoint epistemology have already given us strong reasons to doubt this (e.g., that the worldview of those with relatively greater social power and privilege is more likely to be correct when it comes to analyzing oppression).

The tenets of feminist standpoint theory, as we have elaborated on them, have also give us strong reasons to trust and defer to the knowledge claims of those marginalized people who report their own first-hand experiences with microaggressions. Lukianoff and Haidt do not even consider the possibility that a different social location (and thus, a different worldview and different set of experiences from which to approach the question), could be epistemically valuable, giving us different information and better access to knowledge about the nature and harms of microaggressions than they have access to (from their relatively dominant social positions). Though they assume here, without argument, that there is an objective fact of the matter, and that those who perceive that they have experienced (and furthermore have been harmed by) microaggressions are simply getting those facts wrong, they fail to consider that it is indeed the alternative position – namely, that microaggressions do not exist or are not harmful – that does not align with the facts of the matter and the realities experienced by many oppressed people.[45] Returning to the birdcage analogy, for Lukianoff and Haidt, it is as though any insights that are made or feelings that are experienced from inside the cage are *a priori* false and thus ought to be discounted until that bird is freed and comes to see reality for what it is, on the outside of the cage.

1.6.   Conclusion: Toward a Different Framework for Thinking About Microaggression

In sum, our argument is this: understanding the systemic nature of oppression is crucial for understanding what microaggressions are and how they work; it allows us to see the structural context in which microaggressions occur, which in turn, foregrounds the fact that for members of

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[45] See Clark and Spanierman (2019) for an account of how microaggressions can also negatively affect people in dominant social positions. One of their claims is that those who benefit from a system of privilege and oppression often have a skewed perception of social reality and are often unaware of how maintaining their privilege comes at the social and economic expense of members of oppressed groups. They specify that the false sense of social reality of those who occupy dominant social positions can lead to a denial of individual bias and an overreliance on an egalitarian worldview whereby the privileged extend cognitive effort to appear nonbiased.

marginalized groups, microaggressions are never just one-off instances that one can choose to ignore or brush off, nor do they occur in a vacuum, disconnected from other structural and systemic forms of oppression. Without rooting microaggressions in oppression, one will never arrive at an accurate understanding of the concept/phenomenon. Additionally, standpoint theory provides an epistemological justification for prioritizing the knowledge and experiences of marginalized groups, which can legitimate the harms caused by microaggressions that are currently being called into question by critics of the MRP. Using standpoint epistemology underscores the important differences between trying to conceptualize microaggressions (or any oppressive phenomenon) from the perspective of the perpetrator (which often gets things very wrong) and conceptualizing it from the perspective of the recipients. It also provides a rationale for not only taking seriously the position of members of marginalized groups, but for *starting* the analysis of microaggressions from their perspective. Using oppression and standpoint theory to guide our understanding of microaggressions thus renders all of Lukianoff and Haidt's critiques moot. Moreover, such a background for thinking about microaggressions can motivate the formulation of a revised account of microaggressions – one that is more explicitly grounded in a different epistemological starting point – which can then better assuage the concerns of critics like Lukianoff, Haidt, and Lilienfield. Such an account would be guided by and would theorize from the perspectives of the recipients of microaggressions, namely, structurally oppressed people, insofar as it puts the articulation and description of harms that recipients of microaggressions experience at the center of the analysis, as opposed to the actions or statements of those who commit microaggressions.[46] In so doing, it reflects a better awareness of how social situatedness and relative differences in social power

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[46] Though we do not have the space to elaborate upon it here, we have provided such an account in Freeman & Stewart (2018, included in this thesis as chapter 3) and are developing it more fully in *Microaggressions in Medicine* (manuscript in progress). Our overall aim in both is to reconceptualize microaggressions from the perspective of those on the receiving end, which motivates our development of a new, harm-based taxonomy of microaggressions: epistemic microaggressions, emotional microaggressions, and self-identity microaggressions, named as such for their corresponding harms, which are epistemic, emotional, and existential respectively. We contend that the defense of microaggression theory provided above also serves as a justification for such a revised conception of microaggression, namely, one which is more attentive to the harmful nature of microaggressions (and the precise nature of those harms), and which starts from the perspective of those most likely to be on the receiving end.

impact lived experiences and knowledge production, and centers those who, with respect to oppression, are better epistemically positioned to know microaggressions well.[47]

While our argument here has focused on responding to the first part of the critics' objection – namely, that microaggression theory is misguided insofar as microaggressions do not cause any real harm, and therefore, should not be taken seriously – we would be remiss were we not to briefly mention (and briefly respond to) the second part of the criticism, namely, that even if microaggression theory were worth doing, it cannot be done well, since microaggressions cannot be studied reliably in an empirical way.

In a 2017 paper for the journal *Perspectives on Psychological Science,* Scott O. Lilienfeld argues that the MRP rests on a number of unfounded assumptions, for which there is negligible empirical support. His central claim there is that the concept 'microaggression' cannot be sufficiently operationalized. Insofar as this is the case, he argues, microaggressions cannot be studied with empirical accuracy, and thus, the harms of microaggression cannot be empirically measured or verified. On these grounds, he calls for a moratorium on microaggression theorizing, as well as microaggression awareness trainings and campaigns.

While it is beyond the scope of our present project to develop a comprehensive reply to this latter point, we find it valuable to at least point the reader in the direction of growing literature that is doing precisely what Lilienfeld (2017) has argued cannot be done, namely, empirically measuring the harmful effects of microaggressions. (See, for example, Williams 2019).[48] While our central aim here was only to respond to the first part of the critique of MRP, what motivated this project was the broader goal of defending the continuation of research and advocacy around microaggressions, in other words, of justifying this research by showing that we have good reason to believe that microaggressions are real, and that they cause real and enduring harm to those who

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[47] Note that I address possible objections to this standpoint-based claim in chapter 2 of this thesis. The defenses and clarifications of standpoint offered there should be taken to apply here, too.

[48] We also cited some of this empirical literature above in our reply to Lukianoff and Haidt's second claim. We would also like to flag others who have responded to the claims made in Lilienfeld (2017), including Sue (2017), Parente & Kaplin (2017), and Williams (2017) and (2019).

routinely experience them. We leave it to those trained in the social sciences to continue the important empirical work of quantifying the short- and long-term harms of microaggressions.

1.7. References

Abramson, Kate. 2014. "Turning up the Lights on Gaslighting." *Nous-Supplement: Philosophical Perspectives* 28 (1): 1–30. doi:10.1111/phpe.12046.

Allen, Maya. 2019. "22 Corporate Women Share What Wearing Their Natural Hair to Work Means." *Byrdie*, May 8. https://www.byrdie.com/natural-hair-in-corporate-america.

Antony, Louise M., and Charlotte E. Witt. 2018. *A Mind of One's Own: Feminist Essays on Reason and Objectivity*. Edited by Louise M Antony and Charlotte Witte. *A Mind of One's Own: Feminist Essays on Reason and Objectivity*. Westview Press. doi:10.4324/9780429502682.

Ayala-López, Saray. 2020. "Outing Foreigners: Accent and Linguistic Microaggressions." In *Microaggressions and Philosophy*, edited by Lauren Freeman and Jeanine Weekes Schroer, 1st ed. Routledge.

Banks, Brea M. 2015. "The Impact of Microaggressions – An Introductory Training." Presentation Prepared for *Nebraska Internship Consortium in Professional Psychology*.

Bartky, Sandra Lee. 1979. "On Psychological Oppression." *Southwestern Journal of Philosophy* 10 (1): 190. doi:10.5840/swjphil197910121.

Blay, Zeba. 2015. "It's A Slap In The Face When White Women Wear Black Hairstyles." *Huffington Post*, August 4. https://www.huffpost.com/entry/its-a-slap-in-the-face-when-white-women-wear-black-hairstyles_n_55c0c153e4b0b23e3ce3f27b.

Blazevich, Jenna. 2019. "How Victorian Women Were Oppressed Through the Use of Psychiatry." *The Atlantic*. https://www.theatlantic.com/sponsored/netflix-2017/how-victorian-women-were-oppressed-through-the-use-of-psychiatry/1607/.

Blume, Arthur W., Laura V. Lovato, Bryan N. Thyken, and Natasha Denny. 2012. "The Relationship of Microaggressions with Alcohol Use and Anxiety among Ethnic Minority College Students in a Historically White Institution." *Cultural Diversity and Ethnic Minority Psychology* 18 (1): 45–54. doi:10.1037/a0025457.

Brennan, Samantha. 2016. "The Moral Status of Micro-Inequities: In Favor of Institutional Solutions." In *Implicit Bias and Philosophy, Volume 2: Moral Responsibility Structural*

Injustice, and Ethics, edited by Michael Brownstein and Jennifer Saul, 235–254. Oxford: Oxford University Press.

Campbell, Bradley, and Jason Manning. 2018. *The Rise of Victimhood Culture: Microaggressions, Safe Spaces, and the New Culture Wars*. Palgrave MacMillan. doi:10.1007/978-3-319-70329-9.

Campbell, Bradley, and Jason Manning. 2015. "Microaggression and Changing Moral Cultures." In *Chronicle of Higher Education*, 61:A25–A26.

Carr, Sarah, and Helen Spandler. 2019. "Hidden from History? A Brief Modern History of the Psychiatric 'Treatment' of Lesbian and Bisexual Women in England." *Insight* 6 (4): 289–290.

Cudd, Ann E. 2006. *Analyzing Oppression*. Oxford: Oxford University Press. doi:10.1093/0195187431.001.0001.

Danner, Deborah D., David A. Snowdon, and Wallace V. Friesen. 2001. "Positive Emotions in Early Life and Longevity: Findings from the Nun Study." *Journal of Personality and Social Psychology* 80 (5): 804–813. doi:10.1037/0022-3514.80.5.804.

David, E.J.R., and Annie O. Derthick. 2018. "What Is Internalized Oppression, and So What?" In *Internalized Oppression*, edited by E.J.R. David, 1–30. New York: Springer. doi:10.1891/9780826199263.0001.

DiAngelo, Robin. 2018. "White Fragility: Why Its So Hard For White People To Talk About Racism." Beacon Press.

Ely, Paula. 2019. "Edina Beal." *Photoculture*, May 13. https://www.photoculture.la/blog/2019/5/4/endia-beal.

Evans, Cameron, and Ron Mallon. 2020. "Microaggressions, Mechanisms, and Harm." In *Microaggressions and Philosophy*, edited by Lauren Freeman and Jeanine Weekes Schroer. Routledge.

Fatima, Saba. 2017. "On the Edge of Knowing: Microaggression and Epistemic Uncertainty as a Woman of Color." In *Surviving Sexism in Academia: Strategies for Feminist Leadership*, edited by Kirsti Cole and Holly Hassel, 147–154. Routledge. doi:10.4324/9781315523217.

Fernando, Suman. 2017. *Institutional Racism in Psychiatry and Clinical Psychology*. *Institutional Racism in Psychiatry and Clinical Psychology*. Palgrave MacMillan. doi:10.1007/978-3-319-62728-1.

Fine, Eve, Jennifer Sheridan, Christine Fabian Bell, Molly Carnes, Carmen Juniper Neimeko, and Manuela Romero. 2018. "Teaching Academics About Microaggressions: A Workshop Model Adaptable to Various Audiences." *Understanding Interventions Journal* 9 (2): 1–14. https://www.understandinginterventionsjournal.org/article/6356-teaching-academics-about-microaggressions-a-workshop-model-adaptable-to-various-audiences.

Folley, Aris. 2019. "New York Bans Discrimination Against Natural Hair." *The Hill*, July 13. https://thehill.com/homenews/state-watch/452959-new-york-bans-discrimination-against-natural-hair.

Freeman, Lauren, and Heather Stewart. 2018. "Microaggressions in Clinical Medicine." *Kennedy Institute of Ethics Journal* 28 (4): 411–449. doi:10.1353/ken.2018.0024.

Freeman, Lauren and Heather Stewart. *Microaggressions in Medicine*, manuscript in progress.

Freeman, Lauren, and Heather Stewart. 2019. "Epistemic Microaggressions and Epistemic Injustice in Clinical Medicine." In *Overcoming Epistemic Injustice: Social and Psychological Perspectives*, edited by Benjamin R. Sherman and Stacey Goguen, 121–138. Rowman & Littlefield International.

Freire, Paolo. 1996. *Pedagogy of the Oppressed*. (revised). New York: Continuum Press.

Fredrickson, Barbara L., and Marcial F. Losada. 2005. "Positive Affect and the Complex Dynamics of Human Flourishing." *American Psychologist* 60 (7): 678–686. doi:10.1037/0003-066X.60.7.678.

Fricker, Miranda. 2007. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford University Press.

Friedersdorf, Conor. 2016. "The Rise of Victimhood Culture." *The Atlantic*. https://www.theatlantic.com/politics/archive/2015/09/the-rise-of-victimhood-culture/404794/.

Friedersdorf, Conor. 2015. "Why Critics of the 'Microaggressions' Framework Are Skeptical." *The Atlantic*, September 14. https://www.theatlantic.com/politics/archive/2015/09/why-critics-of-the-microaggressions-framework-are-skeptical/405106/.

Friedlaender, Christina. 2018. "On Microaggressions: Cumulative Harm and Individual Responsibility." *Hypatia* 33 (1): 5–21. doi:10.1111/hypa.12390.

Frye, Marilyn. 1983. *The Politics of Reality: Essays in Feminist Theory*. Crossing Press.

Haidt, Jonathan. 2017. "The Unwisest Idea on Campus: Commentary on Lilienfeld (2017)." *Perspectives on Psychological Science* 12 (1): 176–177. doi:10.1177/1745691616667050.

Harding, Sandra. 1990. "Starting Thought From Women's Lives: Eight Resources For Maximizing Objectivity." *Journal of Social Philosophy* 2 (3): 140–149.

Harding, Sandra. 1991. *Whose Science? Whose Knowledge? Thinking from Women's Lives*. Ithaca: Cornell University Press.

Harding, Sandra. 1997. "Comment on Hekman's" Truth and Method: Feminist Standpoint Theory Revisited": Whose Standpoint Needs the Regimes of Truth and Reality?" *Signs: Journal of Women in Culture and Society* 22 (2): 382–391.

Harding, Sandra. 1982. "Is Gender a Variable in Conceptions of Rationality? A Survey of Issues." *Dialectica* 36 (2): 225–242.

Harding, Sandra. 1993. *Rethinking Standpoint Epistemology: What Is" Strong Objectivity?"*. Edited by Linda Martin Alcoff and Elizabeth Potter. Routledge Press.

Harper, Craig. 2018. "Four Problems with Microaggression Theory." *Medium*, April 19. https://medium.com/craig-harper-essays/four-problems-with-microaggression-theory-c6a29949239.

Hartsock, Nancy C. M. 1998. *The Feminist Standpoint Revisited and Other Essays*. 1st ed. Boulder, CO: Westview Press.

Haslam, Nick. 2017. "The Trouble With Microaggressions." *The Conversation*, January 16.

Hill Collins, Patricia. 1986. "Learning from the Outsider Within: The Sociological Significance of Black Feminist Thought." *Social Problems* 33 (6): S14–S32. doi:10.2307/800672.

Hill Collins, Patricia. 1990. "Learning from the Outsider Within: The Sociological Significance of Black Feminist Thought." In *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*, edited by Sandra Harding. Routledge Press.

hooks, bell. 1984. *Feminist Theory: From Margin to Center*. Boston: South End Press.

Huynh, Virginia 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. doi:10.1007/s10964-012-9756-9.

Janin, Alex. 2016. "What the Perception of 'Professional' Hair Means for Black Job Seekers." *Take Part*, April 13. http://www.takepart.com/article/2016/04/13/what-perception-professional-hair-means-black-job-seekers.

Jorie. 2017. "Are Dreadlocks Unprofessional, or Is the Workforce Just Racist?" *Ebena*, October 31.

Kidd, Ian James, José Medina, and Gaile Polhaus. 2017. *The Routledge Handbook of Epistemic Injustice*. Routledge.

Kite, Mary E., Khyrstin L. Chance, Kelly L. Meredith, Austin B. Russell, William T. Stuller, Stephen A. Gabourel, Samantha M. Ellison, et al. 2013. *Activities for Teaching about Prejudice and Discrimination*. http://www.teachpsych.org/resources/Documents/otrp/resources/kite13.docx.

Kukla, Quill [Published as Rebecca Kukla]. 2005. *Mass Hysteria: Culture: Medicine, Culture, and Mothers' Bodies. Bodies. Rowman and Littlefield Publications*. Rowman and Littlefield Publications.

Lehmann, Claire. 2018. "Understanding Victimhood Culture: An Interview with Bradley Campbell and Jason Manning." *Quillette*, May 17.

Levchak, Charisse C. 2019. *Microaggressions and Modern Racism: Endurance and Evolution*. Cham, Switzerland: Palgrave Macmillan. doi:10.1007/978-3-319-70332-9.

Levy, Becca R., Martin D. Slade, Suzzane R. Kunkel, and Stanislav V. Kasl. 2002. "Longevity Increased By Positive Self-Perceptions of Aging." *Journal of Personality and Social Psychology* 83 (2): 261.

Lilienfeld, Scott O. 2017. "Microaggressions: Strong Claims, Inadequate Evidence." *Perspectives on Psychological Science* 12 (1): 138–169. doi:10.1177/1745691616659391.

Linville, Darla. 2017. "When Words Inflict Harm: Documenting Sexuality and Gender Identity Microaggressions in Schools for LGBTQQ Youth." *Multicultural Learning and Teaching* 13 (2): 19. doi:10.1515/mlt-2017-0009.

Longino, Helen. 1993. "Subjects, Power, and Knowledge: Description and Prescription in Feminist Philosophies of Science." In *Feminist Epistemologies*, edited by Linda Martin Alcoff and Elizabeth Potter, 101–120. New York: Routledge.

Lugones, Maria, and Elizabeth V Spelman. 1983. "Have We Got a Theory For You! Feminist Theory, Cultural Imperialism, and the Demand for 'The Woman's Voice.'" *Women's Studies International Forum* 6 (6): 573–581.

Lukianoff, Greg, and Jonathan Haidt. 2015. "The Coddling of the American Mind." *The Atlantic*, September.

Lukianoff, Greg, and Jonathan Haidt. 2017. *The Coddling of the American Mind*. Penguin Books.

Mac Donald, Heather. 2014. "The Microaggression Farce." *City Journal*.

Manne, Kate. 2017. *Down Girl: The Logic of Misogyny*. Oxford: Oxford University Press.

Mar, Ria Tabacco. 2018. "Why Are Black People Still Punished For Their Hair." *The New York Times*, August 29.

Marx, Karl. (1976) *Capital: A Critique Of Political Economy*. Volume 1. Trans. Ben Fowkes. England: Penguin Books.

Marx, Karl. (1981) *Capital: A Critique Of Political Economy*. Volume 3. Trans. David Fernbach. England: Penguin Books.

McClure, Emma. (2019) "Theorizing a Spectrum of Aggression: Microaggression, Creepiness, and Sexual Assault. *The Pluralist,* 14, 1: 91-101.

McKinnon, Rachel. 2017. "Allies Behaving Badly: Gaslighting as Epistemic Injustice." In *Routledge Handbook of Epistemic Injustice*, edited by Gaile Pohlhaus Jr., Ian James Kidd, and Jose Medina. Routledge Press.

Metzle, Jonathan T. 2010. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Beacon Press.

Moody, Anahvia Taiyib, and Jioni A. Lewis. 2019. "Gendered Racial Microaggressions and Traumatic Stress Symptoms Among Black Women." *Psychology of Women Quarterly*.

Moskowitz, Judith Tedlie. 2003. "Positive Affect Predicts Lower Risk of AIDS Mortality." *Psychosomatic Medicine* 65 (4): 620–626. doi:10.1097/01.PSY.0000073873.74829.23.

Munro, Lauren, Robb Travers, and Michael R. Woodford. 2019. "Overlooked and Invisible: Everyday Experiences of Microaggressions for LGBTQ Adolescents." *Journal of Homosexuality* 66 (10): 1439–1471. doi:10.1080/00918369.2018.1542205.

Nadal, Kevin L. 2018. "Microaggressions and Traumatic Stress: Theory, Research, and Clinical Treatment." In *American Psychological Association*.

Nadal, Kevin L. 2018. *Microaggressions and Traumatic Stress: Theory, Research, and Clinical Treatment*. 1st ed. Washington, DC: American Psychological Association.

Nadal, Kevin L. 2013. *That's so Gay! Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community*. Washington, DC: American Psychological Association.

Nadal, Kevin L., Kara Mia Vigilia Escobar, Gail T. Prado, E. J.R. David, and Kristal Haynes. 2012. "Racial Microaggressions and the Filipino American Experience: Recommendations for Counseling and Development." *Journal of Multicultural Counseling and Development* 40 (3): 156–173. doi:10.1002/j.2161-1912.2012.00015.x.

Nadal, Kevin L., Marie Anne Issa, Jayleen Leon, Vanessa Meterko, Michelle Wideman, and Yinglee Wong. 2011. "Sexual Orientation Microaggressions: 'Death by a Thousand Cuts' for Lesbian, Gay, and Bisexual Youth." *Journal of LGBT Youth* 8 (3): 234–259. doi:10.1080/19361653.2011.584204.

Nadal, Kevin L., Yinglee Wong, Katie E. Griffin, Kristin Davidoff, and Julie Sriken. 2014. "The Adverse Impact of Racial Microaggressions on College Students' Self-Esteem." *Journal of College Student Development* 55 (5): 461–474. doi:10.1353/csd.2014.0051.

Nagai, Althea. 2017. "The Pseudo-Science of Microaggressions." *Academic Questions* 30 (1): 47–57. doi:10.1007/s12129-016-9613-5.

Nittle, Nadra. 2018. "It's Still Legal to Ban Dreadlocks in the Workplace." *Racked*, May 18. https://www.racked.com/2018/5/18/17366610/dreadlocks-ban-supreme-court-case-chastity-jones.

O'Dowd, Ornaith. 2018. "Microaggressions: A Kantian Account." *Ethical Theory and Moral Practice* 21 (5): 1219–1232. doi:10.1007/s10677-018-9964-9.

O'Keefe, Victoria M, LaRicka R Wingate, Ashley B Cole, David W Hollingsworth, and Raymond P Tucker. 2015. "Seemingly Harmless Racial Communications Are Not so

Harmless: Racial Microaggressions Lead to Suicidal Ideation by Way of Depression Symptoms." *Suicide and Life-Threatening Behavior* 45 (5). Wiley Online Library: 567–576.

Ong, Anthony D., Anthony L. Burrow, Thomas E. Fuller-Rowell, Nicole M. Ja, and Derald Wing Sue. 2013. "Racial Microaggressions and Daily Well-Being among Asian Americans." *Journal of Counseling Psychology* 60 (2): 188–199. doi:10.1037/a0031736.

Parente, Kristen A., and Daniel Kaplin. 2017. "Microaggressions Through the Lens of the Majority Culture: A Point-CounterpointEvaluation." *NYS Psychologist* 29 (3): 32–40. http://www.nyspafoundation.org/wp-content/uploads/2017/12/2017-NYS-Psychologist-Fall-Issue.pdf#page=36.

Pierce, Chester M. 1970. "Offensive Mechanisms." In *The Black Seventies*, 265–282. Boston, MA: Porter Sargent.

Pierce, Chester M. 1970. "Offensive Mechanisms." In *The Black Seventies*, edited by Floyd B. Barbour, 265–282. Boston, MA: Porter Sargent.

Pierce, Chester M., Jean V. Carew, Diane Pierce-Gonzalez, and Deborah Wills. 1977. "An Experiment in Racism: TV Commercials." In *Education and Urban Society*, edited by Chester M. Pierce, 10:61–87. Beverly Hills, CA: Sage. doi:10.1177/001312457701000105.

Pierce, Chester M., Jean V. Carew, Diane Pierce-Gonzalez, and Deborah Wills. 1978. "An Experiment in Racism: TV Commercials." In *Television and Education*, edited by Chester M. Pierce, 62–88. Los Angeles, CA: Sage Publications. doi:10.1177/001312457701000105.

Pinker, Steven. 2018. "Steven Pinker Looks at the Bright Side." In *Restorative Justice Center - Workshops: Micro-Aggression Workshops*, 1A. UC Berkely.

Rini, Regina. 2018. "How to Take Offense:Responding to Microaggression." *Journal of the American Philosophical Association* 4 (3): 332–351. doi:10.1017/apa.2018.23.

Rosenberg, David. 2013. "White Women, Black Hairstyles." *Slate*, October 15. https://slate.com/culture/2013/10/endia-beal-can-i-touch-it-explores-gender-race-and-generational-gaps-in-the-corporate-environment-photos.html.

Schacht, Thomas E. 2008. "A Broader View of Racial Microaggression in Psychotherapy." *American Psychologist* 63 (4): 273. doi:10.1037/0003-066X.63.4.273.

Schroer, Jeanine Weekes. 2015. "Giving Them Something They Can Feel: On the Strategy of Scientizing the Phenomenology of Race and Racism." *Knowledge Cultures* 3 (1): 91–110.

Scot, Jamie. 2017. "Shock the Gay Away: Secrets of Early Aversion Therapy Revealed." *Huffington Post*, June 28. https://www.huffpost.com/entry/shock-the-gay-away-secrets-of-early-gay-aversion-therapy-revealed_b_3497435.

Smith, William A., Man Hung, and Jeremy D. Franklin. 2011. "Racial Battle Fatigue and the Miseducation of Black Men: Racial Microaggressions, Societal Problems, and Environmental Stress." *The Journal of Negro Education*, 63–82.

Solorzano, Daniel, Miguel Ceja, and Tara Yosso. 2000. "Critical Race Theory, Racial Microaggressions, and Campus Racial Climate: The Experiences of African American College Students." *The Journal of Negro Education* 69 (1-2): 60–73. http://www.jstor.org/stable/2696265%5Cnhttp://about.jstor.org/terms.

Steele, Shelby. 2007. *White Guilt: How Blacks and Whites Together Destroyed the Promise of the Civil Rights Era*. Harper Publishers.

Sue, Derald Wing. 2010. *Microaggressions in Everydat Life: Race, Gender, and Sexual Orientation*. Edited by Wiley & Sons. New York, NY.

Sue, Derald Wing. 2017. "Microaggressions and 'Evidence': Empirical or Experiential Reality." *Perspectives on Psychological Science* 12 (1): 170–172.

Sue, Derald Wing, Christina M. Capodilupo, Gina C. Torino, Jennifer M. Bucceri, Aisha M.B. Holder, Kevin L. Nadal, and Marta Esquilin. 2007. "Racial Microaggressions in Everyday Life: Implications for Clinical Practice." *American Psychologist* 62 (4): 271–286. doi:10.1037/0003-066X.62.4.271.

Sue, Derald Wing, Christina M. Capodilupo, Gina C. Torino, Jennifer M. Bucceri, Aisha M.B. Holder, Kevin L. Nadal, and Marta Esquilin. 2007. "Racial Microaggressions in Everyday Life: Implications for Clinical Practice." *American Psychologist* 62 (4): 271–286. doi:10.1037/0003-066X.62.4.271.

Sue, Derald Wing, Kevin L. Nadal, Christina M. Capodilupo, Annie I. Lin, Gina C. Torino, and David P. Rivera. 2008. "Racial Microaggressions against Black Americans: Implications for Counseling." *Journal of Counseling and Development* 86 (3): 330–338. doi:10.1002/j.1556-6678.2008.tb00517.x.

Sutton, Tajh. 2017. "'5 Things to Ask the Next Person Who Calls Your Natural Hair 'Unprofessional.'" *Huffington Post*, April 12. https://www.huffpost.com/entry/next-person-who-calls-hair-unprofessional_b_9661216.

TallBear, Kim. 2019. "Feminist, Queer, and Indigenous Thinking as an Antidote to Masculinist Objectivity and Binary Thinking in Biological Anthropology." *American Anthropologist* 121 (2). American Anthropologist 121: 494–496. doi:10.1111/aman.13229.

Tasca, Cecilia, Mariangela Rapetti, Mauro Giovanni Carta, and Bianca Fadda. 2012. "Women And Hysteria In The History Of Mental Health." *Clinical Practice & Epidemiology in Mental Health* 8 (1): 110–119. doi:10.2174/1745017901208010110.

Thomas, Kenneth R. 2008. "Macrononsense in Multiculturalism." *American Psychologist* 63 (4): 274–275. doi:10.1037/0003-066X.63.4.274.

Thomas, Laurence. 1992. "Moral Deference." *Philosophical Forum* 24 (1–3): 232–250. http://www.laurencethomas.com/Deference.pdf.

Toole, Briana. 2019. "From Standpoint Epistemology to Epistemic Oppression." *Hypatia* 34 (4): 598–618. doi:10.1111/hypa.12496.

Torino, Gina C., David P. Rivera, Christina M. Capodilupo, Kevin L. Nadal, and Derald Wing Sue. 2018. *Microaggression Theory: Influence and Implications*. Edited by Christina M Capodilupo Kevin L Nadal Derald Wing Sue Gina C. Torino David P. Rivera. *Microaggression Theory: Influence and Implications*. John Wiley & Sons. doi:10.1002/9781119466642.

Torres, Lucas, Mark W. Driscoll, and Anthony L. Burrow. 2010. "Racial Microaggressions and Psychological Functioning among Highly Achieving African-Americans: A Mixed-Methods Approach." *Journal of Social and Clinical Psychology* 29 (10): 1074–1099. doi:10.1521/jscp.2010.29.10.1074.

Torres, Madeline B., Arghavan Salles, and Amalia Cochran. 2019. "Recognizing and Reacting to Microaggressions in Medicine and Surgery." *JAMA Surgery* 154 (9): 868–872. doi:10.1001/jamasurg.2019.1648.

Tschaepe, Mark. 2016. "Addressing Microaggressions and Epistemic Injustice: Flourishing from the Work of Audre Lorde." *Essays in the Philosophy of Humanism* 24 (1): 87–101. doi:10.1558/eph.31404.

Tugade, Michele M., Barbara L. Fredrickson, and Lisa Feldman Barrett. 2004. "Psychological Resilience and Positive Emotional Granularity: Examining the Benefits of Positive Emotions on Coping and Health." *Journal of Personality* 72 (6). 72 (6): 1161-1190: 1161–1190. doi:10.1111/j.1467-6494.2004.00294.x.

Watson, David, Lee Anna Clark, and Auke Tellegen. 1988. "Development and Validation of Brief Measures of Positive and Negative Affect: The PANAS Scales." *Journal of Personality and Social Psychology* 54 (6): 1063–1070. doi:10.1037/0022-3514.54.6.1063.

Williams, Monnica T. 2017. "Are Racial Microaggressions on College Campuses Harmful?" *Psychology Today*, November 12. https://www.psychologytoday.com/us/blog/culturally-speaking/201711/are-racial-microaggressions-college-campuses-harmful.

Williams, Monnica T. 2019. "Microaggressions: Clarification Evidence, and Impact." *Perspectives on Psychological Science* 15 (1): 1–24.

Willon, Phil, and Alexia Diaz. 2019. "California Becomes the First State to Ban Discrimination Based on One's Natural Hair." *Los Angeles Times*, July 3. https://www.latimes.com/local/lanow/la-pol-ca-natural-hair-discrimination-bill-20190703-story.html.

Wylie, Alison. 2004. "Why Standpoint Theory Matters." In *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*, edited by Sandra Harding, 1st ed. New York, NY: Routledge.

Wylie, Alison. 2012. "Feminist Philosophy of Science: Standpoint Matters." *Proceedings and Addresses of the American Philosophy Association* 86 (2): 47–76.

Young, Iris Marion. 2011. *Justice and the Politics of Difference*. Princeton University Press, revised edition. doi:10.7312/blau17412-114.

Chapter 2

2. Making Sense of "Microaggression": On Family Resemblance and
Standpoint Epistemology

Abstract:

Concerns have been raised regarding the coherency and usefulness of the
microaggression concept (Lilienfeld 2017a, 143-4). The primary concern
is that the concept has not been clearly defined, and as such, is not
practically (i.e., scientifically) useful. Despite the fact that philosophers are
beginning to pay heightened attention to the phenomenon of
microaggressions (e.g., their moral, social, and political impacts and
implications), philosophers have not yet provided a robust accounting of
the concept of microaggression. This is surprising, as philosophers are
uniquely positioned to help clarify the concept of microaggression and
explain its coherency in the face of such concerns. Specifically,
philosophers have the necessary tools to explain how a concept like
microaggressions can be useful, even where an exhaustive set of necessary
and sufficient conditions for defining the concept cannot be identified. In
this chapter, I address the mounting concerns about the clarity and
coherence of the concept of microaggression, and specifically the
difficulty in offering a precise definition of the concept. I argue that, even
in the absence of necessary and sufficient conditions, microaggression is a
perfectly fine and useful concept; there are plenty other strategies available
for explaining the concept without appealing to necessary and sufficient
conditions. I illustrate the possibility of conceptualizing microaggression
absent necessary and sufficient conditions by appealing to what Ludwig
Wittgenstein (1953) has called "family resemblance." When applying a
family resemblance approach to microaggressions, we can see that one
way of understanding the concept of microaggressions is by recognizing

that microaggressions share a set of common, overlapping features that link related instances together, but are not necessarily all present in all cases. We can recognize instances of microaggression insofar as they share resemblances with other clear instances. In other words, we recognize clear connections between phenomena called microaggressions, because they share in a set of relevant, overlapping features. I offer a preliminary accounting of such relevant features, which, taken together, can form the basis for a family resemblance account of the concept of microaggression. The ability to make sense of the concept of microaggression by way of family resemblance is but one possibility for responding to concerns about the inability to define microaggressions. The upshot is that even if we cannot define microaggressions with necessary and sufficient conditions, we can still make plausible sense of the concept and apply it meaningfully in practice. Finally, despite the difficulties involved in pinning down microaggressions in practice (e.g., determining what counts as an instance of the concept), I argue that some people, in virtue of their social and epistemic locations, are better suited to identify and name microaggressions in practice. I argue this by drawing on the vast literature in feminist standpoint epistemology (Alcoff and Potter 1993; Hill Collins 2004; 2008; hooks 1984; Harding 2004; 2008; Toole 2019; Wylie 2012).

2.1. Introduction

The term "microaggression" was first coined by Chester Pierce (1970) and subsequently developed to refer to the phenomenon of "subtle, stunning, often automatic, and non-verbal exchanges which are 'put downs'" (Pierce et al. 1977, 66).[49] In the past decade, the concept has experienced a renewed attention, particularly in the field of psychology, following the work of Derald Wing Sue (2010; Sue et al. 2007; 2008) and more recently that of his former student, Kevin Nadal (2013; 2018; Nadal et al. 2011; 2012; 2014) and others (Kanter et al. 2017; Williams 2020).[50] It is now widely accepted that "microaggressions" refer to brief and commonplace verbal, behavioral, or environmental indignities which signal bias against or hostility toward members of marginalized groups. They can be intentional (see Friedlaender & Ivy 2020) or unintentional, and are rooted in prejudice or bias that is implicitly or explicitly held. Importantly, microaggressions are thought to be a routine part of the experience of marginalized people. In other words, those who experience microaggressions do not experience them only once, or as a "once off." Rather, those who experience microaggressions tend to experience them systematically (Rini 2020), from many different people in various social and institutional contexts.

Let's consider a few examples (and for additional examples, see the introduction to this thesis).

Misgendering Professor: A professor, P, is made aware that one of his students is trans, and is told that, though the student has not yet been able to update their university profile, they go by a different name and pronoun. Though the professor is told this (and indeed, is reminded more than once in a faculty meeting), the professor continues to deadname and misgender the trans student. One time, a colleague says something about the student (using their appropriate gender pronouns),

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[50] For a more detailed background on the development of microaggression, see the introduction to this dissertation.

only to have the professor, P, interrupt to insert the wrong pronouns. This does not happen in front of the student this time, but has on several other occasions.

"That's So Gay!": A group of friends are hanging out together. One friend in the group is openly gay. In listening to an account of a negative experience one of the friend's is describing, one of the friends blurts out "That's so gay!". The gay friend hangs his head, saying nothing.

Reductio: A student is dealing with mental health issues and has been called "insane" by their family members. While sitting in logic class, watching their professor demonstrate a reductio ad absurdum, the professor repeats, several times "that conclusion would be insane!" The word insane is used several times in the class, to describe what could otherwise be called a contradiction.

"Real Mom": A young Chinese girl is on a walk with her white adoptive mother. They stop to play at the park. While playing, a new friend asks the young Chinese girl where her mother is. The young Chinese girl points at her mother. The new friend asks, "Oh, but what about your real mom?" The young Chinese girl suddenly feels confused, and a bit sad.

"That's 'Dr.' To You": A junior professor, who happens to be a woman, is thrilled to start teaching her first classes as a newly minted PhD. However, she finds that all of her students refer to her, in email and in person, as "Ms." She is rarely, if ever, addressed as "Prof." or "Dr.", though her male colleagues always are.

Purse Clutching: A white woman is walking down the street. As she passes an alley, a Black man who is taking a shortcut on his way home from work appears in the alley. Upon catching his eye, the woman quickly and tightly clutches her purse. The Black man sees this, drops his gaze to the ground, and decreases his walking pace so as to not further startle her.

You might be asking yourself – what are the commonalities here? Or, what makes each of these distinct examples recognizable as instances of the same phenomenon: microaggression? Such questions motivate this chapter, and I will return to them below. They are all, I believe, examples that most microaggression theorists would want to call instances of microaggression. And yet, as I will show, they each have different aspects which complicate attempts to provide a neat and tidy definition of microaggression. Despite their apparent differences, I believe that it is imperative for

the microaggression theorist to be able to explain how each of these examples fit together and fall within the extension of the concept of microaggression. This chapter will offer one way of unifying these examples and ones like them, namely, via an appeal to family resemblance theory. In so doing, I show that should it be difficult to find an exhaustive set of necessary and sufficient conditions for the concept of microaggression, this does not render the concept meaningless; rather, there are other possible ways for theorizing the concept, including by way of family resemblance.

The chapter will proceed as follows. In section 2.2 I will set up the problem. Specifically, I will take seriously the concerns that the concept of microaggression is elusive and requires clarification. I will demonstrate the difficulty involved in pinning down necessary and sufficient conditions for the concept. In section 2.3, however, I will argue that the inability to identify necessary and sufficient conditions for the concept does not render the concept meaningless. Many perfectly useful and coherent concepts lack clear necessary and sufficient conditions, or otherwise face some of the same definitional challenges faced by microaggression. There are ways out of the definitional problem, namely, philosophers have conceived of additional ways for making sense of concepts that resist narrow and fixed definition. Though there are multiple such ways of understanding concepts, I will illustrate the coherence of the microaggression concept by drawing on one of them, namely, family resemblance theory. I will provide an overview of such an account, suggesting that understanding microaggression as a family resemblance concept is a perfectly reasonable way of making sense of the concept. Taking seriously the concern that microaggressions are elusive and hard to identify in practice, in section 2.4 I argue that one's epistemic standpoint is relevant for how well suited one is to identify the central features of microaggression as described in section 2.3 (and ultimately, instances of microaggression), in practice. I raise and respond to some objections in section 2.5.

2.2. Setting Up the Problem: Definitional Challenges and Conceptual Confusion

The phenomenon of microaggression is incredibly complex. As they are most often understood, microaggressions target a diverse range of marginalized identities, drawing on myriad stereotypes and biases. They can take many forms: verbal, gestural/behavior, or environmental. As a result,

the range of things understood as falling within the extension of "microaggression" is incredibly broad. Moreover, there is debate, even amongst microaggression theorists, regarding what characteristics of microaggressions, if any, are essential and how we ought to conceptualize them (for some characteristic examples of attempts to identify what is necessary to the microaggression concept, see McTernan 2018; Rini 2020).

Some have expressed concern that this amounts to a serious flaw with respect to the concept of microaggression, which threatens its scientific significance and practical usefulness. For example, psychologist Scott Lilienfeld (2017a) argues that the scientific basis of the microaggression research program hinges on the coherence and soundness of the microaggression concept, which he believes has not, to this point, been effectively demonstrated by microaggression theorists. He writes, "In the case of the microaggression concept, it is dubious whether its definition is sufficiently clear or consensual to permit adequate scientific progress. (143).

Despite such challenges from critics of microaggression theory, there has been very little effort on the part of philosophers to engage in the project of clarifying the concept. Most philosophers working on microaggressions have focused their attention on the moral, social, and political issues that microaggressions raise. For example, Christina Friedlaender (2018) has taken up the project of elucidating how we can attribute moral responsibility for the harms of microaggressions. Emma McClure (2019) has ventured to make sense of how microaggressions fit on a "spectrum of aggression" with other acts of oppression and violence. Regina Rini (2020) has attempted to articulate strategies for combatting or offsetting microaggressions and their harms and has offered normative recommendations for how we ought to respond to microaggressions when they occur. This is all incredibly important work – work that philosophers are well-suited to do!

However, despite the recent increase in attention to microaggressions among philosophers, they have not yet used their training and skills to attend to the concept of microaggression itself: to answer to the questions of how we ought to understand the microaggression concept and speak to concerns about its coherence. This general lack of engagement with the conceptual issues generated by microaggression registers as a mistake, or at least a serious oversight. The lack of conceptual clarity is one grounds for dismissal of the usefulness of the concept; to that end, these conceptual issues precede the moral, social, and political ones philosophers have been responding

to. Put another way, if we cannot demonstrate that the microaggression concept itself is meaningful, the rest of the philosophical work on microaggressions seems empty, or unimportant, or unjustified. It is incumbent upon philosophers to do this work, as it is philosophers whose training prepares and positions them to undertake such conceptual work.

In what follows, I will take steps in the direction of clarifying the concept of microaggression, though far more work is needed in this domain. My very limited aim will be to show that the concept of microaggression remains coherent, informative, and useful *even if* it lacks one hallmark of conceptual clarity: a definition comprised of an exhaustive set of necessary and sufficient conditions. Future work must continue to query the concept and sharpen its conceptual boundaries.

To move us in this direction, let me first illuminate the challenge of defining microaggression. To illustrate this difficulty, I will offer several initially plausible attempts at definition, and show how each is susceptible to an equally plausible counterexample.

Definition 1: A microaggression is a bit of speech which subtly conveys hostility or bias.

This first, initially plausible attempt to define microaggression is too narrow. We can see that it is too narrow by revisiting the "Purse Clutching" example above. Though most microaggression theorists would agree that a microaggression has occurred in that example, no bits of verbal speech took place. Instead, the microaggression was conveyed via body language. Let's try again.

Definition 2: A microaggression is a bit of speech or body language which subtly conveys hostility or bias.

Though a valiant attempt, definition 2 also proves too broad: we must amend the definition again! Why is this the case? Because this second definition leaves the concept far too open. As written, this definition would include any subtle comments or body language which convey hostility or bias against anyone, on any basis. But this doesn't fit with ordinary use of the term, nor does it map onto the phenomenon microaggression theorists want to single out. When thinking about the concept of microaggression, we want to zero in on hostility and bias which target not just anyone on any grounds, but rather which target specific people for specific reasons: members of structurally marginalized groups (e.g., people who are marginalized on the basis of race, gender,

sexual orientation, etc.) and on the grounds of some stereotype or bias about that group. This is the case in all of the examples provided above, namely, they draw on biases and/or stereotypes experienced by members of structurally marginalized groups.

Definition 3: A microaggression is a bit of speech or body language which subtly conveys hostility or bias toward members of marginalized groups.

We might worry that the above definition is still too imprecise. For example, it might be overly inclusive. Lots of speech and body language can subtly convey hostility toward or bias against members of marginalized groups, and not fit with our common understanding of microaggression. For example, the use of a slur might fit here. Or, the invoking of a stereotype. But microaggressions are different from the use of a slur or the invoking of a stereotype, even if they are closely related. We want to single out a distinct phenomenon. Let's try again.

Definition 4: A microaggression is a bit of speech or body language which subtly and unintentionally conveys hostility or bias toward members of marginalized groups.

Perhaps the above definition avoids the issue of being overly broad and inclusive. For example, it might separate out intentional acts of discrimination, hate speech, or slurs by adding the "unintentionality condition." But wait! Many microaggression theorists believe that microaggressions can be intentional *or* unintentional (Freeman and Stewart 2018; Friedlaender and Ivy 2020). Consider the example of "Misgendering Professor" above. In that example, the professor was fully aware of his student's appropriate pronouns but opted not to use them in a conversation about the student. This appears to be an intentional case of microaggression. We still haven't pinned it down!

We could continue on in this fashion, but I believe the result would continue to be the same: regardless of what definition we try, we can think of plausible counterexamples that prove the definition to be faulty. Moreover, there is disagreement from within microaggression theory regarding some of the characteristics in play, such as whether microaggressions are necessarily intentional (or, alternatively, necessarily unintentional). Pinpointing an exact definition of microaggression (and figuring out what exactly falls into its extension) is incredibly difficult. But what does this entail for the fate of the concept?

You might think that running into these challenges shows that the concept itself is flawed; if it were a meaningful and useful concept, after all, pinning down a precise definition wouldn't be so difficult, and there wouldn't be so much internal dispute amongst theorists about that definition. However, I believe that drawing such a conclusion is too quick – moving to toss out the concept over such definitional challenges reflects a limited understanding of the available possibilities for theorizing concepts. Specifically, it assumes that the only way (or, at the very least, the preferred way) of making sense of concepts is by way of conceptual analysis aimed at identifying necessary and sufficient conditions for the concept under consideration. One such a view, the way we define a concept is by pinning down its clear set of necessary and sufficient conditions. (A *necessary condition* is one which must be present in order for that use to be appropriate. A *sufficient condition* (or set of sufficient conditions) produces the condition (e.g., all sufficient conditions must be met or realized for an appropriate use of the term or concept)). With respect to microaggressions, necessary and sufficient conditions would work in the following way:

> [Nec.]: If a characteristic, *C,* is necessary for a microaggression, *M,* to occur, you will only have an instance of *M* where characteristic *C* is present.

> [Suf.]: If characteristic, *C, is* sufficient for a microaggression, *M,* to occur, then *M* has occurred just in case *C* is present.

> [Def.]: On this approach, where *C* is the set of jointly necessary and sufficient conditions, a definition of microaggression would take the following form: An act, *A,* is an instance of microaggression, *M,* iff characteristic, *C* is present.

Though this sounds rather straightforward, when applied to a wide-ranging concept such as "microaggression," which needs to account for a vast array of related but non-identical phenomena, sorting out which characteristics are jointly sufficient to constitute microaggression becomes incredibly messy. The four failed attempts at definition offered above go some way toward demonstrating this sort of difficulty.

In order to further illustrate this difficulty, let's return to two of the examples introduced in section 2.1 above. One example introduced above is the intentional misgendering of a trans person ("Misgendering Professor"). Another example involved someone using the phrase "that's so gay" in front of their gay friend ("That's So Gay!"). Both instances are, in both common (viz., non-academic) and theoretical discourses, widely recognized as and referred to as instances of microaggression.[51] Let's start with characteristics they seem to share. Both of these examples involve brief remarks. Both remarks are likely common, repeated, or routinely heard by the person being microaggressed (e.g., the trans student might be misgendered regularly, and the gay person likely hears casual remarks such as "that's so gay" often as well). Both reflect bias against a structurally marginalized identity (trans identity in the first instance; gay identity in the second). We seem to be getting somewhere.

However, these two cases also depart from one another. In the first example, "Misgendering Professor," the microaggression was delivered intentionally (e.g., the professor consciously and reflectively misgendered their student). In the second example, "That's So Gay!," we can assume that the person would not intentionally hurt their gay friend. In other words, we can assume that this microaggression was delivered unintentionally. This is one point of contrast, which illustrates a conceptual difficulty with microaggressions: they can be intentional or unintentional (cf. Friedlaender and Ivy 2020).

There is yet another difference between the two examples that I think is worth highlighting, because I think it reflects a further challenge in pinning down the concept of microaggression. In the first example, the microaggression was directed at the target specifically. By "directed at," I mean a comment that is either said to, or clearly stated about, a particular person (in this case, a particular, identifiable trans person). The second example doesn't quite function like that. In the second example, the speaker makes a microaggresive comment that indirectly impacts the recipient

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[51] I do not mean to suggest here that there is not active confusion, and debate, about where to draw the conceptual lines regarding what should be included and excluded in the concept of microaggressions. In other words, I do not mean to suggest that there might be some people, and perhaps some microaggressions theorist, who might disagree with one or both of these examples. (Hence the conceptual ambiguity under discussion). But, I think these are two relatively non-controversial examples, which have been discussed in the philosophical and psychological literature on microaggressions, and I think that, at the very least, they illustrate the difficult I am trying to get at.

(that is, the gay person who is present when the remark is made). Though the comment is general and is not directed *at* the gay person, it can nevertheless be impactful. An interesting feature of microaggressions is that they can impact people without being specifically directed at them (e.g., because people overhear microaggressions directed at someone else, or because some microaggressions come in the form of general comments (e.g., "That's so gay!"), or because some microaggressions are built into our very environments (e.g., masculinist language that excludes non-men but is supposed to read as "universal," such as "All men are created equal"))

By looking at just these two examples of microaggressions, of the many, many possible examples to consider, it is evident that microaggressions can come in very different forms, with differing – even conflicting – characteristics. (The six examples included in the introduction above are provided to offer some initial sense of this variability and complexity).

Upon reflection, most contenders for characteristics that might be necessary and jointly sufficient for the concept of microaggression to apply are vulnerable to counterexamples. Microaggressions can be intentional *or* unintentional; they can be rooted in implicit bias *or* explicitly held prejudicial beliefs; they can come in the form of verbal comments, gestures or body language, or be embedded within our physical environments; and they can target a wide array of marginalized identities (e.g., race, ethnicity, religion, socioeconomic class, gender, gender identity, sexual orientation, dis/ability status, body size). As a result of all of this complexity, particular instances of microaggressions can, and do, look very different in practice. This makes the concept itself appear incoherent and obscure – the concept of microaggression feels so nebulous and inclusive of so many different things, without any obvious overarching unity to tie it all together (cf. Lilienfeld 2017a). Moreover, this makes the project of determining necessary and sufficient conditions for the concept of microaggression appear doomed to fail.[52] And yet, we still need a way of making sense of the many diverse examples of things that we call 'microaggression,' such as the six

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[52] One could object here that I have not shown that this project of identifying necessary and sufficient conditions for the concept of microaggressions is *impossible,* but rather that I have only shown that will be incredibly difficult. Whether or not identifying the necessary and sufficient conditions of 'microaggression' is theoretically possible, all I have to show for my purposes here is that it is 1) difficult but 2) not *essential* to the project of legitimating the concept of microaggression as meaningful and useful. This is because, as I will show, there are other perfectly reasonable ways of making sense of concepts, including by appeal to family resemblance (though there are others).

examples offered above and others, as well as a way of speaking meaningful about the concept itself. This is one important contribution to microaggression theory that philosophers are well-positioned to make – philosophers have resources for understanding concepts that do not readily decompose into a clean set of necessary and sufficient conditions. We can appeal to other theories of concepts to make sense of the coherency and usefulness of the microaggression concept, thereby addressing the definitional concerns raised by microaggression critics (e.g., Lilienfeld 2017a). I will demonstrate this possibility with one plausible approach for theorizing the microaggression concept – namely, family resemblance theory – in what follows.

2.3.   A Way Out of the Problem: Conceptualizing Microaggressions via Family Resemblance

So far, I have set up the following problem: the microaggression concept is difficult to pin down, especially using certain methods that philosophers tend to rely on (e.g., conceptual analysis aimed at identifying necessary and sufficient conditions). This appears to threaten the usefulness of the concept, leading certain microaggression critics to suggest that the concept ought to be abandoned and microaggression theorizing and advocacy put on pause (cf. Lilienfeld 2017a). In what follows, I aim to offer one possible route for rescuing the microaggression concept and demonstrating its coherence. Specifically, my claim is that concepts do not need to be understood by appealing to necessary and sufficient conditions; philosophers have other ways of theorizing concepts. In this section, I will provide one such way, namely, I will offer a tentative family resemblance account of microaggression. In so doing I do not intend to claim, definitively, that this is the only way (or the best way) of theorizing the microaggression concept. Rather, I use an appeal to family resemblance to demonstrate my main claim: that the microaggression concept can be meaningful, useful, and coherent, even if it does not neatly parse into necessary and sufficient conditions. Let's now turn to the approach.

In *Philosophical Investigations,* Ludwig Wittgenstein (1953) aimed to offer a challenge to the classical view of concepts, and instead offer an alternative way of thinking about and understanding language and concepts. Instead of seeking out an underlying and universal essence of a concept, he argued that we should instead look directly at our actual world and our practices of language and see how the concept is actually used in order to try to grasp the general parameters

of acceptable usage. What we do when we use concepts in language is set out conditions for the concept's permissible use. It turns out that we often use the same concept to refer to a wide range of instances of a phenomenon, which are not identical, but are *closely enough related* to all of the other uses to be a sensible instantiation of that concept. The instances to which the concept is applied do not necessarily all relate to each other in the same way. Rather, they generally overlap, at least enough that competent language users can recognize their unity (albeit imperfectly). Understanding concepts in this way can be called "family resemblance."

Wittgenstein illustrates this point by using the concept of 'game.' Specifically, he argued that there is no singular essence which underlies all things that we apply the concept of 'game' to: some (but not all) games are played for fun; some (but not all) games are played professionally; some (but not all games) are played for gambling, or even as a result of an addiction; not all games have scores or points; not all games have teams; some games can be played alone while others cannot; not all games require equipment, and so on. Rather, we can identify instances of 'game' by their having some of these features, though not necessarily all of them. Games can relate to other games on some, but not all of these fronts. They are like a family in this way, in which different members of the family share some features with some members, and different features with other members, which together make them identifiable as a family unit.

Wittgenstein's articulation of family resemblance theory offers a promising route for explaining how it is the case that the concept 'microaggression' can be consistently and reasonably applied in practice, despite the seeming impossibility of finding some shared essence that unifies every discrete instance of it. In general, family resemblance theory offers a way of thinking about unity and cohesion for concepts that seem inherently varied and diverse, by rejecting essentialist tendencies and instead taking a more pragmatic route to understanding concepts. Scholars have found Wittgenstein's 'family resemblance' approach beneficial for understanding what unifies various concepts, including "woman" (Munro 2006) and "genocide" (Snow 2015), and even as a model for machine learning (Vadera et al. 2008). It has been viewed as a valuable approach for understanding concepts that have meanings which shift, broaden, or otherwise change overtime, and for which there is a genuine risk associated with defining the concepts too narrowly.

When applied to the concept of 'microaggression,' family resemblance theory can help us to avoid problems that arise from trying to provide a narrow and precise definition of a microaggression via appeal to necessary and sufficient conditions. The potential problems include that: (i) if construed too narrowly, a concise definition is likely to exclude things that common usage might include, including instances of what people report experiencing as a microaggression; (ii) new forms of microaggression that arise might not be captured by the definition (i.e., a static definition cannot adequately account for an inherently dynamic concept)[53]; (iii) essentialist definitions are often unable to account for context-dependency (i.e., people will experience and perceive microaggressions differently as a result of their identity and other features of the social situation); and finally, (iv) a static definition can contribute to people doubting the testimonies of already oppressed people when they report that they have been microaggressed, if their experiences do not conform to the singular definition.[54] For all of these reasons (and likely others) the concept of 'microaggression' does not lend itself to a universalizing or totalizing definition, aimed at capturing "the essence" of the concept and articulated as a set of necessary and sufficient conditions. We ought to instead think about what unifies the varied and diverse instances of what we experience as microaggressions and draw our understanding of the concept from there. Importantly for my purposes, doing so shows that we can think meaningfully about the microaggression concept without needing to pin down necessary and sufficient conditions.

Though I do not intend to offer a definitive accounting of the concept of microaggression here, I will offer a tentative framework for a family resemblance account of the concept. Again, in so doing, my claim is not that this is the only way to theorize the microaggression concept. Rather,

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[53] I say that the concept of 'microaggression' is a dynamic one because the concept is responsive to social facts (i.e., various forms of bias, stereotyping, etc.). These will naturally shift with the social and political landscape. For a comparison, think of slurring terms that go in and out of being a slur (i.e., as a result of historical or social context, terms that were previously considered a slur can cease to be so, through processes of appropriation or otherwise, or can cease to be a slur for select 'in-group' users (see Anderson 2018)). I am suggesting that just as our social and political landscape is dynamic, what is experienced as microaggression will be as well.

[54] For a parallel problem, consider people who bring forward claims of harassment, or even rape, and are disbelieved or not taken seriously insofar as their experience does not conform to the given legal definition or the dominant social myths and narratives around those particular acts (see Alcoff 2018 on rape myths and narratives; see Fricker 2007 on the problem of the disbelieving testimony of marginalized people as a result of widely held social beliefs and stereotypes).

my aim is to show that this is one plausible way to make sense of the meaning of microaggression. With that qualification in mind, let us now consider what features unify the many instances of what we call microaggression, viz., let's develop a family resemblance account of the concept.

I contend that the following set of features can be thought of as forming the basis of a family resemblance account of the concept of 'microaggression.' Microaggressions are recognizable as such because they generally share (albeit to different degrees) the following features: microaggressions are *contextually-defined, subtle, attributionally ambiguous, usually unintentional, and often the result of implicit biases or otherwise non-conscious cognitive processes. Their harm is also likely to fly under the radar, and their harms are cumulative in nature.* These seven features, I argue, form the basis of the concept; it is some combination of these features that we appeal to when we are discussing microaggressions theoretically, and which allow us to recognize when a microaggression has occurred in practice. To be clear, I do not identify these as necessary or sufficient conditions.[55] Rather, I identify them as sources of overlap, commonality, and resemblance, which help tie microaggressions together into a recognizable phenomenon.

Let us consider each in turn. First, microaggressions are *contextually-defined*. We are able to theorize about, and recognize in practice, how certain comments, gestures, or actions are inappropriate, offensive, or harmful vis-à-vis some particular social setting or political context.[56] Particular comments or actions, for example, are harmful as a result of taking place within the context of certain hierarchical power structures, where some groups experience oppression as a result of their group membership. That some group is oppressed (and thus that some comments or actions that are rooted in that oppression are harmful) is a contingent fact. It could be otherwise. As such, microaggressions and their harmful consequences are the product of socially-contingent

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[55] I am not foreclosing the possibility that one, or even several, of these conditions might be necessary. However, my aim is not to decide this. Rather, my aim is to show that we can think and talk about the concept *even if* we cannot locate necessary and sufficient conditions for the concept.

[56] For example, ones like ours which are stratified by race, class, ethnicity, gender, sexual orientation, dis/ability status, body size, and so on.

facts and power relations. These social features differ, at least in some respects, across different social, cultural, and political contexts. Microaggressions pick up on and reflect dynamics of power and oppression, which are the product of specific social conditions and political arrangements that could (and can!) change.

Consider the "Real Mom" example above (that is, the example of the young Chinese girl playing with a new friend at the park who is asked about her "real mom"). In that example, the microaggression picks up on socially contingent facts about the unequal valuing of non-biological parenthood (e.g., adoptive parents, step-parents, second-parents, guardians, or kin parents). This devaluing of non-biological parenthood is a product of social relations and meanings and reinforced by a lack of equal legal and institutional representation for non-biological families (see, for example, the following report on the impacts of unequal parental leave on non-biological parents, McLeod et al. 2019). That only biological parents are considered "real" is what gives this comment its microaggresive force. But this assumption is socially and contextually defined; it is a contingent fact that could change with more representation and recognition of non-biological parenthood and child-rearing.

The context-specificity of microaggressions goes beyond broad scale social facts, however. Sometimes microaggressions are contextually-fixed in an even narrower sense: for example, where they only make sense or carry a certain force within the space of a particular community or institution with its specific norms. Here, I think of examples from my own life as a first-generation college student turned academic. As I have progressed through graduate school and have begun making my way into the profession of academic philosophy, I have realized that there are many norms and assumptions that are relatively unique to the academy, and in some cases to the discipline of philosophy. For example, among graduate students, there is often an assumption that one's parents are also professors, or, at the very least, have some elite, white-collar profession. So, for example, when upon entering my MA program I was asked by a fellow incoming grad student "what my parents did?" this struck me as a class-based microaggression in that context (though it likely wouldn't register the same way in some other, less elite, context). Similarly, when my ability to shut off my Southern accent betrays me, I get subtle microaggresive remarks about my accent (and the unexpectedness of my accent) that reflect certain class norms and intellectual assumptions

that pervade the academy. The assumption is that Southern accents equate to stupidity or ignorance and attach to people who are not expected to be educated. I encounter this assumption, and the microaggressions rooted in it, in academic spaces. I would not readily encounter them in some other contexts such as, for example, the working-poor neighborhood in Kentucky that I grew up in. So, microaggressions can be quite context-specific, even in a fairly narrow sense (e.g., not at the broader social level, but rather within sub-cultures and/or specific institutional settings). Put another way, some microaggressions get their meaning and force as a result of the narrow and specific norms found in sub-communities or contexts that are narrower and more specific than society writ large. This only adds to the difficulty of making sense of microaggression, especially when one is not familiar with all of the relevant and specific norms in some particular context.

Second, microaggressions are characteristically *subtle,* especially when compared to other acts of explicit discrimination or violence.[57] While microaggressions are (like discrimination and many other sorts of violence) properly thought of as manifestations of unjust background conditions and their subsequent power differentials, they are a more elusive mode of oppressive action. Consequently, microaggressions often pop up, and often pass by, in routine social interactions across a variety of contexts. They may at times even go unnoticed by some, or all, people present when the microaggressive comment or action was made. Consider again the "That's 'Dr.' to You" example offered above. It is plausible to think that the junior professor's being called "Ms." (while her male colleagues are regularly referred to as "Dr.") would go unnoticed by other students, and perhaps even her colleagues. This reflects the subtlety of even the most frequently occurring microaggressions.

Microaggressions might remain "invisible" to those present until they are brought to the surface and made salient, often as a result of having the microaggression "called out" by the recipient of the microaggression or a bystander. At times, we might only realize long after the fact that

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[57] See McClure (2019) for a discussion of how microaggressions fit on a "spectrum of aggression" that ranges from overt and intentional assaults to unintentional microaggressions (though, as I have noted above, microaggressions, on my view, need not be unintentional. For a discussion of intentional microaggressions, see Friedlaender and Ivy 2020).

something we have said, or done, or heard constitutes an instance of microaggression. For example, we might realize, in response to education or personal reflection, that certain terms or phrases that we have used in the past are microaggresive. For example, many common phrases reflect ableist language or entrenched sexism or homophobia. We might think here of commonly used phrases, such as telling young boys that they are doing some activity, X, "like a girl" in the presence of girls, where "X" is something we are socialized to believe women and girls cannot do well. The "That's So Gay!" example above of a friend casually using the phrase "That's so gay" to denote something negative or unwanted is also an example of this. Upon serious reflection, we might come to find that much of the vocabulary and phraseology we use (or used to use in the past) frequently reflects and reinforces problematic assumptions and biases. This sort of reflection is encouraged in a variety of sensitivity trainings and workshops aimed at drawing attention to our implicit biases and stereotyping perceptions. Unfortunately, however, such opportunities for serious critical reflection are still too uncommon. Without serious reflection, the many subtle manifestations of stereotypes, prejudice, and bias can remain difficult to recognize (and thus difficult to prevent or resist).

As a result of this marked subtlety, microaggressions can cause a confusing sense of *attributional ambiguity* for those who experience them and for others. Veronica Ivy (2014) describes attributional ambiguity as the feeling we experience when it is unclear why someone behaves a certain way toward us, such as when they provide a positive or negative evaluation of our actions. Ivy provides the example of a young, attractive undergraduate student being given the high mark of an A+ in a biology lab and being unsure whether the mark was given to her because she genuinely earned it or because the graduate teaching assistant was attracted to her (Ivy 2014, 867). The agent's motivation for treating the undergraduate student in a particular manner is ambiguous, most of all to the student herself.

This sort of ambiguity in motives, and the lack of clarity about how to appropriately interpret another's comments or actions, is often present in the case of microaggressions. This is to say that microaggressions are often difficult to interpret by everyone – even those on the receiving end. Targets of microaggressions might wonder whether what they experienced really was an instance of microaggression, or whether for example, a particular comment or gesture was warranted in

light of their level of knowledge, expertise, or whatever it may be. Microaggressions, as such, can cause targets to doubt themselves and their ability to accurately interpret their own experiences. (This is what Bartky 1979 describes as the internalization of oppression, or psychological oppression.) They can also lead targets to wonder about the intentions of those who they feel have microaggressed them. Not being sure how to interpret the words and actions (or the underlying intentions of others) can compound an overall sense of confusion. (There is good evidence that it is difficult, if not impossible, to ascertain the intentions of others; see for example Schwitzgebel 2008; Pronin 2009; Williams 2020). In this way, microaggressions align with other forms of structural and systemic oppression (which, as I noted in the Introduction to this thesis, often become "mystified" or obscured).

To the extent that people are able to understand their own intentions (although as agents we are generally quite bad at this, too[58]), we can give the benefit of the doubt that in most cases, microaggressions are *unintended* on the part of those who commit them. Indeed, microaggressions can be committed by people with good or even beneficent intentions (e.g., teachers, health care providers) and even those closest to us (e.g., family members, partners, allies, co-workers, neighbors, or friends). Given the frequency of microaggressions (see Rini 2020 on the systematicity of microaggressions), and especially those that are committed by people who generally do not desire to cause us harm, we can ascertain that microaggressions are often (albeit not always) committed without the intention to do so, and certainly without the intention to cause harm. It is a distinctive feature of microaggressions that they are a mechanism of oppression that is not always (and perhaps not even often) mobilized with the explicit intention of reifying oppression.[59] They have this impact despite, and perhaps in spite of, the intentions of those who commit them.

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[58] The vast empirical literature on the phenomenon of implicit bias seems to indicate that we are not always fully aware of the intentions behind our words or actions; we can act on implicit biases and beliefs which are not consciously available to us, and which we do not explicitly endorse. For an analysis of this point, see Saul (2012). There is also evidence to suggest that we are also quite bad at introspection. On this point, see Pronin (2009).

[59] I have set out, in detail, how I am understanding oppression in the Introduction to this thesis. Put simply here, I take oppression to be structural and systemic, embedded into the fabric of our social norms and institutions, and so

We can explain the fact that microaggressions are often committed unintentionally once we recognize that microaggressions are often the result of *implicit biases or otherwise non-conscious cognitive processes*. That is, people can commit microaggressions without explicitly endorsing the oppressive (e.g., racist, misogynistic, homophobic, transphobic) views that undergird them, and indeed, while explicitly rejecting them and/or being committed to justice broadly speaking. For example, a white person who is a committed anti-racist might not explicitly endorse racist beliefs, but nevertheless might microaggress a Black friend or colleague. The microaggression likely results from implicit biases, or internalized negative social stereotypes about Blackness, that operate on us at a subconscious level.[60] Or, for another example, we might misgender our trans friend, despite our best intentions, as a result of deeply entrenched cis-normativity and a widespread social commitment to the sex/gender binary. These social norms, beliefs, and attitudes can act on us in ways that we do not fully realize, at times manifesting in microaggressions.

The final two features of microaggressions concern harm: the harms of microaggression are likely to *fly under the radar* or be difficult to recognize,[61] and this is, at least in part, because the harms of microaggressions *are cumulative in nature* and compound over time.[62] Microaggressions can cause harm, even in instances where neither the perpetrator nor the target perceive that a harm has been done, and these harms accumulate over time, slowly and often unrecognizably, until the

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"normal" as to be invisible to everyone, potentially even to the oppressed themselves (Frye 1983; Young 1990; Bartky 1979).

[60] See Fricker (2007) for a discussion of negative-prejudicial identity-based stereotypes that are contained within the collective social imagination which can drive oppressive practices (on her account, epistemic injustices, and for our purposes, microaggressions). On implicit bias, see Holroyd (2015) and Holroyd et al. (2017).

[61] Note that this is a different point than the previous one (that is, that microaggressive actions are attributionally ambiguous). While the former point about attributional ambiguity refers to the lack of clarity about how to attribute intentions to the agent committing the act, or how to appropriately understand the act, the point here is about the recognizability of the harms that result (e.g., whether the harms are detectable, to those committing microaggressions or to those being harmed). Again, the ability for harm to be obscured is reflective of the mystification of oppression (Bartky 1979). And, as I argued in the Introduction to this thesis, I contend that harm can (and often does) occur without the awareness or recognition of the person being harmed.

[62] See Evans and Mallon (2020) for a discussion of how small harms can result in bigger harms.

molehill has become a mountain. The consequences of the cumulative harms of microaggressions can be varied, but include, for example, the development of internalized oppression (cf. Bartky 1990), experiences of otherness and lack of belonging, and loss of social trust (for a discussion of these long-term consequences of microaggressions, see chapters 3 and 4 of this thesis).

I contend that these seven features, taken together, constitute a preliminary articulation of what makes microaggressions resemble one another enough to recognize them as diverse instances of the same phenomenon. Being recognized as an instance of microaggression does not require that *each and every* of these conditions be met in each discrete instance. For example, while some microaggressions are more ambiguous (e.g., "That's 'Dr.' to You" example above of the junior woman professor being routinely addressed as "Ms."), some are more overt and obvious (e.g., "Misgendering Professor" example above of the professor who intentionally misgenders a trans student to another colleague). As such, some microaggressions are more likely to pass by unnoticed, while others might stand out more readily. Or, there might be cases of microaggression which are intentional (e.g., "Misgendering Professor"), or for which the experience of attributional ambiguity is lacking for the person on the receiving end. In other cases, the person being microaggressed might assume that the act was unintended (e.g., "That's So Gay!"). On the view I have outlined, instances of microaggression are related via *overlapping resemblances* of a variety of these common features, even where one or more of the named features is absent. The relations of the features to one another may shift – microaggressions can have various combinations of these features and still be recognizable as instances of microaggression. Importantly, we can talk meaningfully about the concept and the phenomenon of microaggression by understanding the microaggression concept in this way. There is precedent for this way of understanding concepts, which philosophers ought to engage with in order to offset worries about the definitional challenges facing the microaggression concept.

2.4. Who Knows It When They See it? Standpoint Matters for Microaggression Recognition

Before concluding, I want to address one additional, related concern about the microaggression concept and the phenomenon it describes. This is the worry that microaggressions are so broad and ambiguous that there aren't reliable ways for figuring out when they have occurred in practice

(Lilienfeld 2017a, 144). Furthermore, in some cases, microaggressions are only identified and named as such retroactively (ibid.). The general concern is that because the concept of microaggression and the phenomenon it describes is so elusive, knowing when we can identify some instance as falling under the extension of the concept is tricky. I grant this difficulty: microaggressions are indeed puzzling, and often difficult to identify and name in practice. However, I do not think this difficulty is equally realized for all who encounter microaggression. Rather, I think some people are better equipped, as result of their social and epistemic locations, to recognize and name instances of microaggression as such. Put another way, I think *standpoint* matters for recognizing and naming instances of microaggression in practice. Let me develop this idea further.

Taking seriously a commitment to standpoint epistemology epistemology (Marx 1976; 1981; Marx & Engels 1975a; 1975b; 1975c), and particularly feminist standpoint epistemology (see Alcoff and Potter 1993; Hill Collins; 1990; 2004; hooks 1984; Harding 2004; 2008; Hartsock 1998; also see chapter 1 of this thesis), I contend that those people who, in virtue of their social location, are most likely to be on the receiving end of microaggressions are best suited to realize when a microaggression has occurred. Given the family resemblance analysis offered above, you might say that some people, as a result of being positioned so as to regularly encounter microaggressions, are better positioned to recognize the various connections and overlaps between the various features, and properly identify and name microaggressions when they encounter or experience them.

Recent advocates of standpoint theory (see Rolin 2009; Toole 2019; Wylie 2004; 2012) argue that people in oppressed social positions are generally epistemically advantaged with respect to recognizing oppression, understanding the significance of oppression, and understanding the connections between individual acts of oppression and larger oppressive systems and structures. I contend that this is the case here, namely, that those who are on the frequent receiving end of microaggressions are generally better suited to recognize microaggressions when they occur, and also to understand their significance, including the harms they cause and how those harms connect to larger, interlocking systems of power and oppression (for a longer version of this argument, see chapter 1 of this thesis).

As Wittgenstein called on us to look at how language-users actually use a particular concept in the real world, I think it is similarly relevant for our present purpose to look at how marginalized people talk about their own experiences with oppression, viz., to examine how marginalized people use the concept of 'microaggression' and what sorts of actions they describe as 'microaggression.' I contend that marginalized people are best able to recognize microaggressions (and understand their moral gravity and broader social significance), because it is marginalized people who are subjected to routine microaggressions and experience their harms first-hand. Microaggressions are likely far more difficult for people who have never been on the receiving end of them to recognize and grasp their significance.

Most generally, the point is about perspective, and how one's identity and experience shape their perspective. Our identities and experiences inform what we are likely to perceive (or to fail to perceive) in our social world; they also shape how we understand and relate to what we perceive. Consider an innocuous example. My partner is a well-trained mycologist. Her training and broad set of experiences with finding, identifying, and studying mushrooms has shaped her perception in significant ways. Consequently, when we go on a hike in the forest, she is far more likely than I am to notice mushrooms, to be able to name them, to understand why they are growing in the places they are, and how they interact with the broader ecological context. The way she and I experience the context of the forest is very different; she notices fungi hidden away that I would not have noticed and would have simply breezed past without her ability to call them to my attention. Though we are, in such cases, occupying the very same environment (the forest), and the objects in question are really there (the mushrooms), the likelihood that either of us will recognize them or understand them in context is markedly different on account of our past experiences and how those experiences have shaped our perspectives, attuning our eyes to readily notice (or in my case, fail to notice) certain things in our environments.

My claim is that recognizing oppression and oppressive phenomena in our broader social context is like this, namely, our relative experiences with oppression shape our capacities to recognize and name oppression in practice. Those who live with the constant experience and awareness of oppression and oppressive structures are better able to recognize and identify instances of that oppression – no matter how hidden or subtle they may be. The experiences of the oppressed have

shaped their perception to make them more aware of oppression and its various mechanisms. Oppression and oppressive phenomena are not features of their environment that they can simply ignore or not notice – oppression structures the way they move about and engage with their environments.

Like fungi in the forest, microaggressions are often hidden in plain sight. For those whose experiences have not attuned their perception to notice subtle instances of oppression, they might go overlooked. At the same time, they might be readily apparent to those whose perspectives and perception are shaped by oppression. They are "really there," even if they are more or less easy to see for differently situated people.

To bring the focus back to microaggressions, and to make my claim regarding standpoint more concrete, let's consider a real example. At a recent divisional meeting of the American Philosophical Association, a white male attendee approached another conference participant (a woman of colour) and asked where a particular conference room was located. She replied that she did not know, only to have the man respond: "Oh, sorry, you *look* like you work here."[63] I won't speculate about this man's intentions, and indeed, we can give him the benefit of the doubt that he did not intend anyone any harm by his questioning. However, it is likely the case that, in making this offhand remark to a young woman of colour philosopher, he was entirely oblivious of the impact that his words might (and ultimately did) have on her, or the broader context in which such a speech act is situated. That said, the racist and misogynist undertones were not lost on the young woman of colour. Moreover, a second attendee in the room (another woman of colour), witnessed the exchange and immediately recognized it as an all-too-familiar act of microaggression. Speaking to me after the fact, she noted that comments like this "make her feel like she doesn't belong." That's a pretty crummy feeling before one is slated to give a conference talk. (Can you say, "stereotype threat?").[64] The main point here is the following: both women, in virtue of being

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[63] True story – this actually happened.

[64] Stereotype threat refers to a psychological threat that is elicited by a negative stereotype and the resulting feeling that one can be judged or treated on the basis of the stereotype. This awareness – and fear of being judged – causes

women of color in a context that is structured by power imbalances and in which people like them are vastly underrepresented, they were able to recognize this comment as an instance of microaggression, and also contextualize it within a broader pattern of context-specific facts (e.g., that women of color are not expected to be professional philosophers, and are more readily understood as hotel staff). They are epistemically better positioned to perceive these features of the man's comments than he is. They live with certain identities and experiences that make the significance of such comments more readily apparent. They have a clear sense of how they connect up with broader patterns and bits of racism that they experience in this context and others.

I believe that this is generally true with microaggressions and other similarly subtle mechanisms of oppression, namely, that our identities and experience shape our relationship to them, making us more or less able to recognize them and understand their significance in real time.

In making the claim that those with lived experience of oppression are more likely to perceive microaggressions, I want to be clear about two things that I am not suggesting. First, I am not suggesting that the perception of oppressed people is infallible. My claim is weaker than that. The claim is that our perspectives are shaped in important ways by our lived experiences, which influence what we can see and what we thereby come to know about the world. As Briana Toole (2019) characterizes the significance of standpoint, it is about how our identities inform and influence our knowledge acquisition. The claim is not that our identities make us perfect knowers, though, they may make us more *reliable knowers* in a particular context, e.g., regarding oppression. So, I am not suggesting that oppressed people will get it right one hundred percent of the time, or that they will have a perception that is perfectly attuned to all subtle instances of oppression and all microaggressions. The claim is that their experiences make them better able to see microaggressions, not that they will see or understand them all with perfect accuracy.

To relate this back to the example offered earlier, you might think that while my mycologist partner is generally far better positioned than I am to recognize and identify mushrooms in the forest, her

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the person to perform worse than they otherwise would, were they not made acutely aware of the stereotype (see discussion in Freeman 2017). Also see Spencer et al. (2016).

perception will not be perfect or infallible. Though it is rare, she might occasionally miss a batch of mushrooms that were right in her path. That she occasionally fails to perceive mushrooms that are in her environment does not detract from the fact that she is, in general, far better positioned than I (and, realistically, than most!) to perceive, name, and understand mushrooms when they are present in some environment. Her training and past experiences make this the case. She need not be a perfect or infallible mycologist (though she is pretty close) to still be better positioned, epistemically speaking, to know things about fungi and to identify them when she encounters them. Infallibility does not invalidate the claim of epistemic advantage.

Secondly, intersectionality is relevant here. I do not want to claim, or even to suggest, that all oppressed people will be equally attuned to all microaggressions. As I have argued, our identities and experiences make us more apt to notice certain things, and, in light of experiences, to understand them and their significance in context. But of course, not all oppressed people experience oppression in the same ways (e.g., I take seriously Young's 1990 pluralistic picture of the many ways oppression manifests, or what she calls the different "faces" of oppression). It is possible (and indeed, likely) that differently oppressed people will be more or less able to notice different microaggressions, or more or less able to understand the full moral and social significance of a particular microaggression. For example, a white queer woman might be well-positioned to recognize gender or sexual orientation based microaggressions in practice (and understand their connections to systems of misogyny and heteronormativity) but might not as readily perceive the myriad microaggressions that Black people experience, or the full scope of their significance (e.g., their historical significance or the extent of their connection to or roots in anti-Blackness), as a Black person might. Intersectional differences in experiences of oppression will have impacts on the ability of differently positioned individuals to recognize microaggressions and grasp their moral and social significance in practice. Again, our direct experiences with oppression make a difference, so differently oppressed people will be more and less able to perceive and understand different types of microaggressions.

In sum, the point is that our experience acts as a guide when it comes to recognizing microaggressions in practice, and in understanding their connections to broader systems of structural and systemic oppression. Although it is the case that microaggressions can be elusive,

and tricky to pin down in practice, those who occupy positions of marginalization and experience oppression directly are better equipped to recognize them – specifically, to pick up on the overlapping features of microaggression. First-hand experiences with oppression, including microaggressions, "train the eye" to better recognize instances of microaggression when they occur again… and again… and again. Oppressed people generally have an epistemic advantage in this domain (a point which is developed in chapter 1 of this thesis).

2.5.   Objections and Replies

Before concluding I would like to briefly consider some objections to the claims I have offered above.

First, I have claimed that the microaggression concept is coherent even if it does not break down cleanly into necessary and sufficient conditions, and I have illustrated this by appealing to family resemblance theory as an example of one way in which we can make sense of the concept without appeal to necessary and sufficient conditions. One might object to this approach, arguing instead that there are better or more fitting ways of understanding the concept of microaggression. For example, one might argue that microaggression is best explained as an "essentially contested concept" (Gallie 2019) or is better explained by something like a prototype theory of concepts (Hampton 2006). To answer to this concern, it is worth reiterating what I have set out to do and what I haven't. Specifically, my aim in this paper is to address concerns about the challenges involved in defining microaggression, and related concerns about the coherence and usefulness of the concept. To this end, I have used an appeal to family resemblance to demonstrate that there are, within philosophy, ways of making sense of concepts without appeal to necessary and sufficient conditions. In presenting the family resemblance approach, I have been careful in my framing: I am not taking a definitive stance on what is the best theory for the concept, but rather am presenting one possibility for making sense of the concept that gets us around certain concerns about the concept. I am here using family resemblance as an example of a way around such concerns, but I am not making a claim that it this the only (or the best) way to understand the microaggression concept.

The other possible objections that I want to consider concern my appeal to standpoint epistemology, and my claim that members of structurally oppressed groups are generally better positioned to identify and name microaggressions in practice, as well as to have a better sense of their moral and social significance in context.[65] One objection that might be raised against this line of thinking is the following: but what if oppressed people disagree about whether some instance is a microaggression.[66] This objection could take two forms: first, what if members of the same marginalized group disagree about a microaggression purportedly targeting a member of that group (e.g., two white women disagreeing about a gender based microaggression), and second, what if two people from differently marginalized groups disagree about a microaggression (e.g., a white woman and a woman of color disagree about whether some instance is a microaggression).

A few things are worth noting in response to these concerns. First, I have noted above that the standpoint claim that I am making is not a claim to infallibility or perfect knowledge, but rather is a claim about a tendency toward reliable perceptions and greater access to knowledge. In the case of disagreement, it is possible that someone is simply wrong about what they take to be the case. They could be failing to appreciate, for example, how some comment is rooted in or reinforcing some harmful group-based stereotype or bias. They might not have all of the relevant historical background or information about the specific context in which the comment or action is situated, both of which have bearing on the microaggressive force of a particular comment or action.

For example, consider the "Real Mom" example described at the outset of this paper. Two people watching that interaction might react differently and come to different conclusions about whether the instance was a microaggression or not. But those differences could be rooted in differences in what one knows about preferences for biological parenthood and the marginalization of different

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[65] Insofar as the forthcoming discussion raises objections and replies about my appeal to standpoint epistemology, they are also relevant to my appeal to standpoint epistemology in the previous chapter. What I say in defense of standpoint epistemology here can be taken as relevant to what I say about standpoint in chapter 1 as well.

[66] Lilienfeld (2017a) raises a version of this concern. He asks: "If Minority Group Member A interprets an ambiguous statement directed toward her—such as "I realize that you didn't have the same educational opportunities as most Whites, so I can understand why the first year of college has been challenging for you"—as patronizing or indirectly hostile, whereas Minority Group Member B interprets it as supportive or helpful, should it be classified as a microaggression? The MRP literature offers scant guidance in this regard" (144).

forms of parenting. They might not know, for example, how loaded the qualifier of "real" is when attached to the identity of "parent." Though both witnesses to the interaction might be members of structurally oppressed groups, they might nevertheless lack some relevant knowledge or experience which informs the microaggressive impact of that particular comment. In that case, then, the person who fails to perceive this comment as a microaggression could simply be wrong about that, in light of missing relevant social information and context. Furthermore, this reinforces my previous claim that intersectionality is relevant to standpoint: even people who can all be said to be oppressed will have varied experiences of oppression and, as a result, might not all understand all types of oppression and marginalization equally. Intersectional differences shape the ability to accurately recognize different microaggressions in practice, and this is consistent with the standpoint claim that I have made above.

Another related point is that harm, as I understand it can be objective (for a review of how I am thinking about harm, see the discussion of harm in the introduction to this thesis). In other words, some comment or action can be objectively harmful, just in case it reinforces one's oppression. This harm occurs regardless of one's subjective perception of that harm. Microaggressions reinforce structural and systemic oppression, and as such, constitute a harm (see introduction to this thesis as well as chapter 3 of this thesis). So, one can be harmed by microaggressions, even when they do not perceive them, or even when they misperceive them as not microaggressions. (And, because oppression is, as I have noted, often internalized and mystified (cf. Bartky 1979; 1990), this can, at times, be the case). In a case where an oppressed person fails to perceive an instance of microaggression as such, or in which two people disagree about whether some instance is a microaggression, we can look at the comment or act in its context to help settle the dispute or clarify what has taken place. If the comment or action is one that reinforces stereotypes, biases, marginalization, or oppression, then it is likely a microaggression in that context, even if one is unable or unwilling (e.g., as a result of internalized oppression) to perceive it as such. Again – even those who are *generally* better positioned to recognize microaggressions are fallible. In such cases, looking to structural and systemic features of the social and political context can help us go some way toward sorting it out.

2.6. Conclusion

Microaggressions are difficult to pin down, both conceptually and as they manifest in practice. Many diverse features of microaggressions (and ongoing debate about what counts as microaggression) make achieving a precise definition (e.g., in the form of necessary and sufficient conditions) fraught. Though this has led some to worry about the clarity and usefulness of the concept (cf. Lilienfeld 2017a), philosophers can help us get around these worries. Specifically, philosophers have tools for making sense of the meaning of concepts in ways that do not depend on isolating some essence of a concept or being able to define it with reference to necessary and sufficient conditions. I have illustrated this prospect by developing one possible route for conceptualizing microaggression, namely, via an appeal to a family resemblance understanding of the concept. I have suggested some common features of microaggression which might be thought to unify varied instances of microaggression into a coherent and recognizable concept. I have also argued that even though microaggressions can be ambiguous in practice, some people, in virtue of their social and epistemic positionality, are generally better positioned to recognize them and to speak to their broader significance as they occur in real time.

This paper has as its motivation a desire to resist concerns about and challenges to the microaggression concept, and related calls to abandon it altogether. I have suggested that even in the absence of a fixed definition of microaggression, there is still good reason not to abandon our attempts to better understand the microaggression concept, in all of its multidimensionality, and the morally and socially significant phenomenon it tracks. We can, I believe, draw on the epistemically advantaged perspectives of those on the frequent receiving end of microaggressions to guide our exploration and theorizing of the concept. With such perspectives as our guide, we can continue to get a better picture of microaggression and continue to refine our conception and understanding of it. In the meantime, by appealing to conceptual approaches such as family resemblance theory, we can go some way toward grasping the unity and coherence of the microaggression concept. Moreover, we can continue to communicate sensibly about microaggressions, we can recognize them when they occur in practice, we can describe them and their consequences to others, and we can continue to theorize about them and advocate for their reduction in our social lives and linguistic practices.

2.7. References

Alcoff, Linda Martin. 2018. *Rape and Resistance*. Wiley.

Alcoff, Linda Martin, and Elizabeth Potter, eds. 1993. *Feminist Epistemologies*. 1st ed. Routledge Press.

Anderson, Luvell. 2018. "Calling, Addressing, and Appropriation." In *Bad Words*, edited by David Sosa, 256. Oxford, UK: Oxford University Press.

Bartky, Sandra Lee. 1979. "On Psychological Oppression." *Southwestern Journal of Philosophy* 10 (1): 190–190. doi:10.5840/swjphil197910121.

Bartky, Sandra Lee. 1990. *Femininity and Domination: Studies in the Phenomenology of Oppression. Femininity and Domination: Studies in the Phenomenology of Oppression*. 1st ed. Routledge. doi:10.4324/9780203825259.

Brennan, Samantha. 2016. *The Moral Status of Micro-Inequities: In Favor of Institutional Solutions*. Edited by Michael Brownstein and Jennifer Saul. *Implicit Bias and Philosophy*. Vol. 2. Oxford: Oxford University Press. https://oxford.universitypressscholarship.com/10.1093/acprof:oso/9780198766179.001.0001/acprof-9780198766179-chapter-11.

Evans, Cameron, and Ron Mallon. 2020. "Microaggressions, Mechanisms, and Harm." In *Microaggressions and Philosophy*, edited by Lauren Freeman and Jeanine Weekes Schroer, 1st ed., New York: 67-78. Routledge.

Freeman, Lauren. 2017. "Embodied Harm: A Phenomenological Engagement with Stereotype Threat." *Human Studies* 40 (4): 637–662. doi:10.1007/s10746-017-9438-4.

Freeman, Lauren, and Heather Stewart. 2020. "Sticks and Stones Can Break Your Bones and Words Can Really Hurt You: A Standpoint Epistemological Reply to Critics of the Microaggression Research Program." In *Microaggressions and Philosophy*, edited by Lauren Freeman and Jeanine Weekes Schroer, 1st ed., 36–66. New York: Routledge.

Freeman, Lauren, and Heather Stewart. 2018. "Microaggressions in Clinical Medicine." *Kennedy Institute of Ethics Journal* 28 (4): 411–449. doi:10.1353/ken.2018.0024.

Freeman, Lauren, and Heather Stewart. 2019. "Epistemic Microaggressions and Epistemic Injustice in Clinical Medicine." In *Overcoming Epistemic Injustice: Social and*

Psychological Perspectives, edited by Benjamin R. Sherman and Stacey Goguen, 121–138. Rowman & Littlefield International.

Fricker, Miranda. 2007. *Epistemic Injustice: Power and the Ethics of Knowing*. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford University Press. doi:10.1093/acprof:oso/9780198237907.001.0001.

Friedlaender, Christina. 2018. "On Microaggressions: Cumulative Harm and Individual Responsibility." *Hypatia* 33 (1): 5–21. doi:10.1111/hypa.12390.

Friedlaender, Christina, and Veronica Ivy [as Rachel McKinnon]. 2020. "A Defense of Intentional Microaggressions and Microaggressive Harassment: The Fundamental Attribution Error, Harassment, and Gaslighting of Transgender Athletes." In *Microaggressions and Philosophy*, edited by Lauren Freeman and Jeanine Weekes Schroer, 1st ed., 184–204. Routledge.

Gallie, Walter Bryce. 2019. Essentially Contested Concepts. Cornell University Press. doi:10.7591/9781501741319-010.

Hampton, James A. 2006. "Concepts as Prototypes." In *Psychology of Learning and Motivation - Advances in Research and Theory (Vol. 46)*, edited by B. H. Ross, 79–113. New York: Academic Press. doi:10.1016/S0079-7421(06)46003-5.

Harding, Sandra. 2008. *Sciences From Below: Feminisms, Postcolonialities, and Modernities*. Duke University Press.

Harding, Sandra, ed. 2004. *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*. Routledge Press.

Harding, Sandra. 1993. "Rethinking Standpoint Epistemology: What Is Strong Objectivity?" In Feminist Epistemologies, edited by Linda Martin Alcoff and Elizabeth Potter, 49–82. New York: Routledge Press.

Hartsock, Nancy C. M. 1998. *The Feminist Standpoint Revisited and Other Essays*. Boulder, CO: Westview Press.

Harvey, Jean. 1999. *Civilized Oppression*. Rowman & Littlefield Publishers.

Hill Collins, Patricia. 2004. "Learning from the Outsider Within: The Sociological Significance of Black Feminist Thought." In *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*, edited by Sandra Harding, 1st ed., 394. Routledge Press.

Hill Collins, Patricia. 2008. *Black Feminist Thought. Theories of Race and Racism: A Reader*. 2nd ed. Routledge Press. doi:10.5840/teachphil199316449.

Holroyd, Jules. 2015. "Implicit Bias, Awareness and Imperfect Cognitions." *Consciousness and Cognition* 33: 511–523. doi:10.1016/j.concog.2014.08.024.

Holroyd, Jules, Robin Scaife, and Tom Stafford. 2017. "What Is Implicit Bias?" *Philosophy Compass* 12 (10): e12437. doi:10.1111/phc3.12437.

hooks, bell. 1984. *Feminist Theory: From Margin to Center*. South End Press.

Ivy, Veronica [as Rachel McKinnon]. 2014. "Stereotype Threat and Attributional Ambiguity for Trans Women." *Hypatia* 29 (4): 857–872. doi:10.1111/hypa.12097.

Kanter, Jonathan W., Monnica T. Williams, Adam M. Kuczynski, Katherine E. Manbeck, Marlena Debreaux, and Daniel C. Rosen. 2017. "A Preliminary Report on the Relationship Between Microaggressions Against Black People and Racism Among White College Students." *Race and Social Problems* 9 (4): 291–299. doi:10.1007/s12552-017-9214-0.

Lilienfeld, Scott O. 2017a. "Microaggressions: Strong Claims, Inadequate Evidence." *Perspectives on Psychological Science* 12 (1): 138–169. doi:10.1177/1745691616659391.

Lilienfeld, Scott O. 2017b. "The Science of Microaggressions: It's Complicated." *Scientific American*, June 23. https://blogs.scientificamerican.com/observations/the-science-of-microaggressions-its-complicated/.

Marx, Karl. 1976. *Capital: Volume 1: A Critique of Political Economy*. Trans. Ben Fowkes. 1st ed. England: Penguin Books.

Marx, Karl. 1981. *Capital: Volume 3: A Critique of Political Economy*. Trans. David Fernbach. 1st ed. England: Penguin Books.

Marx, Karl, and Friedrich Engels. 1975a. *Marx & Engels Collected Works Volume 01: Marx 1835-1843*. 1st ed. London: Lawrence & Wishart.

Marx, Karl, and Friedrich Engels. 1975b. *Marx & Engels Collected Works Volume 03: Marx March 1843-August 1844*. 1st ed. London: Lawrence & Wishart.

Marx, Karl, and Friedrich Engels. 1975c. *Marx & Engels Collected Works Volume 04: Marx and Engels 1844-45*. 1st ed. London: Lawrence & Wishart.

McClure, Emma. 2019. "Theorizing a Spectrum of Aggression: Microaggressions, Creepiness, and Sexual Assault." *Pluralist* 14 (1): 91–101. doi:10.5406/pluralist.14.1.0091.

McLeod, Carolyn, Lorraine Davies, Nicole Fice, Leona Bruijns, Emily Cichocki, Hale Doguoglu, Heather Stewart, Austin Horn, Jaclyn Rekis, and Tara Filipovich. 2019. *Time to Attach: An Argument in Favour of EI Attachment Benefits*. Prepared for *Adopt4life (A4L): Ontario's Adoptive Parents Association and the Adoption Council of Canada (ACC)*. http://works.bepress.com/carolyn-mcleod/57/.

McTernan, Emily. 2018. "Microaggressions, Equality, and Social Practices." *Journal of Political Philosophy* 26 (3): 261–281.

Munro, Vanessa E. 2006. "Resemblances of Identity: Ludwig Wittgenstein and Contemporary Feminist Legal Theory." *Res Publica* 12 (2): 137–162. doi:10.1007/s11158-006-9000-0.

Nadal, Kevin L. 2013. *That's so Gay! Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community*. Washington, DC: American Psychological Association.

Nadal, Kevin L. 2018. *Microaggressions and Traumatic Stress: Theory, Research, and Clinical Treatment*. 1st ed. American Psychological Association.

Nadal, Kevin L., Marie Anne Issa, Jayleen Leon, Vanessa Meterko, Michelle Wideman, and Yinglee Wong. 2011. "Sexual Orientation Microaggressions: 'Death by a Thousand Cuts' for Lesbian, Gay, and Bisexual Youth." *Journal of LGBT Youth* 8 (3): 234–259. doi:10.1080/19361653.2011.584204.

Nadal, Kevin L., Kara Mia Vigilia Escobar, Gail T. Prado, E. J.R. David, and Kristal Haynes. 2012. "Racial Microaggressions and the Filipino American Experience: Recommendations for Counseling and Development." *Journal of Multicultural Counseling and Development* 40 (3): 156–173. doi:10.1002/j.2161-1912.2012.00015.x.

Nadal, Kevin L., Yinglee Wong, Katie E. Griffin, Kristin Davidoff, and Julie Sriken. 2014. "The Adverse Impact of Racial Microaggressions on College Students' Self-Esteem." *Journal of College Student Development* 55 (5): 461–474. doi:10.1353/csd.2014.0051.

Pierce, Chester M. 1970. "Offensive Mechanisms." In *The Black Seventies*, edited by Floyd B. Barbour, 265–282. Boston, MA: Porter Sargent Publisher.

Pierce, Chester M., Jean V. Carew, Diane Pierce-Gonzalez, and Deborah Wills. 1977. "An Experiment in Racism: TV Commercials." In *Education and Urban Society*, edited by Chester M. Pierce, 10:61–87. Beverly Hills, CA: Sage. doi:10.1177/001312457701000105.

Pronin, Emily. 2009. "The Introspection Illusion." *Advances in Experimental Social Psychology* 41: 1–67.

Rini, Regina. 2020. *The Ethics of Microaggressions*. 1st ed. New York: Routledge.

Rini, Regina. 2018. "How to Take Offense: Responding to Microaggression." *Journal of the American Philosophical Association* 4 (3): 332–351. doi:10.1017/apa.2018.23.

Rolin, Kristina. 2009. "Standpoint Theory as a Methodology for the Study of Power Relations." *Hypatia* 24 (4): 218–226. doi:10.1111/j.1527-2001.2009.01070.x.

Saul, Jennifer. 2012. "Skepticism and Implicit Bias." *Disputatio* 5 (37): 243–263.

Schwitzgebel, Eric. 2008. "The Unreliability of Naive Introspection." *Philosophical Review* 117 (2): 245–273. doi:10.1215/00318108-2007-037.

Snow, James. 2016. "'Don't Think But Look:' Using Wittgenstein's Notion of Family Resemblances to Look at Genocide." *Genocide Studies and Prevention* 9 (3): 154–173. doi:10.5038/1911-9933.9.3.1308.

Spencer, Steven J., Christine Logel, and Paul G. Davies. 2016. "Stereotype Threat." *Annual Review of Psychology* 67: 415–437.

Sue, Derald Wing. 2010. *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. New York, NY: Wiley & Sons.

Sue, Derald Wing, Christina M. Capodilupo, Kevin L. Nadal, and Gina C. Torino. 2008. "Racial Microaggressions and the Power to Define Reality." *American Psychologist* 63 (4): 277–279. doi:10.1037/0003-066X.63.4.277.

Sue, Derald Wing, Christina M. Capodilupo, Gina C. Torino, Jennifer M. Bucceri, Aisha M.B. Holder, Kevin L. Nadal, and Marta Esquilin. 2007. "Racial Microaggressions in Everyday Life: Implications for Clinical Practice." *American Psychologist* 62 (4): 271–286. doi:10.1037/0003-066X.62.4.271.

Sue, Derald Wing, Kevin L. Nadal, Christina M. Capodilupo, Annie I. Lin, Gina C. Torino, and David P. Rivera. 2008. "Racial Microaggressions against Black Americans: Implications for Counseling." *Journal of Counseling and Development* 86 (3): 330–338. doi:10.1002/j.1556-6678.2008.tb00517.x.

Toole, Briana. 2019. "From Standpoint Epistemology to Epistemic Oppression." *Hypatia* 34 (4): 598–618. doi:10.1111/hypa.12496.

Vadera, Sunil, Andres Rodriguez, Enrique Succar, and Jia Wu. 2008. "Using Wittgenstein's Family Resemblance Principle to Learn Exemplars." *Foundations of Science* 13 (1): 67–74. doi:10.1007/s10699-007-9119-2.

Williams, Monnica T. 2020. "Psychology Cannot Afford to Ignore the Many Harms Caused by Microaggressions." *Perspectives on Psychological Science* 15 (1): 38–43. doi:10.1177/1745691619893362.

Wittgenstein, Ludwig. 1953. *Philosophical Investigations*. Trans. G. E. M. Anscombe. 1st ed. Oxford: Basil Blackwell Publisher.

Wylie, Alison. 2012. "Feminist Philosophy of Science: Standpoint Matters." *Proceedings and Addresses of the American Philosophy Association* 86 (2): 47–76.

Wylie, Alison. 2004. "Why Standpoint Theory Matters." In The Feminist Standpoint Theory Reader: Intellectual and Political Controversies, edited by Sandra Harding, 1st ed. New York, NY: Routledge.

Young, Iris Marion. 2011. *Justice and the Politics of Difference*. Princeton University Press. doi:10.7312/blau17412-114.

Chapter 3

3. Microaggressions in Clinical Medicine

Abstract:

This chapter proposes a recipient-centered, harm-based account of microaggressions within the context of clinical medicine. In so doing, it argues that microaggressions can undermine physician–patient relationships, preclude relationships of trust, and therefore compromise the kind and quality of care that patients deserve. Ultimately, by focusing on the experiences of those on the receiving end of microaggressions, the paper demonstrates how harmful microaggressions in clinical medical contexts can be, and thus provides strong reasons why healthcare providers ought to know about them and actively work to avoid committing them.

3.1.   Introduction[67]

Damon Tweedy is a psychiatrist, lawyer, and writer. He's also Black. While in his first year as a medical student at Duke University, one of his professors saw him in the classroom and asked why the burned-out light bulb in the room hadn't been changed, as requested. Tweedy realized that his professor assumed he was a maintenance worker. Tweedy never took up this incident with the professor, nor did the professor ever apologize. Tweedy recounts that his best "revenge" would be to excel in the class, which he ultimately did. At the end of the semester, upon learning that Tweedy received the second highest grade of over one hundred students, this professor invited him to work as a research assistant in his lab, still never apologizing for what he'd said earlier in the semester. Tweedy declined the professor's invitation. Despite excelling in this class and in medical school, in *Black Man in a White Coat* (2015), Tweedy discusses how he internalized this incident and how, compiled with countless similar occurrences throughout his education and training, the experience stayed with him. He continually had to battle impostor syndrome[68] and tried to overturn and disprove stereotypes. This caused him significant stress and anxiety (2015, 24ff.).

Though Tweedy doesn't analyze his experience using the language of microaggressions, this occurrence is a clear example of one. Microaggressions can be defined as verbal, nonverbal, and/or environmental slights, snubs, or indignities that are either intentional or (most often) unintentional; they convey hostile, derogatory, or otherwise negative messages to target persons based upon their membership in a structurally oppressed social group (Sue 2010). Over the last decade, and particularly in the last several years, microaggressions have received a great deal of attention, both

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[67] This chapter is a revised version of a previously published paper, published in *The Kennedy Institute of Ethics Journal,* 28(4): 411–449, 2018. The paper was co-written with Lauren Freeman, and we made equal contributions to the research and writing of this paper. I have revised the paper on my own for inclusion in the thesis.

We're grateful to the following individuals for their comments on and discussions about drafts of this paper: Stephen Hanson, Avery Kolers, Andreas Elpidorou, Monnica Williams, and especially to two anonymous reviewers for their meticulous readings of two drafts of this paper. Additionally, we're grateful to audiences at the Southern Society of Philosophy and Psychology (2016), the Kentucky Philosophical Association (2016), FEMMS 6 (2016), and the Eastern Division meeting of the American Philosophical Association (2017).

[68] "Impostor syndrome," describes high-achieving individuals who are unable to internalize their accomplishments or to believe that they are in fact successful and who live with a persistent fear of being exposed as a "fraud."

popular and scholarly, from supporters and critics alike.[69] The most substantial scholarly work on microaggressions analyzes the concept specifically within the context of clinical psychology. One area in which microaggressions haven't been considered in any depth is within the context of clinical medicine.[70] Our paper aims to rectify this oversight.

Section 3.2 outlines how microaggressions have been understood within the psychology literature, namely, as microassaults, microinsults, and microinvalidations. This taxonomy distinguishes microaggressions according to the type of act committed by the aggressor. Contrary to this approach, we imagine and propose an alternative way of understanding microaggressions. Instead of taking as the point of departure the act committed by the aggressor, we consider what an account of microaggressions would look like that instead understands them on the basis of the harm(s)

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[69] For instance, in the scholarly literature Sue (2010), Nadal et al. (2011), Nadal (2013), have introduced and developed the phenomenon. Lilienfeld (2017a) has questioned the science behind how microaggressions have been studied and, quite radically, has called for a moratorium on any workshops that attempt to help prevent the occurrences of microaggressions until the research program has been validated. In both scholarly and popular venues, Haidt (2016, 2017) has questioned the seriousness of microaggressions and, following Campbell and Manning 2014, has argued that microaggressions promote a culture of victimhood (thereby dismissing the extent to which they in fact cause real harm). Ong et al. (2017) and Sue (2017) have defended microaggressions against charges leveled against them in Lilienfeld 2017a, including Haidt's. Other defenders of microaggressions include Decuir-Gunby & Gunby (2016), Friedlaender (2018); Huynh (2012), Isom (2016), Joshi Wynn et al. (2015), Kaskan & Ho (2014), and Pitcher (2017). For accounts of microaggressions that are specifically focused on clinical counseling and other clinical psychology contexts, see Constantine (2007), DeLapp & Williams (2014), Hook et al. (2016), Nadal et al. (2012), Owen & Rodolfa (2010), Shelton & Delgado-Romero (2013), Sue et al. (2007), Sue et al. (2008). Also see Rini (2019) for a sustained discussion of microaggressions by a philosopher.

Within popular media, a large part of the microaggression debate has focused on microaggressions on college campuses (see, for example, McWhorter 2014; Vega 2014; Friedersdorf 2015) with many suggesting that claims of microaggressions are vastly overblown (i.e., Lilienfeld 2017b; Lilienfeld 2017). Lukianoff and Haidt (2015) have suggested that talk of microaggressions corrodes public discourse and encourages accusations and counter-accusations rather than critical thinking. Many have responded to such attacks on microaggressions, including Joseph (2015), Riedel (2016), Rini (2015), Runyowa (2015), and Weiss (2016).

[70] Since there's been very little substantive work on microaggressions within clinical medicine, we see this paper as making an important contribution. Some basic treatments of the topic can be found in Bleich (2015), Montenegro (2016), and May (2017). These articles focus on microaggressions within the profession of medicine, specifically, between higher and lower ranks of physicians, physicians and medical students, and between physicians and nurse practitioners. None of them discusses microaggressions that occur between physicians and their patients. Hall and Fields (2012) discuss racial microaggressions between nurses and patients, though they focus on counseling relationships. We're adding to the literature by broadening discussions of microaggressions in medical settings to include microaggressions that focus on harms to patients. Walls et al. (2015) is an exception insofar as it considers microaggressions experienced by patients; however, it focuses on the narrow patient group of American Indians with type 2 diabetes. Another exception is Smith-Oka (2015), which examines the effects of microaggressions in another narrowly defined population group of obstetric patients in public hospitals in Mexico.

experienced by the recipients. We propose this alternative, recipient-centered, harm-based framework for understanding microaggressions in section 3.3. Our proposed account distinguishes between three different types of microaggressions on the basis of the kind of harm that results for the recipient: epistemic microaggressions result in epistemic harms, emotional microaggressions result in emotional harms, and self-identity microaggressions result in harms to one's sense of self, or existential harms.[71] In developing our account, we provide examples of each kind of harm that frequently occurs in medical encounters. While our focus in section 3.3 is on the harms to patients that can result directly from the microaggressive actions of health care workers, section 3.4 considers how repeated, long-term experiences of clinical microaggressions can have further damaging consequences: they undermine physician-patient relationships, preclude relationships of trust, and therefore, compromise the kind and quality of care that's received. On the basis of these consequences, we argue that microaggressions shouldn't be ignored in clinical medicine. In order to further motivate and substantiate our proposal to rethink the taxonomy of microaggressions, section 3.5 briefly revisits Sue's account of microaggressions. In light of two cases considered in section 3.3, we show how and why Sue's account can't derive the precise conclusions about the kinds of harms that result from microaggressions, conclusions that *can* be reached on our proposed recipient-centered, harm-based approach. On the basis of this conclusion, we suggest that the dominant microaggressions taxonomy ought to be re-conceptualized.

3.2. Microaggressions

The term "microaggression" was first coined by Chester Pierce (1970) and then developed to refer to the phenomenon of "subtle, stunning, often automatic, and non-verbal exchanges which are 'put downs'" (Pierce et al. 1978, p. 66). In the last decade, there's been renewed and sustained attention to and development of this phenomenon, initially in the work of Derald Wing Sue (2008; 2010; Sue et al. 2007) and more recently by his former student, Kevin Nadal (2013; 2018; Nadal et al.

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[71] We use "existential harms" to refer, broadly, to the various harms to self-identity and one's sense of self that result from self-identity microaggressions.

2011) and others (see Lilienfeld 2017a for a special issue dedicated to the topic of microaggressions). It's widely accepted that "microaggressions" refer to brief and commonplace verbal, behavioral, and environmental indignities – either intentional or unintentional – that are rooted in (implicit or explicit) prejudice and/or racial, ethnic, gender, sexuality, religious, disability, or other stereotypes and that are directed at and subsequently harm members of marginalized groups (see, for example, Sue et al. 2007; Sue, 2010; Torres et al. 2010; Nadal et al. 2011; McWhorter 2014).[72]

One common example of a microaggression is the following: a person of color is asked "Where are you from?" They respond with, "Louisville, KY, just like you." If, instead of stopping there, the questioner continues, "But where are you *really* from?," this is a microaggression since it emphasizes that there's an important difference between a white person and a person of color who are both from the United States. Even if unintentional, this line of questioning sends the message that the person of color isn't a "true" American, or that they are (or are considered to be) perpetually a foreigner or "Other" in their own country. Similar messages are sent when people of color, people of lower socioeconomic standing (SES), or people with unfamiliar accents are told, "You speak well" or "You're so articulate!" Though the speaker might think they're complimenting their interlocutor, such comments suggest that members of these groups aren't expected to be articulate and that their being articulate comes across as surprising and anomalous.[73] When members of these groups routinely hear such comments and questions, microaggressions can compound to create a sense that they don't belong, even in their birth country.

Sue divides microaggressions into three different kinds: microinsults, microassaults, and microinvalidations. His taxonomy is act-based: microaggressions are understood and delineated according to the kind of act perpetuated by the aggressor. Not only has this taxonomy largely been

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[72] It is worth noting here that the prefix "micro" need not mean that the act itself is small, relative to some other act. As Rini (2019, 29-31) argued, the prefix "micro" can refer to a part of whole system (e.g., in the way "microeconomics" explains actors within the larger economic system, whereas macroeconomics refers to the study of the system itself. In this sense, the prefix micro means to refer to a part/whole relation and not to comparisons of scale. I note this in the introduction to the thesis as well.

[73] For additional examples of microaggressions, see introduction and chapter 2 of this thesis.

taken for granted in the growing literature on microaggressions, but it seems to have become sacrosanct. Though Sue has made an undeniably important contribution to the literature on microaggressions, in this paper we'd like to imagine a different point of departure for conceptualizing them. Instead of defining and understanding microaggressions based on the kind of act committed by the aggressor, we focus instead on the kind of harms experienced by the recipients. Specifically, we propose and begin to consider what such a recipient-centered, harm-based approach to microaggressions might look like.[74] Such an approach accomplishes at least three things that an act-based approach (like Sue's) fails to. It: (1) takes seriously, validates, and puts at the forefront the experiences of those on the receiving end of microaggressions, rather than those who commit them; (2) ensures that the harms experienced by those on the receiving end of microaggressions (viz., members of marginalized groups) aren't obscured; and (3) makes sure that the various different types of harm aren't missed, erased, or collapsed into a single category.[75]

In choosing to understand microaggressions based on the types of resulting harms, we intend for our proposed categorization both to reflect and to be guided by the experiences of the oppressed.[76] Insofar as we're taking as our point of departure the experiences of those on the receiving end of microaggressions, one might immediately object that the prefix "micro" isn't appropriate since it seems to undermine the seriousness of harms that result (a problem we address below), and to minimize the agency and responsibility of those committing these harmful acts. For example, from the perspective of the microaggressor, to misgender a transgender man or woman might seem like nothing, or, at the very most, like an "honest mistake," something "micro"; however, when considered from the perspective of the recipient, such an act is anything but micro – especially

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[74] For a discussion of how harm is being understood here and throughout the thesis, see the introduction chapter to this thesis. There, I note that I am understanding harm in such a way that harms are not necessarily wrongs (and thus are not necessarily blameworthy, though one might still be responsible for them). As discussed in this chapter, harm should be understood in this way.

[75] Since the publication of this paper, we have developed a longer articulation of what we think is wrong with Sue's approach, and how, precisely, his approach does each of these things. Our longer critique of Sue's account is forthcoming in *Perspectives on Psychological Science,* in press, 2021.

[76] This move is motivated by a commitment to feminist standpoint epistemology, as detailed in chapter 1 (and further discussed in chapter 2) of this thesis.

when it's an instance of a patterned experience of being repeatedly misgendered.[77] The term "*micro*aggression," then, reflects the understanding of these incredibly harmful actions as small or insignificant, and thus does little to prompt those who commit them to take seriously the severity of harms that result, and also provides little motivation to stop committing them. This understanding also lends fuel to the fire of the microaggression skeptic (for a discussion of the skeptical position, see chapter 1 of this thesis).

Given this problem, one might object further that it would be best to do away with the term altogether and instead to simply call these acts *aggressions*, since from the perspective of the person on the receiving end, there's nothing 'micro' about them, especially when compiled over time. There are four reasons why we refrain from abandoning the term. First, as it's presently used, the term captures the unique nature and dynamic harm that such aggressions cause: they're at the same time both innocuous (from the perspective of the one committing them) and deeply harmful and enduring (from the position of the recipient). It's worth holding onto a term that manages to convey, at the same time, both the apparent smallness of the act and the significance and severity of the harm. Second, it's important to call attention to these kinds of acts precisely because they are, in many cases, unintended. This is a feature that the term "microaggression" seems to capture, yet which the terms 'insult,' 'invalidation,' and certainly 'assault' (without the 'micro' prefix) do not.[78] Third, it's important to separate these types of actions from those that are explicit, overt, deliberate, and intentionally racist, sexist, transphobic, etc. In so doing, we allow for the possibility that microaggressions can be enacted by those who have our best interest at heart and do not mean us harm (e.g., our family, friends, colleagues, neighbors, or physicians). In this way, microaggressions are meaningfully different than the sorts of acts that are committed with the

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[77] See Kapusta (2016) and Freeman (2018) on the harms of misgendering.

[78] Lilienfeld (2017a) problematizes the conceptualization of microaggressions and the associated research program, arguing that the concept of microaggressions is incoherent, insofar as "aggression" implies intentionality (147). Though not written as a response to this article, Brennan (2016) provides a compelling argument to the contrary. Contra Lilienfeld, and in line with Brennan, we contend that microaggressions are problematic and harmful, irrespective of the intentions of the aggressor since targets can be harmed even if doing so was not the intention of the perpetrator. Also see Friedlaender (2018).

express intention to cause serious harm, usually by people who do not mean well. Our final reason for retaining the term is that we'd like our discussion to be considered within the growing literature on microaggressions and to potentially have an impact on the rapidly unfolding conversation happening there. Were we to use another term (or to simply call them 'aggressions,' etc.), this wouldn't be possible.

With a basic understanding of how microaggressions have been understood in psychology, as well as how we intend to rethink them, we ask readers to join us in considering what such a proposed alternative understanding of the phenomenon would look like, specifically within a medical context. Before doing so, an important methodological qualification is in order. In what follows, we discuss a number of different cases. In most of these cases, the authors themselves don't use the term "microaggression." (Many of the accounts we draw on were published before this concept gained much traction (after the publication of Sue's 2010 book gained scholarly attention). Nevertheless, we include these cases since they are clear examples of microaggressions as we understand them, and importantly, they demonstrate how harmful microaggressions can be for those on the receiving end.

3.3. Microaggressions in Medicine and Their Resulting Harms

In this section, we consider a possible alternative recipient-centered, harm-based taxonomy for understanding and conceptualizing microaggressions. In lieu of an action-centered classification of microaggressions, the three kinds of harm-based microaggressions that we propose are *epistemic microaggressions*, *emotional microaggressions*, and *self-identity microaggressions*, which result, respectively, in epistemic harms, emotional harms, and existential harms. Before discussing each one, three clarificatory points are in order.

First, we are focusing on microaggressions within a clinical medical context. We acknowledge that illness itself tends to be accompanied by emotional and self-identity impairing consequences. The point that we'd like to emphasize, however, is that experiences of illness and its impairing consequences are often compounded by harms resulting from the microaggressions of healthcare providers and others. That is, whatever harms arise from illness are exacerbated by harms that arise from microaggressions and the resulting failure of healthcare providers and others to take seriously

patients' non-physical harms. Thus, harms resulting from microaggressions are significant over and above the consequences brought on by illness.

Second, the three harms (i.e., epistemic, emotional, and existential) resulting from the three different kinds of microaggressions that we propose aren't necessarily clear-cut or analytically distinct. There are often messy overlaps between them; epistemic harms come with existential and emotional side effects and harms to self-identity certainly manifest themselves emotionally and existentially. Though for the purposes of analysis we separate the harms into three different kinds, for the one experiencing them, such tidy analytic distinctions are rarely possible.

Third, while microaggressions are typically understood to target and affect members of marginalized groups (Sue 2010, 23, 39) – viz., groups that have been historically and systematically oppressed – we understand "marginalization" (i.e., seriously restricted power, or experiences of powerlessness) to have a slightly broader scope in this specific context. Following Kidd & Carel (2014; 2017a; 2017b), we contend that within clinical medical contexts, many patients occupy a marginalized position *qua* patients, relative to physicians, as a result of (temporary or permanent) vulnerabilities with respect to their injuries or illnesses; their general reliance upon physicians' recommendations or demands; their overall lack of (institutional) power and (epistemic) authority; or their (assumed or actual) lack of education and medical expertise relative to physicians within the space of the clinic.[79] The extent to which this is the case varies on the basis of the condition for which one is being seen in a medical clinic. For example, an otherwise socially privileged person experiencing terminal illness, or a mental health crisis, can experience a robust sense of powerlessness with respect to their health condition and reliance upon their health care provider (that they might not feel if their condition were not terminal or severe). Other things will come into play as well, including educational attainment, fluency in understanding and communicating with medical terminology, and relative comfort in a clinical space. It is in these respects that even people who are socially dominant in [most] other contexts can still be marginalized—lack power, authority, or status—within the domain of clinical medicine, albeit to

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[79] Our account differs from Carel and Kidd's insofar as our account takes an intersectional approach to distinguish different levels of marginalization *within* the group "patient," whereas theirs does not.

varying degrees. It follows from this that many patients can, at least theoretically, experience microaggressions *in this specific context*.[80] For example, on our account, within a medical context, even an upper-middle class, white, cis-gender, heterosexual man *could* be subjected to microaggressions based on his status as a patient (e.g., with reduced epistemic power, with relative vulnerability). For example, a man with all of those dominant social markers (upper-class, white, cis-gender, heterosexual) might feel powerless in the space of the clinic upon receiving a cancer diagnosis. And, moreover, in this context, he might in fact lack power, privilege, or epistemic authority, relative to his physician, and might experience the clinic through that lens. It must be underscored, however, that the microaggressions he might experience in a medical context would have less serious overall consequences than those experienced by members of structurally marginalized groups (that is, groups which are marginalized in broader society) because part of the harm of microaggressions rests on their repeat nature in a variety of different contexts that accumulate over time. Someone who is structurally oppressed is likely to experience microaggressions in various domains beyond the medical, making the cumulative impact more severe.

3.3.1.   Epistemic Microaggressions and Epistemic Harm

Epistemic microaggressions in clinical encounters are defined as intentional or unintentional/unconscious slights conveyed in speech or gesture by health care providers that dismiss, ignore, ridicule, or otherwise fail to give uptake to claims made by patients. Epistemic microaggressions result in epistemic harms to patients, which can result in epistemic injustices, specifically, *testimonial injustices*. Testimonial injustices are injustices suffered in one's capacity as a knower, which occur when a speaker's claims aren't given uptake by the listener, due to prejudicial stereotypes held by the listener (either consciously or unconsciously) about some facet

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[80] Recall that in chapter 2 of this thesis, I argued that microaggressions are context-dependent.

of the speaker's identity. Epistemic microaggressions are related to – but are not co-extensive with – this phenomenon.[81, 82]

In medical contexts, epistemic microaggressions involve the tendency of physicians and other health care providers to view themselves as experts over patients' bodies in problematic ways. It is true that physicians have a kind of (non-problematic) medical authority over patients; indeed, they're medically trained and technical experts and the reason we visit them in the first place is because they can provide such expertise. This generally isn't a problem. Rather, the problem is when their expertise prevents them from recognizing, taking seriously, or giving uptake to their patients' claims and to the first personal perspective that their patients have over their bodies. Though a patient's perspective isn't expert in the sense that most patients aren't trained medical practitioners, their first-person perspectives on their bodies and symptoms that are unavailable to physicians are often crucial in order to help physicians make proper diagnoses.[83]

Thus, it's problematic for physicians to automatically privilege their own third-personal, objective knowledge of what a patient experiences to the exclusion of the patients' first-personal, subjective, embodied knowledge and resulting testimony. This is not to say that patients are infallible; patients can be, and sometimes are, mistaken, for example, about their diagnosis or what they need medically as a result. However, to assume automatically and outright that the physician knows better is epistemically limiting – it precludes the possibility that patients have some relevant knowledge (e.g., phenomenological knowledge about their symptoms or their pain). This tendency for health care providers to assume an automatic and totalizing epistemic privilege over their patients' bodies, experiences, and testimonies can result in microaggressions toward patients, such

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[81] Fricker (2007) provides a general account of epistemic injustices and resulting harms. She articulates two types of epistemic injustice: testimonial injustice and hermeneutical injustice. Since the publication of her book, there's been a growing philosophical literature on the topic. Dotson (2011; 2012) and Medina (2013) challenge and expand Fricker's account within the context of race. Carel and Kidd (2014) discuss epistemic injustices within medical contexts. Carel and Györffy (2014) consider how children are particularly vulnerable to epistemic injustices in healthcare settings. Freeman (2014) discusses epistemic injustice in pregnancy. Sanati & Michalis Kyratsous (2015) discuss epistemic injustices in psychiatry. Also see Kidd, Medina, Pohlhaus Jr. (eds. 2017).

[82] Freeman and Stewart (2019) discuss the relationship between epistemic microaggressions and testimonial injustices.

[83] See, for example, Solomon (2016).

as implicit or explicit deflation of their patient's credibility or failure to give uptake to their patients' claims. Such microaggressions tend to occur without health care providers being aware that they're committing them. We see an important example of what we are calling epistemic microaggressions in Arthur Kleinman's work, though he doesn't use the term "epistemic microaggressions." Kleinman describes microaggressions in his account of healthcare practitioners discrediting patients' first-personal accounts of their embodied experiences, specifically of patients with chronic pain.

> If there is a single experience shared by virtually all chronic pain patients
> it is that at some point those around them – chiefly practitioners, but also
> at times family members – come to question the authenticity of the patient's
> experience of pain. This response contributes powerfully to patients'
> dissatisfaction with the professional treatment system and to their search
> for alternatives (Kleinman 1988, 57).

Such failures to give uptake to, to empathize with, or to respect patients as knowers in their own right – often motivated by stereotypes about race, gender, class, sexuality, gender identity, age, or ability – are examples of epistemic microaggressions. Testimonial injustices that result from such microaggressions are harmful to patients in a variety of ways.

As Miranda Fricker (2007) notes, one of the most serious consequences of testimonial injustices is the moral harm committed against speakers (here, patients). The primary moral harm is that speakers are harmed in their *capacity as knowers*. Being regarded as a knower is a central component of human dignity and value; thus, to be harmed in this capacity results in a violation of the speaker's humanity (Fricker 2007, 43-4). According to Fricker, this primary moral harm leads to a variety of secondary harms, which are either *practical* or *epistemic*.

Practical secondary harms that result from patients being harmed in their capacity as knowers include misdiagnoses that could have been avoided had the patients' testimonies been taken seriously in the first place. *Epistemic* secondary harms occur when listeners' doubting of the speaker's testimony (and the microaggressions that occur as a result) are internalized by the speaker, which can result in speakers coming to question their own capacity for knowledge. In the

case of patients who experience repeated epistemic microaggressions, they might begin to doubt their own testimonies and experiences, which can exacerbate emotional and existential harms of the sort we describe below.[84]

One example of epistemic microaggressions can be seen in the case of the sociologist, Tressie McMillan Cottom, as she elaborates in her book, *Thick* (2018, ch. 3).[85] Even though Cottom is highly educated – she won a MacArthur "genius" grant – and has high socioeconomic standing, as a fat, Black woman, she knew that in any medical context she would face an array of discriminations. For this reason, she chose her physicians carefully. Or so she thought.

When she was four months pregnant, bleeding and in terrible pain, Cottom knew that something was wrong. When she arrived at her doctor's office, instead of being seen immediately for her urgent and likely dangerous situation, she was told to wait patiently in the waiting area. After insisting that she get some privacy since she was bleeding all over the chair, she was brought to an examination room. When her doctor arrived, he looked at her and said that she was probably "just too fat" and that for women "like her," spotting was normal. She was sent home and told not to worry.

That night, her pain escalated. When she called a nurse and described her situation, she was told that because the pain was in her bowel, not in her lower back, it was probably constipation and that she should just try to use the bathroom. She did this for the next 36 hours, with no luck. After three days of pain and almost no sleep, she went to the hospital. There, her health care providers implied that she'd probably just eaten something that was "bad" for her. Finally, and begrudgingly, they agreed to do an ultrasound, which showed not one, but three entities growing in her uterus. In addition to the fetus, there were two large tumors. Upon learning this, the nurse scolded Cottom: *"You should have said something."* Ultimately, Cottom went into early labor and gave birth to her

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[84] Veronica Ivy's discussion of epistemic gaslighting (2017) is another example of such secondary epistemic harm.

[85] This discussion of Cottom's experience is a revised version of a discussion offered in a forthcoming chapter contributed by myself and Lauren Freeman to the *Routledge Handbook on Feminist Approaches to Bioethics*, forthcoming 2021.

daughter, who died shortly after birth. After making plans for how to handle her daughter's remains, another nurse said, "Just so you know, there was nothing we could have done since you never told us that you were in labor."

There are so many things wrong with the way that Cottom was mistreated, but here we will focus on the epistemic microaggressions. Before doing so, we must emphasize that the ultimate, tragic result of the death of her premature daughter was not *micro*. At every stage, Cottom knew that there was something wrong, tried to convey this knowledge to her health care providers, and was systematically marked as not being credible with respect to her knowledge of and claims about her body. As a result of widespread and enduring biases and stereotypes about Black women (see Collins 1986 for a discussion of stereotypical and biased "controlling images" of Black women, and Dotson 2011 on how these "controlling images" contribute to epistemic silencing of Black women) she experienced epistemic microaggressions. As a pregnant woman who was bleeding and in pain, her bleeding was attributed to her fatness. Later, her pain in her bowel was dismissed as being on account of something "bad" that she'd eaten (where "bad" has racial undertones about what Black people eat (see Hobbes 2018)). Finally, after the death of her daughter, she was blamed for not having spoken up sooner, where the implication was that the death was in part her fault and could have been prevented had she said something.

In each instance, Cottom was relatively powerless vis-à-vis her health care providers. Not only was she blamed for her condition, but her knowledge of her body was ignored. Over and again, her health care providers assumed they knew better. Cottom thus suffered the epistemic harm of not being recognized as a credible knower, the practical harms of severe physical pain (much of which could have been avoided had she been taken seriously at the outset) and ultimately, the death of her daughter. Cottom lost her daughter and likely could have lost her own life. These consequences are *macro* and tragic. But we are concerned with the epistemic microaggressions that led up to them; her credibility as a knower being denied due to her race, gender, and body size, and as a result, her claims being ignored or dismissed. Reflecting on her experience, Cottom describes the following:

> "In the US, a typical pregnancy for a Black woman is more potentially fraught with emotional and physical negative outcomes than it is for white

women… And I thought I was an exception, if you want to know the truth. And one of the things I learned is that I couldn't be an exception. It didn't matter how educated I was, it didn't matter that I tried to make all of the right choices. At the moment when the health care system needed me to be whatever they assumed a typical Black woman should be, in my position, they treated me that way until I was as incompetent as they assumed I was. And that looked like not believing me when I said that I was having labor pains… But that's fairly typical, and that's the devastating part of it." (Cottom Interview for NPR's "On Point" (2019))

The epistemic microaggressions that Cottom experienced are reflections of imbalances in epistemic and other sorts of social power that are themselves reflections of broader patterns at work both in health care and in society. Health care providers are members of an elite professional class and are assumed to have epistemic authority within that context and also more broadly. They often exert a sort of epistemic power over their patients – they block their patients from making meaningful epistemic contributions to the clinical exchange. This epistemic situation both reflects and reifies assumptions about power in the epistemic domain (e.g., who creates, controls, and deploys knowledge and who doesn't; who is "rational" or "objective" and who isn't (cf. Code 1991)). Such microaggressions result in epistemic harms to patients: crucially, they are denied the full status of knower, which is central to human dignity and value (Fricker 2007; also see Pohlhaus Jr. 2017; Dotson 2011). Because the epistemic contributions of patients who are members of marginalized groups are routinely blocked, over time this can result in patients coming to doubt their own epistemic capacities, especially as microaggressions add up and their harms accumulate (see Evans and Mallon 2020). Microaggressions can also, as we saw in the case of Cottom, lead to harmful health and other consequences.

Another example of practical secondary harm resulting from epistemic microaggressions is evident in case of a 19-year-old female patient, Bronte Doyne, who died in part as a result of her physicians' failures to give uptake to her testimony. After expressing concerns to her medical team at Nottingham University Hospitals Trust that her rare form of liver cancer had returned, Bronte's physicians instructed her to "stop Googling" her symptoms. They also failed to diagnose the

recurrence of her cancer in a timely enough manner to have enabled her to receive adequate pain management and cancer care (Cara 2015; Srivastava 2015). Doyne ultimately died as a result of her undiagnosed cancer recurrence, 16 months after having her concerns dismissed and being told she'd survive.

Though on first glace it might appear as though this case is simply one of gross medical malpractice, or even of lack of epistemic credibility of the patient, we argue that it's a case of epistemic failure on the part of the physicians resulting specifically from the microaggressions they committed. The health care providers committed an epistemic microaggression by failing to give uptake to Doyne's claims about her body and symptoms, and in particular her concern that her cancer had returned. In order for us to claim, convincingly, that Doyne suffered a microaggression, we must first show that she's a member of a marginalized group. Doyne meets this criterion in two ways. First, she's a patient. As mentioned above, following Carel and Kidd (2014; 2017a; 2017b), within a clinical medical context, patients can be considered marginalized relative to physicians, insofar as they lack power in the physician-patient relationship. Doyne is also marginalized in a second way, namely, insofar as she's a *female* patient. It's a known phenomenon that due to pernicious gender-based stereotypes, within clinical medical contexts, women's claims – in particular, claims of pain – are generally not taken seriously, are considered to be over-reactions, and are systematically ignored and/or dismissed.[86] As a result, women have diminished status as credible givers of knowledge regarding their bodies (see, for example, Kukla 2005; Foreman 2014a; Code 1991; Dusenbery 2018).

On account of these two different (yet related) ways in which Doyne occupies a marginalized position, it becomes clear that what she experienced were microaggressions. Based on her marginalized status as patient in general and as a female patient in particular, her case isn't just one of medical malpractice or of a failure of attributing epistemic credibility. Rather, the ways that Doyne was treated constitutes microaggressions given the nature of the interactions, namely the seemingly small off-hand remarks and slights, such as questioning whether she'd been "Googling

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[86] It is worth noting that Black patients, and especially Black women patients, experience similar dismissals in response to claims of being in pain. This is evident in the Cottom case previously described.

her symptoms again," when really, she'd been experiencing physical changes and pain and was trying to make sense of them both to herself, and in a way that would receive uptake by her medical team. These sorts of seemingly small comments are examples of microaggressions, and we're suggesting that they're directly tied to Doyne's marginalized status qua female and female patient.

The epistemic microaggressions experienced by Doyne contributed both to serious physical harm (and ultimately, to her death), as well as to significant epistemic harm (and related emotional trauma) for Doyne and her family. The latter can be viewed as a result of her and her mother not being listened to, and to their claims pertaining to her medical condition not having received uptake. All of these could have been avoided had Doyne's physicians taken her and her family's claims seriously at the outset.

In this section, we've demonstrated how in addition to the significant physical harms that resulted (at least in part) from these two cases of epistemic microaggressions, both show how epistemic microaggressions can lead to other significant non-physical harms, which are inherently problematic morally and epistemically, and also instrumentally problematic insofar as they lead to further physical harms. Thus, on account of these consequences, epistemic microaggressions that result in epistemic harms are a serious moral and medical concern. They ought to be on the radar of health care providers, who should work to avoid committing them.

3.3.2.   Emotional Microaggressions and Emotional harm

Illness is often accompanied by a wide range of emotions, many of which arise both before and during clinical encounters and continue to develop in complicated, fluctuating, multi-layered ways with the progression of illness. For instance, patients might react to their diagnosis with disbelief, numbness, sadness, anger, rage, denial, or fear. *Emotional microaggressions* occur when physicians and other health care providers fail to take patients' emotional reactions to and emotional experiences of their diagnoses and illnesses seriously. Emotional microaggressions consist of indignities directed at patients, frequently motivated by assumptions about what constitutes appropriate emotional responses to medical symptoms and diagnoses and often compounded by stereotypes about emotions as they relate to race, sexuality, and especially to

gender. Emotional microaggressions, like all microaggressions, can impose additional and serious harms on patients that we discuss in what follows.[87]

In a 2015 article in *The Atlantic,* Joe Fassler describes his wife Rachel's emergency room experience, during which both her claims of intense pain as well as her emotional response to that pain were ignored and discredited by health care providers. This led to Rachel being misdiagnosed with kidney stones when in fact she had ovarian torsion, which can lead to ovarian loss, sepsis, and even to death. The failures to hear her, to consider her emotional responses to her pain, and the resulting misdiagnosis, lead to enduring emotional problems for Rachel, which followed from what she aptly called "the trauma of not being seen" (Fassler 2015).

Despite Joe and Rachel repeatedly describing the severity of Rachel's pain to the attending physicians and nurses (she rated it an 11 out of 10), each time they were told, "she was fine." Two kinds of microaggressions are occurring in this case. The first is an epistemic microaggression, where the speaker's claims to knowledge about their body aren't given uptake, resulting in an epistemic injustice (not our immediate focus here[88]). The second is an example of an emotional microaggression, where the speaker's emotional response to their pain isn't taken seriously, resulting in emotional harm.

For the healthcare team to have discredited Rachel's emotional response to her pain is an example of an emotional microaggression. Fassler reports that in response to Rachel's writhing in pain so severe she couldn't speak, nurses barked: "Sit still, or we'll have to start [the exam] over." They also corrected her that what she was really experiencing was "just a little pain." These responses are examples of failures to give uptake to Rachel's (claims to pain and additionally to her)

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[87] See Carel (2014), chapter 1 for an account of how the microaggression of the physician who diagnosed her illness had lasting and harmful emotional effects on her. Though Carel doesn't use the language of microaggressions, we take her experience as described to be a clear example of them.

[88] Though our focus here is emotional harms of microaggressions, we'd be remiss were we not to say something about the epistemic dimension of the harm. For physicians to consistently have discredited, undermined, and ignored Rachel's claims to and experiences of pain (based on gender stereotypes; see below) is an example of an epistemic microaggression since they failed to give uptake to her claims about her body. Instead, they relied on their own (incorrect) assumptions of the problem and privileged their third-personal knowledge.

emotional response to her pain. They are based on stereotypes about women not only being more emotional than men (Code 1991), but also being *overly* emotional. This tendency to misjudge the seriousness of women's claims about their physical symptoms, especially their pain, is well-documented (see Ellin 2015; Dusenbery 2018; Foreman 2014a; Foreman 2014b; Hoffman and Tarzian 2001; Kukla 2005; National Pain Report 2014; Walters 2016; Watt 2006). It's rooted in histories and stereotypes that women are hysterical, weaker than men, and unable to deal with pain; that they're making it up; that they're seeking attention; or that they're just trying to get their hands on drugs. Women's pain is also disproportionality assumed to be psychiatric in origin (Foreman 2014a, 68).

Tara Culp-Ressler details the long history of women's physical symptoms being ascribed to mental pathology, based in stereotypes of women as dramatic, irrational, and crazy (2015a; 2015b). These stereotypes can lead to women being told that their physical symptoms are "all in their head," which can (and often does) lead physicians to miss potentially life-threatening physical conditions, in addition to compounding the emotional distress they are already experiencing. Considered from the perspective of physicians, one cardiologist confessed that "[i]n training, we were taught to be on the lookout for hysterical females who come to the emergency room" (reported in Dador 2011). This is precisely what happened in Rachel's case. As we show, not only does this tendency to reduce women to "hysterical females" and subsequently to dismiss their claims to pain or other physical symptoms have the potential to do substantial physical harm (especially when it contributes to misdiagnoses), it can also cause lasting emotional harm.

Returning to Rachel's case, it's worth noting that not only did her healthcare team take their own assumptions about her condition to be true (and superior to Rachel's account), thereby failing to consider that Rachel might actually know better than they do about the severity of her symptoms (e.g., epistemic microaggression); but they also undermined the severity of her emotional responses to her pain. This made Rachel subsequently question whether she was responding "properly" to her pain (as if there is such a thing) and whether she was perhaps being overly dramatic, also contributing to existential harm of diminished self-trust (a consequence we explore below). Presently, we want to show that emotional microaggressions can result in serious and enduring emotional harms to the recipients, as they did for Rachel. Fassler recounts some of the

emotional harms that Rachel experienced, which far outlasted the physical harms of her illness. He writes:

> Rachel's physical scars are healing, and she can go on the long runs she loves, but she's still grappling with the psychic toll – what she calls 'the trauma of not being seen.' She has nightmares, some nights. I wake her up when her limbs start twitching (2015).

The "trauma of not being seen" is what Rachel believes to be the consequence of repeated dismissals of the emotional turmoil brought on by her illness and her emotional responses to her pain. While we want to highlight this emotional harm, we must also be clear that the microaggressions directed at Rachel also resulted in a permanent, practical secondary harm. The medical team's failure to take her claims seriously at the outset (epistemic microaggression) resulted in delayed treatment (more than 14 hours after they arrived at the ER). Though her life was ultimately saved, her ovaries were not. Thus, in addition to the epistemic and emotional harms we've outlined, Rachel also suffered the (practical secondary) bodily harm of losing her ovaries.

These combined consequences of emotional and epistemic microaggressions are examples of *epistemic secondary harms*, which result when the cumulative effect and internalization of epistemic injustices over time function to harm one's view of one's self as a competent knower. The reality of many members of marginalized groups is determined by understanding and conceptualizing events through the prism of repeated experiences with racism, sexism, homophobia, etc. (Sue 2010, p. 73). When such experiences are compiled over time, the results accumulate to be more serious and disadvantageous than one might initially assume, what Ron Mallon has called an "accumulation mechanism" (2017; 2021). Mallon develops this concept in order to explain how the seemingly small harms experienced in the past can accumulate over time, amplifying the resulting disadvantage suffered by marginalized individuals or groups (ibid.). Thus, we see that emotional microaggressions that manifest as disregard for patients' complex subjective experiences of pain and illness can be harmful and enduring in a variety of ways. As with epistemic microaggressions, the harmful consequences of emotional microaggressions are serious and therefore ought to be recognized and avoided by health care providers.

As we've acknowledged, the distinctions between the types of microaggressions we're considering and their resulting harms are messy. Emotional microaggressions lead to both emotional and existential harms. Robin Stern, author of *The Gaslight Effect,* describes the phenomenon of "gaslighting," wherein women aren't only shamed for their emotional responses, but their feelings are routinely invalidated through attaching stigmatizing labels such as "crazy" (2007).[89] Stern describes the invalidating experience of being "gaslit" as "soul destroying" and argues that women whose feelings are frequently invalidated in this way often start to second guess their ability to make decisions for themselves or conclude that their concerns aren't worth articulating at all (ibid.). In this way, emotional microaggressions that invalidate women's emotional responses to their illnesses and dismiss their physical symptoms as being the result of mental pathology can result in harms that are emotional, existential, and enduring.

Before turning to the final type of microaggressions, it is worth reiterating a point raised above. Though we're arguing that patients' claims about their pain and their emotional responses to their physical conditions ought to be given uptake, we don't mean to suggest that all patients should always be the final or absolute authorities about their own diagnoses, or that patients' first-personal knowledge of their bodies, illnesses, or experiences of pain should always or automatically be taken as primary over the medical/technical expertise of health care providers. We want to retain important differences between these two distinct types of knowledge: that of patients and that of health care providers. Instead of giving priority to one over the other, we suggest the need to take both sources of knowledge seriously when dealing with patients. In her article "Confronting Diminished Epistemic Privilege and Epistemic Injustice in Pregnancy by Challenging a 'Panoptics of the Womb,' (2014)" Lauren Freeman argues that within the context of pregnancy, health care providers and pregnant people ought to have a relationship of epistemic peers. Epistemic agents are epistemic peers if "they can both make legitimate claims to knowledge about *S*, and if their respective claims are taken seriously by each of them" (5). Such a relationship is "based on mutual

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[89] Freeman and Stewart (2019) provides an account of the differences between emotional microaggressions and gaslighting.

respect, open responsiveness, and strong communication between women and physicians." Physicians who are able to successfully create epistemic peer relationships with their patients create supportive and open communicative environments in which they take time to listen carefully to patients' accounts and concerns, and trust that they're credible in their testimony (ibid.). Patients, in such contexts, can rely on this openness to their own perspective, and become more active participants in the dialogue. It's this idea of epistemic peers that we have in mind when considering the kind of relationship that should exist between health care providers and patients.[90] An epistemic peer relationship lies in sharp contrast to what we see happening in the cases examined above, in which patients' first-hand, embodied knowledges and emotional responses to their illnesses or symptoms are systematically dismissed in favor of health care providers' technical knowledge – often with detrimental consequences for the patients.

Relatedly, one might be concerned that with the increased availability and use of online resources such as Web MD, patients might attempt to attach incorrect diagnostic labels to themselves, another reason why their perspectives should be treated with suspicion. We aren't arguing in support of these sorts of self-diagnoses; we believe that the ability to diagnose and treat illnesses most often lies within the purview of physicians. The sort of knowledge that we think patients do have isn't about specific medical diagnoses or treatments; rather, it pertains to the types and degrees of pain or other symptoms they're experiencing first hand – things that can't be known, at least directly, by health care providers. In cases such as Rachel's, she knew that something was very wrong, and she knew that both her claims to pain and her emotional responses to that pain weren't given uptake. It's not, as one might argue, simply a matter of epistemic luck that she just happened to be right about the severity of her pain and her physical symptoms. Rather, Rachel was better positioned to know something about her body than her health care team; she had better knowledge of the degree of pain that she was experiencing and that it was unlike other sorts of pain she'd experienced. This doesn't mean that Rachel was in a position to self-diagnose her ovarian torsion, or to know what treatments were necessary to respond to her pain. The particular sort of expertise possessed by the health care providers is crucial to diagnosing and treating

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[90] For a development of this point, see chapter 4 of this thesis.

patients, and we don't wish to undermine that. Rather, we're suggesting that the ideal scenario would have been for Rachel's health care team to have treated her as an epistemic peer. With Rachel's knowledge, combined with their medical/technical expertise, the epistemic, emotional, and physical/embodied harms she experienced could have been avoided.

3.3.3.   Self-Identity Microaggressions and Existential Harms

The final kind of microaggression we're considering are *self-identity microaggressions.*[91] News of illness, individual experiences of such news, and illness itself can change how people view and understand themselves and how they relate to others and to the world (Carel 2014). Within medical contexts, self-identity microaggressions occur when health care providers (or others, including family members) either intentionally or unintentionally undermine or don't give uptake to the existential consequences that often accompany experiences of illness. Self-identity microaggressions result in enduring, non-physical, existential harms. For example, if physicians and health care providers focus only on the physical aspects of illnesses, they might fail to recognize the significance of how experiences of illness can impact the broader ways that patients experience themselves and the world around them, thereby failing to do justice to how important these experiences can be to patients as individuals. It's important to note that while we're highlighting this third category of microaggressions as a distinct source of harm, the other types of microaggressions we've identified in medical contexts can also result in enduring harms to a person's self-identity and self-worth.

An example of an existential harm caused by a self-identity microaggression is illustrated in Anatole Broyard's book, *Intoxicated By My Illness* (1992). Broyard was a mixed-race man of

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[91] Since the 2018 publication of this paper, Lauren Freeman and I have developed our account of self-identity microaggressions. Specifically, we parse them into two types. The first is *medical self-identity microaggressions,* which are limited to the medical context, and which capture the sort of experience Broyard (1992) describes – not having his illness experience recognized or given uptake, which he equated to an invalidation of his humanity. The second is *marginalization-based self-identity microaggressions,* which are those which result in a failure to give uptake to some important part of one's marginalized identity or their embodiment (e.g., their trans identity, their queer identity, or their fat body). The latter is not limited to medical contexts, but rather track people with marginalized identities or embodiment through their lives and arise in various contexts. These two types are related in that they have to do with a failure to recognize a person as the person they are, leading to harms that are existential – pertaining to one's very humanity.

Louisiana-Creole decent. His memoir documents how his identity was radically altered as a result of his cancer diagnosis and how he desired a doctor who could appreciate that central aspect of his illness experience. Reflecting upon his recently received diagnosis, Broyard writes:

> I had dawdled through life up to that point, and when the doctor told me I was ill it was like an immense electric shock. I felt galvanized. I was a new person. All of my old trivial selves fell away, and I was reduced to an essence. I began to look around me with new eyes, and the first thing I looked at was my doctor (37-8).

With literary and philosophical elegance, Broyard illustrates how he felt deeply affected by his diagnosis. His physician was the first person to whom he looked for acknowledgement and understanding, but Broyard soon realized that his physician wasn't equipped to deal with the existential impacts of his illness. Rather, his physician's role was narrowly focused on the technical aspects of diagnosing and curing *an illness*, as opposed to seeing and treating *a person*, a sentiment echoed in numerous patient testimonies that we reviewed in researching this paper. Broyard reflects on not being seen as a human being by his physician, and how this left him feeling abandoned and alone to deal with his diagnosis.

> Other doctors give you a generic, unfocused gaze. They look at you panoramically. They don't see you in focus. They look all around you, and you are a figure in the ground. You are like one of those lonely figures in early landscape painting, a figure in the distance only to give scale. If he could gaze directly at the patient, the doctor's work would be more gratifying. Why bother with sick people, why try to save them, if they're not worth acknowledging? When a doctor refuses to acknowledge a patient, he is, in effect, abandoning him to his illness (50).

Though Broyard doesn't describe the actions of his physicians and their resulting harms to his personhood using the language of microaggressions, we're calling their actions self-identity microaggressions since they failed to see or engage with Broyard as a human being (rather, they only considered his body as something to be cured) and on an on-going basis, failed to

acknowledge or respond to the nature of Broyard's existential difficulties pertaining to his illness that resulted from his vulnerable position qua patient. Though this lack of attention to the more human side of illness might be considered *micro* from the perspective of the physician – after all, from their perspective, their job is to cure or treat injury, illness, or disease – from the perspective of patients, as we see with Broyard's account, these oversights are anything but micro. The self-identity microaggressions that Broyard faced had serious harmful existential consequences for his well-being and sense of self, as well as for his view of doctor-patient relationships more generally. Broyard recognizes the difference between how he perceives the existential crisis he's facing as a result of his illness, and how his physicians understood it. He writes: "To the typical physician, my illness is a routine incident in his rounds, while for me it's the crisis of my life. I would feel better if I had a doctor who at least perceived this incongruity" (43).

In her article, "Loss of Self: A Fundamental Form of Suffering in the Chronically Ill" (1983), Kathy Charmaz recounts that experiences like Broyard's aren't uncommon. Based on 57 interviews conducted with people living with a variety of chronic illnesses, Charmaz suggests that many chronically ill patients go through significant existential crises as a result of their experiences of illness and the accompanying vulnerability that it brings, combined with failures of their physicians and families to acknowledge the complex existential and psychological consequences of their illness. Though Charmaz doesn't use the language of microaggressions, we take her to be articulating the harmful existential consequences that arise from, among other things, self-identity microaggressions. Charmaz rejects a narrow view of suffering that restricts medical understandings of suffering exclusively to physical forms at the expense of considering how experiences of illness affect one's very selfhood and way of being in the world.

One of the women Charmaz interviews discusses several examples of how harmful self-identity microaggressions can be, especially when they come from someone with whom one has already developed an intimate relationship (like that between a physician and a patient). In describing an incident that happened to her, the interviewee notes the importance of a physician who's more than simply a good technician. She expresses how necessary it is for the well-being of a patient to have a physician who understands their patients as more than mere bodies to be cured.

> Dr. Lang took care of me – he's okay as a surgeon but as a doctor, he upset me more than words. You keep going in with the same problem and they stop listening. One time he sat there opening his mail while I was in the office. I said, "Go ahead and open your mail, I'll wait." He felt silly, then he listened (Chamaz 1983, 180).

Later in the interview, the same woman expands upon the importance of a physician recognizing the personhood of a patient:

> What I like about Dr. Brenton and Dr. Kaye is that they treat you like a person…that is so important when you are ill, to be taken seriously as a person…The thing I found in Dr. Kaye and Dr. Brenton is a humanitarianism…In a person with chronic disease who has so many things to handle, not only the sickness, but just living problems – to be treated like a number is the last thing you need (Ibid.).

The physician's act of opening his mail as his patient expresses her concerns about her illness is a self-identity microaggression since this action fails to recognize the human being before him and it had consequences for her self-worth. Throughout her account, we see how harmful it can be to one's sense of self to have their very being ignored by a physician.

Another common example of a self-identity microaggression within a medical context (and more generally) is to deadname, mispronoun, and/or misgender a transgender or gender non-conforming patient.[92] Deadnaming refers to using the birth or legal name of a transgender or gender non-conforming person (that may still be on their legal identification due to legal, practical and financial difficulties in legally changing one's name, but that they no longer use). Xeph Kalma, a transgender woman who lives with depression, calls deadnaming "that other dysphoria-spewing beast" (Kalma quoted in Sharman 2017; 204) and notes that each time it happens she feels like

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[92] In the parsing out of self-identity microaggressions into two types, described in footnote 25 above, this sort of example would constitute a marginalized-based self-identity microaggression; it has to do with one's marginalized identity status (e.g., as trans).

she's "being hit with a hammer" (ibid., 206). She describes her painful experiences of being deadnamed and misgendered in the ER:

> Deadnames can be a painful reminder of a terrible time in a person's life. They are tenacious and require resources to fix legally, which many trans folx do not have. Because of this, mine still exists in the legal sense. In an attempt to counter this during the intake process, I tried to make it abundantly clear that even though my deadname might show up on some files, it is not in fact my name and is certainly not how I want to be addressed, especially in a suicidal state of mind. This tactic has worked in the past, but today, the message either isn't passed along to the staff treating me or is simply ignored. I'm repeatedly deadnamed, leaving me worse than when I arrived at the hospital… Maybe some years of working in a hospital will have taught them that as a patient, I'm looking to be treated like a human being who is worthy of respect (Kalma quoted in Sharman 2017, 204-205).

It's clear from Kalma's testimony that having her identity undermined was incredibly painful: worse, in fact, than the illness for which she'd originally sought treatment. From the perspective of health care providers, deadnaming might seem "micro"; in deadnaming patients, they might not intend to cause harm. However, as Kalma's testimony attests, when considered from the perspective of the patient, deadnaming is not at all micro. Rather, it's an act of disrespect, constitutes a failure to listen to or acknowledge patients, and is profoundly harmful, in particular when it occurs to a patient already in such a vulnerable state of illness.

When physicians fail to give proper uptake to the existential consequences of illness, let alone act in ways that fail recognize the basic personhood of patients (as in deadnaming, mispronouning, and misgendering), they commit self-identity microaggressions; they fail to see and respond to the many significant ways that illness affects individual people, their senses of self, and the ways in which failing to recognize one's selfhood in an already vulnerable state can be exponentially harmful. Insofar as it's common in the face of illness for patients to experience significant existential crises and at times to begin to lose their sense of self, physicians risk harming patients

further by not responding appropriately and humanely to these experiences. As the testimonies of Broyard, the chronically ill woman interviewed by Charmaz, and Xeph Kalma show, this can have significant impacts for patients' sense of self and also for how they relate to their physicians. Such a harm ought to be avoided by health care providers.

3.4. Long-Term Harms of Microaggressions in Clinical Medicine

In this section we elaborate upon some of the long-term consequences that microaggressions in clinical medicine can have: they can undermine physician-patient relationships, preclude relationships of trust, and therefore compromise the kind and quality of care that is received.

Recall the case of Bronte Doyne, a 19-year-old woman who died as a result of her undiagnosed liver cancer recurrence. She suffered more pain and received less care than she otherwise would have, as a result of her physicians' failures to take seriously her testimony about her symptoms (epistemic microaggression). Consequently, her mother lost trust in health care providers. In reference to their repeated attempts to secure adequate cancer care for Bronte, Doyne's mother stated: "I can't begin to tell you how it feels to have to tell an oncologist they are wrong, [but] it's a young person's cancer. I had to. I'm fed up trusting them" (Cara 2015). When microaggressions are repeated, the long-term distrust that can result can have serious and dangerous physical and psychological consequences. Xeph Kalma explains:

> In this moment, in my already suicidal state, the doctor has made it a million times worse. I put my coat on and walked out…Instead of having those whom I trust take care of me, those whose job it is to take care of me, I am now at a brand new low – hopeless, hungry, and cold…The way I was treated in the ER – the misgendering, deadnaming, ignorance, and the lack of discretion I experienced – is incredibly dangerous. When I say it was 'my last visit,' I mean it. *I will not voluntarily return to an ER the next time I'm feeling suicidal*. Anything would be a better option than experiencing that level of embarrassment and shame again. Embarrassment and shame, from those who were meant to take care of me" (Kalma quoted in Sharman 2017, 206; our emphasis)

The distrust that results from experiences of microaggressions, as evidenced by the testimonies we've discussed, contributes to patients' doubts about the efficacy of health care, often resulting in delayed medical treatment, foregoing medical treatment altogether, and prolonged illness. These factors can deepen the physical, emotional, and existential harms that accompany illness. Although as we've argued above, all patients could be recipients of microaggressions in clinical contexts, members of marginalized, structurally oppressed groups are more likely to experience this injustice and to greater consequence.[93] One serious and pervasive example of this phenomenon is that many women tend to delay seeking medical treatment when exhibiting symptoms of heart attacks, often because they've an internalized a fear of seeming "too emotional," of being dismissed as a "hypochondriac," or as seeming "crazy." A recent Yale study reported that such fears of not being taken seriously led to women having "limited and sporadic connections" with primary care practitioners for routine check-ups and preventative heart care (Lichtman et al. 2015).

Microaggressions are indeed a large part of this structural problem insofar as there's a long history of the sorts of gendered epistemic and emotional dismissals we considered above. But this isn't only an issue for cis-gender women. As we saw with Xeph Kalma, a phenomenon that's common for many trans and gender non-conforming folks, fear of being deadnamed and misgendered, is enough to preclude them from even setting foot in a hospital or clinic.[94] All of these reactions are related to the problem of microaggressions. Though actions performed may be micro from the perspective of the health care providers, the harms suffered are not micro at all and can lead to people avoiding health care settings to the detriment of their health.

In one of the two studies of which we're aware that specifically focuses on microaggressions toward patients within medical contexts (Walls et al. 2015), the investigators conducted in-person interviews with 218 adult American Indians diagnosed with type 2 diabetes. They found that greater than one third self-reported having experienced microaggressions in interactions with

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[93] See Williams et al. (2009); Centers for Disease Control and Prevention (2013).

[94] See Freeman and Ayala (2018) and Freeman (2018) for discussions of this problem.

health care providers, which correlated with self-reported history of heart attack, worse depressive symptoms, and prior-year hospitalization. Moreover, the researchers claim that microaggressions, in addition to other kinds of discrimination faced by members of marginalized groups within medical contexts, can ultimately contribute to worse behavior; poorer physical, and mental health; decreased service utilization; and reduced treatment compliance (ibid. 233, 237). Decreased service use and treatment compliance can in turn result in further disease complications and comorbidities.

Our point is this: when one's health, well-being, and in many cases, one's very life is at stake, it's imperative to trust and to have a positive relationship with those in charge of your treatment and care. Experiencing microaggressions within medical contexts, however, can undermine this trust in health care professionals, leading to a variety of roadblocks for successful treatment, as well as serious psychological and existential pain for the recipients, as evidenced by the testimonies detailed above. We must bring attention to the kinds of microaggressions that arise in medical contexts in order to try to eliminate them (or, perhaps more realistically, to diminish them as much as possible). Working to decrease microaggressions in medicine is especially important in light of the resurgent popularity of the concept of patient centered care.[95] If we truly believe that medicine should be centered around and guided by quality care of patients, then this is all the more reason to promote understanding of health and illness "through the eyes of patients" (Saha et al. 2008). Doing so would involve a commitment to understanding what microaggressions are; recognizing that they occur; understanding the severity of the harms that result from them; and finally, taking steps to be mindful so as not to commit them. As we've shown, non-physical harms within the context of illness can be just as serious as (and sometimes, as in the case of Rachel, even more enduring than) physical harms. As such, medical practitioners need to take heed and work to reduce microaggressions.

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[95] Patient-centered care is a model built upon the active collaboration and shared decision-making between patients, families, and providers. In patient-centered care, one's specific health needs and desired health outcomes are the driving force behind all health care decisions. Patients are partners with their health care providers, and providers treat patients holistically from a clinical, emotional, mental, spiritual, social, and financial perspective (NEJM Catalyst 2017).

3.5. Microaggressions Revisited

In the preceding sections, we've proposed and begun to develop a recipient-centered, harm-based alternative to Sue's action-based account of microaggressions. We now return to several cases discussed above to show how and why, when compared to Sue's act-based account, our account yields a better understanding of the specific harms of microaggressions. In so doing, we hope to demonstrate the theoretical and practical value of a recipient-centered, harm-based account of microaggressions and to motivate further discussion on this topic.

Though Sue's account of microaggressions is useful for delineating actions committed by those with relative power compared to members of marginalized groups, it's less helpful in determining the precise nature of the harm experienced as a result of those actions. A recipient-centered, harm-based account is better suited to this task. In order to demonstrate this point, we return to the cases of Tressie McMillan Cottom (epistemic microaggression) and Xeph Kalma (self-identity microaggression).

Recall that Cottom's claims about her body and her pain were repeatedly ignored by her health care providers, which led to a series of harmful consequences, including, ultimately, the loss of her child and her being blamed for that loss. Again, these outcomes are macro and tragic, but it is significant to zero in on the subtle, microaggresive interactions that occurred in the lead up to those tragic events. In being told that what she was experiencing was normal for women "like her," and repeatedly, subtly dismissed when she tried to assert the seriousness of her pain, Cottom experienced subtle (though significant) epistemic microaggressions. When we try to categorize these microaggressions on Sue's view, the specific nature of the interaction becomes harder to pinpoint. On Sue's account, Cottom would likely have experienced a racial microinvalidation, defined by Sue et al. as "communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color" (2010, 274). Cottom's claims were ignored (due to gendered and racial stereotypes held by health care providers, as well as assumptions about normative body size), thereby invalidating her as a person (and specifically, as a fat Black woman). Though calling this harm a microinvalidation captures very generally the basic harm suffered by Cottom – nobody likes to be ignored – labeling it a microinvalidation fails to capture the precise and important *epistemic* dimension of the harm, which is a crucial component

both of the case itself and of the enduring epistemic consequences of such microaggressions. If we take seriously the sorts of harms that Miranda Fricker (2007) and others have convincingly argued can arise from testimonial injustices and other epistemic oppressions (Dotson 2011), it becomes clear how harmful it was for Cottom *as a knower* to have her claims about her body repeatedly brushed off, dismissed, and ignored – to tragic ends. One can be invalidated in many senses, but calling what happened an *epistemic* microaggression, pinpoints the distinctly epistemic dimension of the interaction, and underscores the specificity of the epistemic harms that resulted. Cottom's very capacity and position as a knower was undermined. Being a knower is crucial to one's agency and personhood (cf. Fricker 2007). It's in this sense that microaggressions caused serious epistemic (among other types of) harm, rather than just invalidating her more generally, as Sue's account holds. We aren't questioning whether it's harmful to have one's thoughts, feelings, and experiential reality negated. Rather, our point is that our proposed account is better able than Sue's to highlight the precise epistemic dimension of the harm. Identifying and naming the specific nature of the harm is important for understanding it in a full, robust moral sense.

A second case that helps to show how our account is better able than Sue's to provide a precise analysis of the kind of harm experienced as a result of microaggressions is Xeph Kalma's. Recall, she was deadnamed in the ER. Her birth name (that still appeared on her identification) was no longer a part of her identity, as she expressed numerous times to her medical team. Being repeatedly called by that name and simultaneously misgendered during her visit threatened her sense of self. As with Cottom's case, if we stick to Sue's taxonomy of microaggressions, it's difficult to pinpoint the precise nature of the harm suffered by Kalma. On Sue's account, deadnaming could either count as a microinvalidation insofar as the recipient's personhood is invalidated by failing to recognize who she is, or possibly as a microassault, defined as an explicit "derogation characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions" (Sue et al. 2010, 274). To be deadnamed and misgendered was extremely harmful to Kalma's general well-being, as conveyed in her testimony above. However, neither of Sue's categories of microaggressions manages to capture the precise and enduring harm to Kalma that a self-identity microaggression and the resulting existential harm does; both of them seem to collapse all types of harm under one general category. Kalma describes being deadnamed as a constant reminder of

terrible times in a person's life. The fact that her health care team continued to deadname her even though she explicitly told them the name that she uses, is harmful to the core of her being and violates her sense of self. What Kalma described wanting (and what she felt her health care team failed to do) was to treat her "like a human being who is worthy of respect" (Kalma quoted in Sharman 2017, 204). Using the language of self-identity microaggression and the resulting existential harm highlights that what occurred to Kalma had implications for her identity and sense of self in an enduring way. We're suggesting that an account that labels microaggressions on the basis of their harms is better able to capture what's morally wrong in the case – a conclusion that isn't as easily or readily reached when her experience is described using Sue's more general language of microassault or microinvalidation, which lumps all harms into a single category.

The language we use to describe microaggressions has consequences for the way we think about them: how severe they are, how much harm they inflict upon those on the receiving end, the precise nature of this harm, and thus, how important they are for us to confront. For this reason, it's preferable to describe microaggressions in ways that are most accurately able to capture what is morally salient: the particular, severe, and enduring harms that result from microaggressive acts. While Sue's taxonomy conveys the idea that harms are caused to targets of microaggressions, it doesn't specify the specific kinds of harm. However, when we start from the position of the harms experienced by those on the receiving end of microaggressions, as opposed to the actions of the microaggressors, we can better understand the significance of microaggressions and why they're therefore important for health care providers and others to avoid.

Presently, we aren't launching a full argument in favor of our taxonomy of microaggressions, nor are we completely rejecting Sue's account. Rather, as a preliminary foray into this issue, we hope that by showing how our account is better suited to capture the precise kinds of harm that result from various types of microaggressions, we might motivate readers to think anew about the starting point that's traditionally been taken, and continues to be taken, to discuss and understand the phenomenon, and to consider how microaggressions might be re-conceptualized if we take on a different standpoint, namely, that of those on the receiving end of microaggressions and the enduring harms they experience. Doing so (in addition to doing more service to the perspective of those harmed by microaggressions) might also foster a change in how society thinks and talks

about microaggressions, insofar as it illuminates how genuinely harmful they are for those on the receiving end – a question which still receives plenty of debate and skepticism.[96] Intervening in microaggressions through awareness, education, and training, might be more likely and less contentious once we make such a shift in the cultural mindset towards a recognition of the ways in which they really do impact people's lives in enduring, harmful ways.

Before concluding, we'd like to acknowledge a possible objection to our proposal. One might argue that Sue's account of microaggressions is sufficiently recipient-centered, insofar as his primary aim in theorizing microaggressions is to bring to light a phenomenon that affects structurally oppressed people. However, we see Sue's account as treating the harms experienced as secondary, insofar as his account doesn't center on those experiences, but rather focuses on and is guided by what the actor/microaggressor is *doing* to that oppressed person. That is, his account takes as its point of departure the agency of the microaggressor, as opposed to theorizing from the position of those harmed. In so doing, Sue's account is unable to make much headway on differentiating the unique harms that may result from the types of acts he identities, something that's required of any account of microaggressions. He spends significant time making the case for the different categories of microaggressive acts but gives little attention to the diversity of harms that might follow from them.

This is evident in much of the literature that utilizes Sue's taxonomy to research the negative impact of microaggressions. This empirical research uses Sue's three categories to examine at how microaggressions generally cause harm, mostly without distinguishing between distinct harms that result from the different types of microaggressions. The conclusions are thus of the form: microaggressions contribute to x, y, and z harms, without attention to whether or not the distinct types of microaggressions cause harm differently or cause different harms altogether. For example, Hunn et al. (2015), Berk (2017), and Munro (2017) rely upon Sue's tripartite distinction of microaggressions, but when they move to discussions of harms, all harms caused by

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[96] See note 2. Also see chapter 1 of this thesis for a response to this skeptical position and the Introduction of this thesis for a discussion of the working conception of harm.

microaggressions are lumped together into a single category. We believe that an account that calls for a more nuanced distinction between different types of harms caused by different types of microaggressions is superior insofar as it better describes the phenomena under consideration. In other words, significant nuance is lost when we fail to consider the unique harms of particular types of microaggressions. Thus, as research and discussion on microaggressions continues, it's beneficial to consider adopting an account which can illuminate some of this nuance.

3.6.   Conclusion

In this chapter we've discussed the dangerous consequences of microaggressions within the context of clinical medicine. We've proposed a possible, even if only tentative, alternative classification of microaggressions within this context that takes the harms experienced by patients as its point of departure. In doing so, we've articulated three types of microaggressions – epistemic, emotional, and self-identity microaggressions – which result in harms that are epistemic, emotional, and existential respectively. We've illustrated each within a medical context by providing examples drawn from patients' firsthand experiences. By centering the experiences of those on the receiving end of microaggressions themselves, we hope to have shown how harmful microaggressions in medical contexts can be, and thus to have provided compelling reasons why health care providers ought to know about them and actively work to avoid committing them. Our hope is that future extensions of this work can (1) develop the new classification of microaggressions that we've offered here, thus shifting the terms of the debate to focus on the perspectives of those who experience microaggressions as opposed to the types of actions committed by microaggressing agents (2) use this revised classification and the related harms to begin developing practical tools which can be used to aid health care providers in recognizing and avoiding the microaggressive acts that result in these types of harms in their clinical practice.

3.7. References

Bartky, Sandra. 1979. "On Psychological Oppression." *Southwestern Journal of Philosophy* 1 (1): 190.

BBC Radio. 2015. "Bronte Doyne Left in a 'Big Black Hole'" *BBC Radio Today*. 18 June. http://www.bbc.co.uk/programmes/p02v044s.

Berk, Ronald A. 2017. "Microaggressions Trilogy Part 1: Why Do Microaggressions Matter?" *The Journal of Faculty Development* 31 (1): 63.

Bleich, Michael R. 2015. "Microaggression and Its Relevance in Health Care." *The Journal of Continuing Education in Nursing* 46 (11): 487–488.

Brennan, Samantha. 2016. *The Moral Status of Micro-Inequities: In Favor of Institutional Solutions*. Edited by Michael Brownstein and Jennifer Saul. *Implicit Bias and Philosophy*. Vol. 2. Oxford: Oxford University Press.

Broyard, Anatole. 1992. *Intoxicated by My Illness: And Other Writings on Life and Death*. New York: C. Potter.

Campbell, Bradley, and Jason Manning. 2014. "Microaggression and Moral Culture." *Comparative Sociology* 13 (6): 692–726.

Cara, Ed. 2015. "Doctors Apologize For Telling 19-Year-Old Cancer Patient To 'Stop Googling' Symptoms, Admit Fault In Her Death." *Medical Daily*, 18 June. https://www.medicaldaily.com/doctors-apologize-telling-19-year-old-cancer-patient-stop-googling-symptoms-admit-338986.

Carel, Havi. 2014. *Illness: The Cry of the Flesh (The Art of Living)*. Oxford: Routledge.

Carel, Havi, and Gita Györffy. 2014. "Seen but Not Heard: Children and Epistemic Injustice." *The Lancet* 384 (9950): 1256–1257.

Carel, Havi, and Ian James Kidd. 2014. "Epistemic Injustice in Healthcare: A Philosophical Analysis." *Medicine, Health Care and Philosophy* 17 (4): 529–540.

Centers for Disease Control and Prevention. 2013. *CDC Health Disparities and Inequalities Report - United States*. *MMWR*. Vol. 62 (Suppl 3). https://www.cdc.gov/mmwr/pdf/other/su6203.pdf.

Charmaz, Kathy. 1983. "Loss of Self: A Fundamental Form of Suffering in the Chronically Ill." *Sociology of Health and Illness* 5 (2): 168–195.

Clance, Pauline Rose, and Suzanne Imes. 1978. "The Imposter Phenomenon in High Achieving
    Women: Dynamics and Therapeutic Intervention." *Psychotherapy: Theory, Research and
    Practice* 15 (3): 241–247.

Code, Lorraine. 1991. *What Can She Know? Feminist Theory and the Construction of
    Knowledge*. Ithaca: Cornell University Press.

Collins, Patricia Hill. 1986. "Learning From the Outsider Within: The Sociological Significance
    of Black Feminist Thought." *Social Problems* 33 (6): s14–s32.

Constantine, Madonna G. 2007. "Racial Microaggressions against African American Clients in
    Cross-Racial Counseling Relationships." *Journal of Counseling Psychology* 54 (1): 1–16.

Cottom, Tressie McMillan. 2018. *Thick: And Other Essays*. The New Press.

Crenshaw, Kimberle. 1991. "Mapping the Margins: Intersectionality, Identity Politics, and
    Violence Against Women of Color." *Stanford Law Review* 34 (26): 1241–1299.

Culp-Ressler, Tara. 2015a. "Women Don't Seek Help For Heart Attacks Because They Worry
    About Seeming Too Emotional." *ThinkProgress*, 26 February.
    https://archive.thinkprogress.org/women-dont-seek-help-for-heart-attacks-because-they-
    worry-about-seeming-too-emotional-6cf78649e012/

Culp-Ressler, Tara. 2015b. "When Gender Stereotypes Become A Serious Hazard To Women's
    Health." *ThinkProgress*, 11 May. https://archive.thinkprogress.org/when-gender-
    stereotypes-become-a-serious-hazard-to-womens-health-f1f130a5e79/.

Dador, Denise. 2011. "Medical Sexism: Women's Heart Disease Symptoms Often Dismissed."
ABC News, November 2. http://abc7.com/archive/8416664/.

Decuir-Gunby, Jessica T., and Norris W. Gunby. 2016. "Racial Microaggressions in the
    Workplace: A Critical Race Analysis of the Experiences of African American Educators."
    Urban Education 51 (4): 390–414.

DeLapp, Ryan, and Monnica Williams. 2014. "Professional Challenges Facing African
    American Psychologists: The Presence and Impact of Racial Microaggressions." *The
    Cognitive Behaviour Therapist* 38 (4): 101–105.

Dotson, Kristie. 2011. "Tracking Epistemic Violence, Tracking Practices of Silencing." *Hypatia*
    26 (2): 236–257.

Dotson, Kristie. 2012. "A Cautionary Tale: On Limiting Epistemic Oppression." *Frontiers: A Journal of Women Studies* 33 (1): 24–47.

Dotson, Kristie. 2014. "Conceptualizing Epistemic Oppression." *Social Epistemology* 28 (2): 115–138.

Dusenbery, Maya. 2018. *Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick*. New York: HarperOne.

Ellin, Abby. 2015. "Endometriosis Is Often Ignored in Teenage Girls." *The New York Times,* March 30. https://well.blogs.nytimes.com/2015/03/30/endometriosis-is-often-ignored-in-teenage-girls/.

Fassler, Joe. 2015. "How Doctors Take Women's Pain Less Seriously." *The Atlantic*, October 15. https://www.theatlantic.com/health/archive/2015/10/emergency-room-wait-times-sexism/410515/.

Foreman, Judy. 2014a. *A Nation in Pain: Healing Our Biggest Health Problem*. Oxford: Oxford University Press.

Foreman, Judy. 2014b. "Why Women Are Living in the Discomfort Zone." *Wall Street Journal*, 13 January.

Freeman, Lauren. 2014. "Confronting Diminished Epistemic Privilege and Epistemic Injustice in Pregnancy by Challenging a 'Panoptics of the Womb.'" *Journal of Medicine and Philosophy* 41 (1): 44–68.

Freeman, Lauren. 2018. "Micro Interactions, Macro Harms: Some Thoughts on Improving Health Care for Transgender and Gender Nonbinary Folks." *International Journal of Feminist Approaches to Bioethics* 11 (2): 1–13.

Freeman, Lauren, and Heather Stewart. 2019. *Epistemic Microaggressions and Epistemic Injustice in Clinical Medicine*. Edited by Benjamin R. Sherman and Stacey Goguen. Rowman & Littlefield International.

Freeman, Lauren, and Saray Ayala López. "Sex categorization in medical contexts: A cautionary tale." Kennedy Institute of Ethics Journal 28, no. 3 (2018): 243-280.

Fricker, Miranda. 2007. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford University Press.

Friedersdorf, Conor. 2015. "Is 'Victimhood Culture' a Fair Description?" *The Atlantic*, 19 September. https://www.theatlantic.com/politics/archive/2015/09/the-problems-with-the-term-victimhood-culture/406057/.

Friedersdorf, Conor. 2016. "The Rise of Victimhood Culture." *The Atlantic*, 11 September. https://www.theatlantic.com/politics/archive/2015/09/the-rise-of-victimhood-culture/404794/.

Friedlaender, Christina. 2018. "On Microaggressions: Cumulative Harm and Individual Responsibility." *Hypatia* 33 (1): 5–21.

Furley, Philip, and M Dicks. 2014. ""White Men Can't Jump." But Can They Throw? Social Perception in European Basketball." *Scandinavian Journal of Medicine* 24 (5): 857–867.

Gross, Terry. 2015. "A Physician Asks: Is Being Black Bad for Your Health?" *Fresh Air*, 9 September. https://www.npr.org/programs/fresh-air/2015/09/09/438818861/fresh-air-for-september-9-2015/.

Haidt, Jonathan. 2016. "Where Microaggressions Really Come from: A Sociological Account." *The Righteous Mind*, 7 September. http://righteousmind.com/where-microaggressions-really-come-from/2016.

Haidt, Jonathan. 2017. "The Unwisest Idea on Campus: Commentary on Lillienfeld." *Perspectives on Psychological Science* 12 (1): 176–177.

Hall, Joanne, and Becky Fields. 2012. "Race and Microaggression in Nursing Knowledge Development." *Advances in Nursing Science* 35 (1): 25–38.

Ho, Khanh. 2016. "Microaggressions in the Workplace: Black Lives Matter and Politically Correct Speech." *The Huffington Post*, 8 October. https://www.huffpost.com/entry/microaggressions-in-the-w_b_8265564.

Hoffman, Diane E., and Anita J. Tarzian. 2001. "The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain." *The Journal of Law, Medicine & Ethics* 28 (S4): 13–27.

Hook, Joshua N., Jennifer E. Farrell, Don E. Davis, Cirleen Deblaere, Daryl R. Tongeren, and Shawn O. Utsey. 2016. "Cultural Humility and Racial Microaggressions in Counseling." *Journal of Counseling Psychology* 63 (3): 269–277.

Hunn, Vanessa, Dana Harley, Willie Elliott, and James P. Canfield. 2015. "Microaggression and the Mitigation of Psychological Harm: Four Social Worker Exposition For Care of Clients,

Students, and Faculty Who Suffer A Thousand Little Cuts." *The Journal of Pan African Studies* 7 (9): 41–54.

Huynh, Virginia 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.

Isom, Deena. 2016. "Microaggressions, Injustices, and Racial Identity: An Empirical Assessment of the Theory of African American Offending." *Journal of Contemporary Criminal Justice* 32 (1): 27–59.

Ivy, Veronica [as Rachel McKinnon]. 2017. "Allies Behaving Badly: Gaslighting as Epistemic Injustice." In *Routledge Handbook on Epistemic Injustice*, edited by Ian James Kidd, José Medina, and Gaile Pohlhaus, 167–174. New York: Routledge.

Jamison, Leslie. 2014. *The Empathy Exams: Essays*. Graywolf Press.

Joseph, Anna. 2015. "White Baby Boomers: Being Told You've Microaggressed Is a Good Thing." *The Huffington Post*, 25 September. https://www.huffpost.com/entry/white-baby-boomers-why-be_b_8163582.

Joshi Wynn, Shangrila, Priscilla McCutcheon, and Elizabeth L. Sweet. 2015. "Visceral Geographies of Whiteness and Invisible Microaggressions." *ACME: An International E-Journal for Critical Geographies* 14 (1): 298–323.

Kapusta, Stephanie J. 2016. "Misgendering and Its Moral Contestability." *Hypatia* 31 (3): 502–519.

Kaskan, Emily R., and Ivy K. Ho. 2014. "Microaggressions and Female Athletes." *Sex Roles* 74 (7–8): 275–287.

Kidd, Ian James, and Havi Carel. 2017a. "Epistemic Injustice and Medicine and Health Care." In *Routledge Handbook to Epistemic Injustice*, edited by José Medina and Gaile Pohlhaus Jr. New York: Routledge.

Kidd, Ian James, and Havi Carel. 2017b. "Epistemic Injustice and Illness." *Journal of Applied Philosophy* 34 (2): 172–190.

Kidd, Ian James, José Medina, and Gaile Pohlhaus Jr., eds. 2017. *Routledge Handbook to Epistemic Injustice*. New York: Routledge.

Kleinman, Arthur. 1988. "The Vulnerability of Pain and the Pain of Vulnerability." In *The Illness Narratives: Suffering, Healing, and the Human Condition*, 56–74. New York: Basic.

Kukla, Rebecca. 2005. *Mass Hysteria: Medicine, Culture, and Mothers' Bodies*. New York: Roman and Littlefield.

Lichtman, Judith H., Erica C. Leifheit-Limson, Emi Watanabe, B. Norrina Allen, Brian Garavalia, Linda S. Garavalia, John A. Spertus, Harlan M. Krumholz, and Leslie A. Curry. 2015. "Symptom Recognition and Healthcare Experiences of Young Women with Acute Myocardial Infarction." *Circulation: Cardiovascular Quality and Outcomes* 8: S31–S38.

Lilienfeld, Scott O. 2017a. "Microaggressions: Strong Claims Inadequate Evidence." *Perspectives on Psychological Science* 12 (1): 138–169.

Lilienfeld, Scott O. 2017b. "Microaggressions?" *Aeon*, June 27. https://aeon.co/essays/why-a-moratorium-on-microaggressions-policies-is-needed.

Lilienfeld, Scott O. 2017c. "The Science of Microaggressions: It's Complicated." *Scientific American*, June 23. https://blogs.scientificamerican.com/observations/the-science-of-microaggressions-its-complicated/.

Lukianoff, Greg, and Jonathan Haidt. 2015. "The Coddling of the American Mind." *The Atlantic Monthly*, September.

Mallon, Ron. 2021. "Accumulation Mechanism, Implicit Attitudes, and Racial Disparity." *Review of Philosophy and Psychology* 1: 1–23.

May, A. 2017. "Be Ready to Address Disability Microaggressions in Medicine." *Disability Compliance for Higher Education* 22 (8): 7.

McWhorter, John. 2014. "'Microaggression' Is the New Racism on Campus." *Time*, March. http://time.com/32618/microaggression-is-the-new-racism-on-campus/.

Medina, José. 2013. *The Epistemology of Resistance: Gender and Racial Oppression, Epistemic Injustice, and Resistant Imaginations*. Studies in Feminist Philosophy. New York, NY: Oxford University Press.

Mills, Charles. 2007. "White Ignorance." In *Race and Epistemologies of Ignorance*, edited by Shannon Sullivan and Nancy Tuana. Albany, NY: SUNY Press, 13–38.

Montenegro, Roberto E. 2016. "A Piece of My Mind: My Name Is Not 'Interpreter'" *Journal of the American Medical Association* 319 (19). American Medical Association 315: 2071–2072.

Nadal, Kevin L. 2013. *That's so Gay! Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community*. Washington, DC: American Psychological Association.

Nadal, Kevin. 2018. *Microaggressions and Traumatic Stress: Theory, Research, and Clinical Treatment*. American Psychological Association.

Nadal, Kevin L., Kara Mia Vigilia Escobar, Gail T. Prado, E.J.R. David, and Kristal Haynes. 2012. "Racial Microaggressions and the Filipino American Experience: Recommendations for Counseling and Development." *Journal of Multicultural Counseling and Development* 40 (3): 156–173.

Nadal, Kevin L., Marie-Anne Issa, Jayleen Leon, Vanessa Meterko, Michelle Wideman, and Yinglee Wong. 2011. "Sexual Orientation Microaggressions: 'Death by a Thousand Cuts' for Lesbian, Gay, and Bisexual Youth." *Journal of LGBT Youth* 8 (3): 234–259.

Nadal, Kevin, Yinglee Wong, Katie E. Griffin, Kristin Davidoff, and Julie Sriken. 2014. "The Adverse Impact of Racial Microaggressions on College Students' Self Esteem." *Journal of College Student Development* 55 (5): 461–474.

National Pain Report. 2014. *Women in Pain Report Significant Gender Bias*. National Pain Report, 12 September. <URL if available>

NJEM Catalyst. 2017. "What Is Patient Centered Care?" *New England Journal of Medicine Catalyst*, 5–6. https://catalyst.nejm.org/what-is-patient-centered-care/.

Ong, Anthony D., and Anthony L. Burrow. "Microaggressions and daily experience: Depicting life as it is lived." Perspectives on Psychological Science 12, no. 1 (2017): 173-175.

Owen, Jesse, Karen Tao, and Emil Rodolfa. 2010. "Microaggressions and Women in Short-Term Psychotherapy: Initial Evidence." *The Counseling Psychologist* 38 (7): 923–946.

Pierce, Chester M. 1970. *Offensive Mechanisms*. Edited by Floyd B. Barbour. Boston, MA: Porter Sargent.

Pierce, Chester M. 1974. "Psychiatric Problems of the Black Minority." In *American Handbook of Psychiatry: Volume 2*, edited by Silvano Arieti, 36 pp. New York: Basic Books, Inc.

Pierce, Chester M., Jean V. Carew, Diane Pierce-Gonzalez, and Deborah Wills. 1978. "An Experiment in Racism: TV Commercials." In *Television and Education*, edited by Chester M. Pierce, 62–88. Beverly Hills, CA: Sage.

Pitcher, Erich N. 2017. "'There's Stuff That Comes with Being an Unexpected Guest.': Experiences of Trans* Academics with Microaggressions." *International Journal of Qualitative Studies in Education* 30 (7): 688–703.

Reiheld, Alison. 2017. "I Can Hardly Credit It: Epistemic Injustice in the Practice of Medicine." *Paper Presentation,* Trent University, Department of Philosophy. <date presented?>

Riedel, Sam. 2016. "Microaggressions Are Real." *Splice Today*, July 15. https://www.splicetoday.com/writing/microaggressions-are-real.

Rini, Regina. 2015. "Microaggression, Macro Harm." *Los Angeles Times*, October 12. http://www.latimes.com/opinion/op-ed/la-oe-1012-rini-microaggression-solidarity-20151012-story.html.

Rini, Regina. 2019. *The Ethics of Microaggressions*. New York: Routlege.

Runyowa, Simba. 2015. "Microaggressions Matter." *The Atlantic*, September 18. https://www.theatlantic.com/politics/archive/2015/09/microaggressions-matter/406090/.

Saha, Somnath, Mary Catherine Beach, and Lisa A. Cooper. 2008. "Patient Centeredness, Cultural Competence and Healthcare Quality." *Journal of National Medical Association* 100 (11): 1275–1285.

Sanati, Abdi, and Michalis Kyratsous. 2015. "Epistemic Injustice in Assessment of Delusions." *Journal of Evaluation in Clinical Practice* 21 (3): 479–485.

Sharman, Zena. 2017. *The Remedy: Queer and Trans Voices on Health and Health Care*. Vancouver, BC: Arsenal Pulp Press.

Shelton, Kimber, and Edward A Delgado-Romero. 2013. "Sexual Orientation Microaggressions: The Experience of Lesbian, Gay, Bisexual, and Queer Clients in Psychotherapy." *Psychology of Sexual Orientation and Gender Diversity* 1 (S): 59–70.

Smith-Oka, Vania. 2015. "Microaggressions and the Reproduction of Social Inequalities in Medical Encounters in Mexico." *Social Science and Medicine* 143: 9–16.

Solomon, Andrew. 2016. "Literature About Medicine May Be All That Can Save Us." *The Guardian*, April 22. https://www.theguardian.com/books/2016/apr/22/literature-about-medicine-may-be-all-that-can-save-us.

Spencer, Steven J., Christine Logel, and Paul G. Davies. 2016. "Stereotype Threat." *Annual Review of Psychology* 67: 415–437.

Srivastava, Ranjana. 2015. "Doctor Google Is Here to Stay—and Here to Help." *The Guardian*, June 22. https://www.theguardian.com/commentisfree/2015/jun/22/bronte-doyne-cancer-google.

Stern, Robin. 2007. *The Gaslight Effect: How to Spot and Survive the Hidden Manipulations Other People Use to Control Your Life*. New York: Morgan Road.

Stone, Jeff. 2002. "Battling Doubt by Avoiding Practice: The Effects of Stereotype Threat on Self-Handicapping in White Athletes." *Personality and Social Psychology Bulletin* 28 (12): 1667–1678.

Sue, Derald Wing. 2010. *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. New York, NY: Wiley & Sons.

Sue, Derald Wing. 2017. "Microaggressions and 'Evidence': Empirical or Experiential Reality." *Perspectives on Psychological Science* 12 (1): 170–172.

Sue, Derald Wing, Christina M. Capodilupo, Kevin L. Nadal, and Gina C. Torino. 2008. "Racial Microaggressions and the Power to Define Reality." *American Psychologisty* 63 (4): 277–279.

Sue, Derald Wing, Christina M. Capodilupo, Gina C. Torino, Jennifer M. Bucceri, Aisha M. B. Holder, Kevin L. Nadal, and Marta E. Esquilin. 2007. "Racial Microaggressions in Everyday Life: Implications for Clinical Practice." *American Psychologist* 62 (4): 271–286.

Sue, Derald Wing, Kevin L. Nadal, Christina M. Capodilupo, Annie I. Lin, Gina C. Torino, and David P. Rivera. 2008. "Racial Microaggressions Against Black Americans: Implications for Counseling." *Journal of Counseling & Development* 86: 330–338.

Sue, Derald Wing, and Lisa Spanierman. 2020. *Microaggressions in Everyday Life*. 2nd ed. Wiley Press.

Tamayo-Sarver, Joshua H., Susan W. Hinze, Rita K. Cydulka, and David W. Baker. 2003. "Racial and Ethnic Disparities in Emergency Department Analgesic Prescriptions." *American Journal of Public Health* 93 (12): 2067–2073.

Torres, L, M W Driscoll, and A L Burrow. 2010. "Racial Microaggressions and Psychological Functioning among Highly Achieving African-Americans: A Mixed-Methods Approach." *Journal of Social and Clinical Psychology* 29 (10): 1074–1099.

Tweedy, Damon. 2015. *Black Man in a White Coat: A Doctor's Reflections on Race and Medicine*. 1st ed. Picador.

Vega, Tanzina. 2014. "Students See Many Slights as Racial 'Microaggressions.'" *The New York Times*, March 21. https://www.nytimes.com/2014/03/22/us/as-diversity-increases-slights-get-subtler-but-still-sting.html.

Walters, Lisa. 2016. "You're Not Imagining Your Chronic Illness – Don't Believe Anyone Who Tells You Otherwise." *XoJane*, 29 February. http://www.xojane.com/issues/chronic-illness-isnt-made-up.

Watt, Margo C. 2006. "Review of It's Not All In Your Head: How Worrying about Your Health Could Be Making You Sick--and What You Can Do about It." *Canadian Psychology* 47 (3): 235–237.

Weiss, Suzannah. 2016. "5 Things That Don't Seem Like Sexist Microaggressions But They Are." *Bustle*, 26 July.

Williams, David R., Harold W. Neighbors, and James S. Jackson. 2003. "Racial/Ethnic Discrimination and Health: Findings from Community Studies." *American Journal of Public Health* 98 (9): S29–S37.

Williams, Monnica, Jonathan Kanter, Adriana Peña, Terence Ching, and Linda Oshin. 2020. "Reducing Microaggressions and Promoting Interracial Connection: The Racial Harmony Workshop." *Journal of Contextual Behavioral Science* 16 (April): 153–161.

Chapter 4

4. Hearing Queer Voices in the Clinic: On the Prevention of Clinical Microaggressions for Better Communication and Care

Abstract:

'Microaggressions,' are brief and commonplace verbal, gestural, or environmental indignities that, whether intentionally or not, convey hostility or derogation toward members of marginalized groups (Sue 2010). Given the power differentials inherent in the doctor/patient relationship, clinical encounters are often rife with microaggressions, which can be a detriment to effectively communicating patients' symptoms and needs, and can thus stand in the way of patients receiving quality care (see Freeman and Stewart 2018). This is the case regardless of physicians' intentions. The difficult reality of microaggressions is that they often occur – and cause harm – without the perpetrator even realizing what they have done or said, or why it is problematic. In this chapter, I discuss the harmful implications of microaggressions in clinical contexts, particularly those leveled against members of the LGTBQ+ community. I argue that routine experiences of microaggressions committed by health care providers can, over time, degrade queer peoples' trust in health care professionals, produce anxiety about 'coming out' to providers, cause queer people to withhold information that is pertinent to their health, or, in the worst-case scenario, avoid health care contexts all together. When queer people are unable to effectively and openly communicate with their health care providers – or, avoid them altogether – the many health disparities that LGBTQ+ communities already face can worsen. As such, I argue that as a matter of health justice, health care providers need to become more aware of microaggressions, particularly those leveled at

LGBTQ+ people, and work to stop committing them. Furthermore, I offer positive proposals for how health care providers can better collaborate with their queer patients and become more effective hearers of their queer patients' testimonies. Drawing on the work of Lauren Freeman (2015) and others, I argue for an "epistemic peers" model of communication with queer patients in the clinic, which should help to reduce the frequency of microaggressive comments and to ultimately improve the quality of communication and knowledge exchange between queer patients and those tasked with providing quality health care to them.

4.1. Introduction

> *So, I went to see a provider, hoping to find some good provider for gender stuff. And this place, it was a trans clinic, but they didn't really know what to do with me, because... well they don't really have words for non-binary people. So, they didn't have that on the sign-up form. When it asked gender, I couldn't click anything. I saw trans, but I knew that the intake form wasn't gonna have what I wanted on there, like, a gender box for me. But I was hoping. I ended up just leaving. (23-year-old gender-fluid patient quoted in Lykens et al. 2018).*

The rapidly growing interdisciplinary field of medical humanities has shown us time and again how integral personal expression and effective communication are to medical communication.[97] Communicating effectively in medical contexts is, of course, invaluable for achieving accurate diagnoses and successful treatment. In what follows, I consider one phenomenon that can cause clinical communication to go array, thereby preventing the sorts of expression and productive interactions that are so vital for quality care. Specifically, I focus on the phenomenon of what has been called "microaggressions," and I examine how the frequency of such microaggressions leveled at LGBTQ+ people in clinical spaces serves as a barrier for effective communication, and thus quality care.

The chapter will proceed as follows: in section 4.2, I will provide an overview of what microaggressions are and the sorts of harms they cause for their targets; in section 4.3, I will develop an account of how microaggressions in medical contexts can degrade trust, and ultimately effective communication, thereby negatively impacting the kind and quality of care that is

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[97] A version of this chapter was presented at the Ninth Annual Western Michigan University Medical Humanities Conference (September 2019).

received; in section 4.4, I will apply the conceptual understanding of microaggressions and their short and long term harms specifically to LGBTQ+ patients, arguing that for this group, there is a particular need to minimize microaggressions in clinical settings; in section 4.5, I provide a brief overview of some ways health care providers can minimize microaggressions and begin to neutralize their harmful effects. Specifically, I focus on effective listening and communication that helps to counteract the harmful influence of microaggressions in clinical interactions.

4.2. Microaggressions and their Harmful Effects

The term 'microaggression' was first introduced by a Black psychiatrist by the name of Chester Pierce in the 1970s, with a specific focus on racial microaggressions (or, those microaggressions which target a person on the basis of their marginalized racial identity). Pierce understood microaggressions to be a subtler mechanism for enforcing racial hierarchy and racial oppression, which, much like other types of racial animus and aggression, is meant to "brutalize, degrade, abuse, and humiliate" others on the basis of their marginalized racial identity (Pierce 1970). The concept was then further developed to refer to the phenomenon of "subtle, stunning, often automatic… exchanges which are 'put downs'" (Pierce et al. 1978). More recently, and especially within the past decade, the phenomenon has experienced a resurgence of interest, primarily following the publication of the book *Microaggressions in Everyday Life* by psychologist Derald Wing Sue (2010) and a series of articles by him and his colleagues (Sue et al. 2007; 2008a; 2008b; Nadal 2013; 2018; Nadal et al. 2011; Nadal et al. 2014).

A classic and often-cited example of a microaggression is the following. A person of colour is asked by a white interlocutor "Where are you from?" The person of colour replies, "I am from here – a Kentuckian, just like you!" If instead of accepting the answer and ceasing questions, the interlocutor continues – "No, but where are you *really* from? – the interlocutor has committed an instance of microaggression. Specifically, the interlocutor has microaggressed the person of colour in a way that sends multiple messages, including that the person of colour does not belong, that they appear foreign even in their home state and country, and that there is some meaningful difference between a white person and a person of colour uttering the locution that they are from Kentucky. What makes this sort of act characteristic of 'microaggression' is that it is subtle, coming off as "benign" and "harmless," yet sending a message steeped in historical and ongoing

racism and xenophobia. It is important to note that microaggressions do not turn on the microaggressor's intention – microaggressions can harm their targets irrespective of their interlocutor's intention to do so or not. In this example, the microaggressor might not have meant anything malicious by his follow-up question, and yet, for the person of colour, it was likely one more instance of never-ending reminders that they are seen as different, as "Other," in the place they call home.

The dominant conception of microaggressions is that which largely follows in the tradition of Sue and his colleagues, who developed microaggression theory in such a way as to focus primarily on the *type of act* committed by the microaggressing agent. This yields the well-known tripartite taxonomy of microaggressions, which divides microaggressions into the following: microinsults, microassaults, and microinvalidations (see, for example, Sue 2010). This taxonomy has been largely taken for granted in both the growing empirical psychological literature on microaggressions (see, for example, Balsam et al. 2011; Cruz et al. 2019; Resnick & Galupo 2019) and also the nascent philosophical literature on microaggressions (see for example, Friedlaender 2018; O'Dowd 2018; Rini 2020).

However, despite its popularity, in a 2018 paper, I argue with Lauren Freeman that such a conceptualization of microaggressions is fundamentally misguided (see chapter 3 of this thesis). Microaggression theory – insofar as it aims to understand how the phenomenon of microaggressions affects marginalized people (i.e., the targets of microaggressions) and ideally to rectify the harms microaggressions cause to them – ought to start from the perspectives of those who are most likely to be on the receiving end, that is, those who fall within structurally marginalized social identity groups. As such, Freeman and Stewart (2018) introduces a new taxonomy for microaggressions, which categorizes them on the basis of three distinct types of harm that targets are likely to experience as a result of microaggressions, yielding the following taxonomy: epistemic microaggressions are those which result in epistemic harm; emotional microaggressions are those which result in emotional harms; self-identity microaggressions are those which result in existential harms to one's sense of self or identity. This new way of thinking about microaggressions from the perspective of those on the receiving end helps to keep the focus on the more vulnerable parties within given relations of power (i.e., structurally marginalized

people, or those with less social, political, or institutional power vis-à-vis some other agent). Doing so helps to underscore not only that microaggressions can indeed be harmful, but it also helps to isolate and highlight the precise nature of the harms that result (on our view, fundamentally epistemic, emotional, or existential harms). Though I will not overview the full argument given in Freeman and Stewart (2018) here, our primary contention is worth recapping: we argue that insofar as they are deeply harmful for members of already marginalized groups, microaggressions warrant our moral attention and our best attempts at intervention.

4.3. Microaggressions in Medical Settings and the Degradation of Trust, Communication, Access, and Care

Part of the harmful nature of microaggressions rests on their repeat nature. [98] Insofar as microaggressions are routine, brief, and commonplace interactions, they tend to occur readily, in virtually all dimensions of marginalized people's lives. In other words, those who experience microaggressions tend to experience them frequently, in a wide range of social settings: at work, at school, at the grocery store, and, importantly for our purposes, within the space of the medical clinic.

The medical clinic is an important site for considering the harmful nature of microaggressions for at least three reasons. First, illness experiences can already lend themselves to feelings of confusion, alienation, and a variety of other emotional and self-identity impairing consequences (see Freeman & Stewart 2018; Broyard 1992; Carel & Kidd 2014; Frank 2002). The many emotionally and existentially (not to mention, physically) taxing dimensions of illness are compounded by other things that can go wrong within the space of the clinic – including microaggressions (our focus here). Second, the medical clinic is infused with inherent power differentials – those between doctors and nurses, nurses and patients, and so on. For our purposes, we are interested in the inherent power differential between health care providers (particularly

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[98] For an articulation of the ways in which small actions can accumulate to amount to large disparities (or, large discrimination or other inequalities), see Mallon (2021). Mallon also discusses his view of "accumulation mechanisms" in a 2017 NPR interview (Lombrozo 2017).

physicians[99]) and patients. Patients tend to occupy marginalized positions (of status or power) with respect to health care providers, as a result of vulnerabilities associated with (acute or chronic) illness or injury, the tendency to take orders from health care providers and comply with their demands, and their different (and often understood to be lesser) epistemic position (resulting from their actual or assumed lack of formal medical training).[100,101] Third, in order for health care to function properly, effective communication is essential. The proper practice of health care (involving, primarily, diagnosing, treating, and preventing illness) requires the successful transmission of information between patients and health care providers, and vice versa. Effective communication, in turn, relies on there being adequate trust. Specifically, patients need to trust that their physicians have their best interests in mind, that their physicians will listen to them and take them seriously when they describe their symptoms or otherwise, and will diagnose and prescribe appropriate treatment, to the best of their ability. These are the preconditions upon which patients decide to disclose often sensitive and deeply personal information, experiences, and worries to their providers. When trust is damaged, patients have a significant interest set back, which constitutes a serious harm (McLeod 2020, 65).

On account of these three salient features of the medical clinic (namely, the complexities of illness, the inherent power dynamics, and the importance of effective communication to the salient trust-relationships), the medical clinic becomes a space not only where microaggressions can be pervasive (e.g., because of the inherent vulnerabilities and imbalances in power), but, perhaps more importantly, where routine microaggressions can do serious damage (e.g., to trust relationships). The power differentials inherent between patients and health care providers, particularly between patients from structurally marginalized groups and their providers, makes

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[99] As such, while I will use the more inclusive phrase of "health care providers" throughout, I primarily have physicians in mind, insofar as they generally wield the most power in medical contexts.

[100] See Carel (2014), Carel & Kidd (2014).

[101] See McLeod (2020) for a discussion of this power dynamic. McLeod sees the physician-patient relationship as a fiduciary relationship, which is inherently infused with power (power to exercise one's judgement in a particular domain; power in the form of possessing a certain sort of authority; power to make determinations regarding another's significant practical interests; McLeod 2020, 121).

microaggressions not only possible, but likely. And, as I will describe below, frequent experiences of microaggressions degrade the trust that is the foundation of open and effective communication, and that is in turn essential for quality care. This makes microaggressions important to pay attention to in medical contexts, insofar as they can be one roadblock that stands in the way of patients receiving the care that they need – and particularly, patients who already occupy structurally marginalized social positions. This need to better attend to microaggressions is made difficult, however, by the nature of microaggressions as subtle acts (see chapter 2 of this dissertation), which can make them easier to ignore, dismiss, or simply not to notice, for both the microaggressor, and the microaggressed.[102]

So, what do microaggressions look like in medical settings? As noted above, microaggressions can represent different sorts of actions, events, or circumstances. For example, microaggressions can be verbal, that is, they can result from something that is said by a health care provider to a patient. Consider an example involving a young, female patient comes into medical clinic. Having previously had a confirmed ovarian cyst rupture, she reports to the health care provider that she thinks she has had another ovarian cyst rupture. Note, that the patient is making a claim that is the result of both her embodied awareness of her current level of pain, but also an understanding of her past experiences and how they compare to her current symptoms. Upon the patient's suggestion, the health care provider replies, rather rudely, that the patient should "stay off of Web MD."[103] This constitutes a microaggression[104] because, while appearing to be a small, benign comment, and despite the health care provider's [good] intentions, this remark sends the message that the female patient does not (or cannot) know her own body, and is not in a position to make

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[102] For a discussion of why this is the case, see discussion of oppression being "mystified" in the introduction to this thesis.

[103] This is a modified, fictional example based on the true story of Bronte Doyne, who, upon telling her health care providers that she thought her rare form of cancer had returned, was told to "Stop Googling symptoms." It turned out, her rare cancer *had* in fact come back (see Cara 2015). See chapter 3, this thesis, for a further elaboration of this case.

[104] Specifically, on the account given in Freeman & Stewart (2018), it would be an *epistemic microaggression*, that is, an "intentional or unintentional/unconscious slights conveyed in speech or gesture by health care providers that dismiss, ignore, ridicule, or otherwise fail to give uptake to claims made by patients." See also Freeman and Stewart (2019a; 2019b; 2019c).

claims about her own physical state. It amounts to a dismissal of her claims to knowledge about her own embodied experience.

Microaggressions are not always verbal comments or remarks, however; they can also be gestural or environmental. Consider the following gestural microaggression. A young, female patient is reporting a difficult experience she had with a sexual encounter. It was hard for her to work up the courage to speak about this with her health care provider, and she is experiencing feelings of confusion and shame. In the middle of her story, the health care provider's phone (which is not on silent) rings, and he pulls the phone out of his white coat pocket and answers, beginning a conversation about what his wife should prepare for dinner. He then concludes his call, hangs up, and returns to the patient: "So, what were we talking about again?"[105] This action (again, irrespective of the intentions of the health care provider) sends the message that what the patient has to say is not important – or, is at least less important than the physician's dinner plans. It amounts to a failure to acknowledge that the patient is disclosing something personal, significant, and difficult. It amounts to a failure of respect for the patient in the room.

Finally, consider an example of a microaggression that is not committed by an individual agent (in the way that a verbal comment or gestural move is), but rather has to do with the physical space of the clinic itself, as well as its aesthetics. Consider the following. A fat patient is in an examination room having their vitals measured. The registered nurse goes to take the patient's blood pressure, only to discover that the cuff will not fit around the patient's arm. There is no larger cuff available. The registered nurse then asks the patient to step on the scale, however, the scale is not capable of measuring weights high enough. This continues, with the fat patient unable to be properly treated, insofar as the clinic lacks the equipment necessary to accommodate the larger body size.[106] This is an example of an environmental microaggression. It is not the result of

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[105] This, too, is a modified fictional example of a real case, in which a patient describes her physician beginning to open his mail while she was in the examination room, seeking help for chronic pain (see Charmaz 1983, 180).

[106] This happens all the time in practice. A 2017 article from CBC News reported that when a 470-pound patient was in a hospital in Edmonton, Alberta (Canada), the patient was told they could not use the washroom, because they might "break the toilet." They ultimately brought a commode into his (shared) hospital room and put fabric walls around it and told him he must use that, instead. The patient describes it as "the most degrading experience of his life." A health care provider reported to CBC that despite the growing number of fat patients seeking health services, the

something any single agent is doing or saying, but rather, the environment itself; the material conditions of it function to send the message to the fat patient that they do not belong and are not valued in that space – that, ultimately, their health is less important than those patients with "average" sized bodies.

While these are just a few examples of microaggressions that can occur in medical contexts, in these settings, microaggressions are diverse and pervasive. Again, this is because patients are in a position of vulnerability, vis-à-vis their health care providers, and often demonstrate deference to them and their judgment. As a result, health care providers have disproportionate authority, which creates and reinforces the sort of power differentials that lend themselves to microaggressive comments and actions. And again, the material conditions of the clinic, insofar as the clinic is designed for a certain sort of normative body, can also send messages of exclusivity and non-belonging to patients with non-normative bodies. All of this can result without anyone *intending* to cause harm.

Freeman and Stewart (2018) have argued that it is crucial for health care providers to become aware of, pay attention to, and try to avoid microaggressions in medical settings because widespread microaggressions in these settings can lead to an array of negative outcomes for patients, in both the short- and long-terms. The short-term harms are varied and depend on the nature of the microaggression in question. For example, a microaggression of the sort above, in which a patient notifies her health care provider that she thinks she has a cyst and is subsequently told to "stay off of Web MD," might cause short term epistemic harm; that is, the patient may feel as if she wasn't taken seriously as an epistemic agent, who knows her body and her symptoms. This can register as a sort of epistemic put down, or as being put in one's epistemic place, or otherwise being shut down as a knower. Relatedly, when a physician answers his phone while a patient is disclosing a painful or confusing experiencing, the patient might feel ignored, rebuffed, or even as if her humanity and vulnerability are not being recognized or responded to appropriately. This can register as a sort of disrespect, for the seriousness of the patient's experiences, or for the

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system isn't responding fast enough; health care providers are not properly trained and lack adequate equipment to respond to the needs of fat patients (Roussy, 2017).

patient herself, as a person. Finally, when a fat patient is unable to be properly treated because the standard equipment in the clinic cannot accommodate their body, they might feel a combination of shame, embarrassment, or unworthiness. They might feel as if they are not welcome, or do not belong in the space – like they won't be, or can't be, appropriately cared for in a way that meets their needs. All of these short-term consequences, whether epistemic, emotional, or related to the patients' self-identity, can be seriously uncomfortable, and moreover, seriously damaging, to patients. As such, they are worth attending to in their own right. However, what we know about the microaggressions that marginalized people face is that they are not one-offs, but rather, they occur systematically. A person who experiences microaggression once is likely to experience microaggressions again, and again, and again. When this repetition of slights causes the harms of microaggression to compound, more seriously grave long-term consequences can occur.

The long-term consequences of microaggressions (within the context of medical practice) include at least the following: repeated microaggressions can i) damage or preclude the possibility of trust between patients and health care providers, ii) damage the possibility for effective communication and knowledge transmission, and thus iii) undermine physician-patient relationships which are essential for quality care.[107] In order to trust their health care providers and communicate their needs to them, patients need to feel as if they will be listened to and taken seriously when they give testimony to their health care providers. Microaggressions, however, can undermine both. Recall a case described in chapter 3 in which a young, female patient and her mother were repeatedly met with microaggressions when trying to convey information about the young woman's symptoms, the mother recalls losing trust in her daughter's providers as a result. She states: "I can't begin to tell you how it feels to have to tell an oncologist they are wrong, [but] it's a young person's cancer. I had to. I'm fed up trusting them" (Cara 2015.) This case demonstrates that part of what is at stake in trusting someone is developing a normative expectation that the trustee (i.e., the one being trusted) will do whatever it is we are trusting them to do – in this case,

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[107] For a longer discussion of the long-term consequences of microaggressions in medical contexts, see Freeman & Stewart (2018) (included as chapter 3, this thesis).

to be responsive to their patient and recognize that their cancer has returned.[108] Trust, then involves some degree of vulnerability (because the trustee can fail to do the thing we have entrusted them to do, cf. Baier 1986). When the trustee (in this case, the physician) fails to live up to our normative expectations, trust is damaged.

Relatedly, trust can involve the expectation of competence and goodwill on the part of the trustee (see McLeod 2020, 68-78; also see Baier 1986). Microaggressions can degrade these dimensions of trust as well, by reflecting incompetence and/or a lack of effort to demonstrate goodwill or concern. Consider the words of a patient who reported experiencing routine microaggressions from the very people she entrusted with her care at a vulnerable time. In the testimony below, the patient reports that, as a result of this trust being broken down, she will not return to seek medical attention or care next time she finds herself in a similar [suicidal] state. She says,

> "When I say it was 'my last visit,' I mean it. *I will not voluntarily return to an ER the next time I'm feeling suicidal*. Anything would be a better option than experiencing that level of embarrassment and shame again. Embarrassment and shame, from those who were meant to take care of me" (Patient quoted in Sharman 2017, 206; emphasis added).

These patient testimonies – and so many others like them – make it clear that when patients are doubted, dismissed, mocked, ridiculed, or otherwise slighted by those responsible for their care, they lose trust in the providers and the larger system (e.g., trust in providers to be competent or able to meet their needs). As a consequence, they may (and often do) opt to delay care, or even forego care altogether.[109] This, of course, has detrimental impacts on mental and physical

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[108] See discussion in the third chapter, "Damages to Trust" of Margaret Urban Walker's 2012 book, *Moral Repair.*

[109] This isn't mere conjecture. In one of the only empirical studies that examines the effects of microaggressions specifically in medical settings, the researchers (Walls et al. 2015) found that of the 218 patients interviewed (all self-identified as Indigenous Americans), over one-third reported having experienced microaggressions from providers, and that this correlated with self-reported history of heart attack, worse depressive symptoms, and prior-year hospitalization. Moreover, the researchers claim that microaggressions, in addition to other kinds of discrimination faced by members of marginalized groups within medical contexts, can ultimately contribute to worse behavior; poorer physical, and mental health; decreased service utilization; and reduced treatment compliance (ibid. 233, 237).

wellbeing, especially if people are hesitant to seek medical care when in crisis states, such as the patient quoted above. We thus have reason to worry about the impact microaggressions will have on those patient populations who *already* experience significant health disparities. One such patient group, namely, those who are members of the LGBTQ+ community, will be our focus for the remainder of this paper.[110]

4.4.   Microaggressions and Queer Folks in Medicine

Now that we have a sense of what microaggressions in medical contexts can look like in a general sense, and how they can be problematic in both the short and long terms, we can now apply that understanding directly to our primary focus, namely, the wellbeing of LGBTQ+ patients.

Before getting ahead of ourselves, some basic familiarity with relevant terminology is in order. "LGBTQ+" is an acronym which refers to Lesbian, Gay, Bisexual, Trans, Queer." The addition of the "+" is an effort to be maximally inclusive – to represent all other non-normative sexualities, orientations, and identities that fall under the "rainbow umbrella."[111] LGBTQ+ people all, in some way or another, fall outside of dominant constructions of normative gender identity, experience, or presentation, and/or sexual orientation or preference. Queer people and their experiences are incredibly diverse; it is important to keep in mind that gender identity and sexual orientation are separate dimensions of one's identity and experience. One can be, for example, a cis-gender lesbian; in this sense, one might conform to cis-normative gender, while deviating from

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Decreased service use and treatment compliance can in turn result in further disease complications and comorbidities. This research is discussed in Freeman & Stewart 2018 (included as chapter 3, this thesis).

[110] There are several documented health disparities facing the LGBTQ+ community, including but not limited to a higher risk for substance use, sexually transmitted diseases (STDs), cancers, cardiovascular diseases, obesity, bullying, isolation, rejection, anxiety, depression, and suicide as compared to the general population (see Gounder 2016; Hafeez et al. 2017; Krehely 2009; Praderio 2019). An intersectional lens also suggests that we should pay attention to how disparities worsen for LGBTQ+ groups that are also structurally marginalized on the basis of some other structurally oppressed identity, such as race. For example, an estimated 50 percent of black transgender women are suffering greatly from HIV – a statistic that requires attentiveness to both trans health disparities and racial health disparities (see Powell 2018).

[111] For a helpful overview of relevant terms, see the Human Rights Campaign's "Glossary of Terms" found at https://www.hrc.org/resources/glossary-of-terms.

heteronormative romantic and sexual expectations. Or, someone might be trans and identify as heterosexual. Or, someone might be queer in all dimensions! There are infinitely many ways to be queer – all are unique, beautiful, and valid. However, LGBTQ+ are often on the margins of mainstream [read: dominant] society and experience a variety of discriminations and mistreatment as a result.

As noted above, microaggressions target members of systemically marginalized social groups, that is, those who are oppressed on the basis of their race, ethnicity, sex, gender identity, sexual orientation, body size, dis/ability status, and so on. Because LGBTQ+ people remain oppressed structurally, they are likely to be targets of microaggressions that draw on a number of social biases, myths, or stereotypes about LGBTQ+ people and communities, and which reflect deep social homophobia, biphobia, transphobia, or other sources of resentment against queer people.[112] While microaggressions tend to track socially marginalized people in all dimensions of their social lives, as I have argued above, it is particularly important to pay attention to them in medical settings, given the adverse consequences they can have for medical treatment delivery, and thus, for the overall health and wellbeing of queer people.

Despite the large number of people who identify as members of the LGBTQ+ community,[113] health care providers and health care clinics are still generally ill equipped to accommodate their needs properly. Part of the problem involves medical training, which not only fails to correct for negative identity-based stereotypes (i.e., racial or gender stereotypes), but which can actually

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[112] It is worth noting that while I am now focusing on microaggressions that queer people are likely to face *qua* members of the LGBTQ+ community, I do not intend to erase or ignore intersectional identities that queer people have, and how those might affect their experiences of microaggressions and other manifestations of structural oppression (see, for example, footnote 10). For example, queer people of colour are likely to experience microaggressions on the basis of race and their sexual orientation or gender identifications and experience the intersection of both racism and homophobia or transphobia. Queer women might experience microaggressions that simultaneously target their being women and their being queer, which are rooted in misogyny and homophobia respectively.

[113] A 2011 study from the UCLA School of Law reported that, as of that time, there were approximately 9 million LGBT Americans, a figure roughly equivalent to the population of New Jersey (Gates 2011). In the United States, we do not have exact numbers, since the U.S Census Bureau does not track LGBTQ+ statistics (Wang 2017).

reinforce them.[114] Relatedly, there is a general lack of attention to LGBTQ+ specific dimensions of health and health care in medical training. In a report for *NPR,* a third-year student at New York Medical College described the extent of her LGBTQ+ focused medical training as having "watched a BuzzFeed video" about what it is like to be transgender or intersex. She recalls recognizing that this was insufficient, noting that: "It was a good video, but it felt inadequate for the education of a class of medical students, soon to be doctors" (Cohen 2019). The video, paired with a 30-minute lecture on sexual orientation, was the *only* queer-focused training she received across her medical education. I point to this anecdote, but the problem is widespread – medical curriculum does not yet include, in any robust way, meaningful training in queer and trans health and health care.

As a result of this lack of focus on queer health content in medical training, practicing health care professionals often feel incompetent to deal with LGBTQ+ identified patients (see Beagan et al. 2015; Fallin-Bennett 2015). In a 2018 study of 658 New England area medical students, around 80% of the respondents reported feeling "not competent" or only "somewhat competent" to treat gender and sexual minority patients (Zelin et al. 2018). This is problematic, especially since this competence can be increased by providing the content in the curriculum: studies show, for example, that when medical students learn about transgender health issues, they feel better equipped to treat transgender patients. For instance, when Boston University School of Medicine added transgender health content to a second-year endocrinology course, students reported a nearly 70 percent decrease in discomfort with providing transgender care (Safer and Pearce 2013).

I don't mean to suggest that an appropriate medical education and training that centers queer and trans lives, experiences, and health needs will wholly solve the problems (discriminations, biases)

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[114] Two clear examples of the failure of medical training to reduce biases or misconceptions about marginalized patient groups involve biases about body size faced by fat patients, and myths about pain tolerance and Blackness. Regarding the first, recent studies have documented that over one-third of medical students have anti-fat biases, and medical school curricula are doing little to correct for it (see Geller & Watkins 2018; Miller et al. 2014). Medical students also have documented false beliefs about supposed biological difference between white people and Black people (i.e., including false beliefs about Black people have biologically higher pain thresholds and tolerances, that Black skin is thicker than white skin, and that Black blood coagulates more quickly) that often remain consistent through medical training (i.e., from first year through residency) (see Hoffman et al. 2016; Robb 2017).

that queer and trans patients face in the clinic. Health care providers are still humans who, outside of their training, are socialized and exist within a deeply homophobic and transphobic society. They will, then, still be impacted by the influence of widespread stereotypes and biases. But, without any baseline knowledge and awareness of queer lives and needs, these stereotypes and biases are even more difficult to recognize, challenge, and try to combat.

Not only does a lack of education about or understanding of LGBTQ+ identities and experiences make social stereotypes and biases more difficult to detect and challenge, it can lead to health care providers reproducing these biases, and relying on stereotypes, myths, and misinformation, within the space of the clinic. If they are not trained in accurate information about queer and trans people, there will be a default to reliance on the prejudiced assumptions they are already hold – those which are socialized into us all as a result of living in a cis-heteronormative society which privileges cis-gender people and heterosexuality. In acting on one's unchallenged biases and assumptions, social stigmas can be reinforced and manifest in deeply problematic ways.

Moreover, this is precisely what happens, and queer patients know it. A 2017 study for the Center for American Progress measured the extent to which LGBTQ+ patients perceived experiencing discriminatory treatment when seeking medical care. The results were astounding: of the 1,864 patients surveyed, of which 857 identified as LGBTQ+, 8 percent of LGBQ identified patients reported that a doctor or other health care provider refused to see them because of their actual or perceived sexual orientation; 6 percent said that a doctor or other health care provider refused to give them health care related to their actual or perceived sexual orientation; 7 percent said that a doctor or other health care provider refused to recognize their family, including a child or a same-sex spouse or partner; 9 percent said that a doctor or other health care provider used harsh or abusive language when treating them; and 7 percent said that they experienced unwanted physical contact from a doctor or other health care provider (such as fondling, sexual assault, or rape). Among the transgender respondents to the survey, the results were even more alarming: 29 percent said a doctor or other health care provider refused to see them because of their actual or perceived gender identity; 12 percent said a doctor or other health care provider refused to give them health care related to gender transition; 23 percent said a doctor or other health care provider intentionally misgendered them or used the wrong name; 21 percent said a doctor or other health care provider

used harsh or abusive language when treating them; and 29 percent said that they experienced unwanted physical contact from a doctor or other health care provider (such as fondling, sexual assault, or rape) (Mirza 2018). These results are astounding. Upon looking at them, there's no wonder that queer and trans patients experience such burdens in trying to receive appropriate health care and maintain good physical and mental health.

We need to understand these discriminations, and the ways they are experienced for those on the receiving end. And this is where the focus on microaggressions comes into play. While not all instances of discriminatory treatment are properly understood as instances of microaggression – some exceed that threshold and are clearly 'macro' instances of discrimination, assault, or otherwise overt maltreatment – many of them do.[115] Many instances of what queer patients face in clinical settings amount to small, routine, seemingly subtle remarks and comments, often motivated by a lack of awareness, insight, or understanding, often at the hands of well-intended people (e.g., those tasked with delivering care). This is the core of what microaggressions are, and, when they are frequently occurring, they can lead to detrimental, or even disastrous, outcomes for queer patients.

Let's consider what microaggressions look like for LGBTQ+ patients in medical settings. Within medical contexts, queer patients encounter a variety of microaggressions, which reflect a failure to understand, respect, or appreciate some (or many) dimension(s) of their identities as queer. While it would be impossible to canvass all of the possibilities here, let's consider a few examples of the sorts of microaggressions LGBTQ+ people might experience when seeking medical care. As noted above, microaggressions can be verbal, gestural, or environmental. Let's consider each in turn.

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[115] In calling attention to subtle mechanisms of discriminatory treatment (e.g., microaggressions), I do not mean to undermine the seriousness of the many overt forms of discrimination that LGBTQ+ people still face when trying to access healthcare, including outright denials of care. One extreme example of this is a recently passed (2021) state bill in Arkansas, which bans doctors from providing some types of trans healthcare to trans youth (see Reuters 2021). For a discussion of how such policy impacts trans youth (see Levin 2021). Such instances of overt discrimination and denial of care is unconscionable, and something we need to challenge, resist, and overturn, for the sake of queer and trans youth.

A verbal microaggression occurs in a medical context when a health care provider makes a comment or remark that functions to invalidate the knowledge claims, emotional experiences, or very identity of their patients. One commonly reported verbal microaggression experienced by trans and nonbinary patients is being referred to by the wrong gender pronoun or gender marker, or by a name they no longer use (a phenomenon referred to as 'deadnaming').[116] While health care providers, in many cases, do not intend to cause harm to patients by misgendering them or using a name they no longer identify with, these practices can in fact be incredibly damaging for trans patients. Consider the testimony of one trans patient, who in a state of vulnerability sought medical care, only to be repeatedly microaggressed by the health care providers tasked with her care: She explains:

> In this moment, in my already suicidal state, the doctor has made it a million times worse. I put my coat on and walked out…Instead of having those whom I trust take care of me, those whose job it is to take care of me, I am now at a brand new low – hopeless, hungry, and cold…The way I was treated in the ER – the misgendering, deadnaming, ignorance, and the lack of discretion I experienced – is incredibly dangerous (Trans patient quoted in Sharman 2017, 206).

Or, consider another example, this one reported by a 30-year-old, American Indian, genderqueer, two-spirit femme:

> I told her about my identity when she asked me. And I remember she asked me if I was a transgender woman. I felt a little taken aback at that but it was understandable, most people like me may be perceived as transgender women. But the problem was after I told her that, it didn't convince her.

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[116] For an excellent article on the harms inflicted on trans people when they are 'misgendered' (and the moral contestability of those harms) see Kapusta 2016. Robin Dembroff & Daniel Wodak (2018) also discuss the harms of mispronouning trans and nonbinary folks, arguing that doing so reinforces ideologies that disrespect transgender and genderqueer individuals, and deprives them of opportunities for equal respect. Also see Freeman 2018 for a discussion of the implications of misgendering in medical contexts.

> She asked me if I had ever thought about transitioning, and I told her I
> couldn't, because I was already male and female. She kept asking me if I
> had ever considered breasts, or how did I feel about my penis. She was
> very adamant about it (patient quoted in Lykens et al. 2018).

While this example borders on "macro-aggressive," in light of the intense and unilateral focus on genitals and physical transition, even after the patient was clear that this was *not* something they desired, we can assume that the health care provider had good intentions (that is, she was trying to help in the only way her limited understanding allowed her to). And yet, when she had a person in front of her trying to help her understand, she could not *hear them*, and continued on with her singular focus on genitalia – a focus driven by cis-normative and binaristic notions of gendered embodiment (for a discussion of the obsession with trans people's genitalia in reductive and violating ways, see Bettcher 2007).

Not unlike trans and nonbinary folks, bisexual patients are also frequently subjected to microaggressions in medical settings, many of which are rooted in heteronormative assumptions about sex and sexuality (see Stewart 2019). Consider the following example, [117] which as constructed is hypothetical, but in reality, is all too common:

> *Physician to cis-gender, bisexual woman patient: Have you had any new
> sexual partners?*

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[117] This example is slightly modified from Stewart (2019). For a similar first-person account of this, see Hastings (2018), who describes going to the doctor as a feminine-presenting queer woman, and having her doctor assume she has a boyfriend and question her about her contraception use (which she uses to improve her complexion) upon finding out she doesn't have a male partner. She describes the onset of microaggressive questioning: "Puzzled questions inevitably follow: why are you taking a contraceptive if you can't get pregnant? Are you absolutely sure you're not pregnant? Do you have any other partners?" She also describes the impact they have: "More often than not, the inattentive and disapproving body language from healthcare professionals is enough to make me feel unwelcome. Whether it's a raised eyebrow or a terse remark, these microaggressions chip away at my willingness to return." A similar story is given by Ariana, a femme-presenting queer, and Kassie, a lesbian (see Praderio 2019). This scenario is all too common, as health care providers generally assume patients are heterosexual, and automatically interact with them as such. This could be alleviated by simply asking, instead of assuming.

Patient: Yes, I have. Only one, and we have been monogamous for six months.

Physician: What are you doing to prevent pregnancy?

Patient: I cannot possibly get pregnant.

Physician: Well young lady, no method is 100%... Are you using any contraception? Condoms? Birth control pills?... You need to be using some method, unless you want to wind up pregnant.

While there is a lot going on in this brief example, I want to highlight a few things. First, it is clear that the physician has not listened to the patient or asked the right questions of her (see footnote 21 below), but instead, has allowed his own assumptions about heteronormativity, about his own epistemic authority, and about his assumed knowledge of what is best for her, to carry the day. This subtle failure to listen appropriately and give uptake to what she has said constitutes a microaggression. Secondly, the physician belittles the patient on gendered lines by calling her "young lady," a way of, again, diminishing her agency (epistemic and otherwise) in that moment, and reasserting his (epistemic and other) authority. These microaggressions, and the harms they generate, occur regardless of the physician's intent. While all of these microaggressive dimensions of the exchange are important, and certainly worth attending to, I want to highlight the microaggression at play that specifically targets the patient's identity as a bisexual, and her first-hand knowledge about her own sexuality.

In this case, if the patient was not (yet) out as bisexual to her physician, he has closed off that possibility by assuming that when a cis-woman reports they are sexually active, it is safe to automatically assume that she is referring to heterosexual sex in general, and vaginal intercourse in particular. There are many, many heteronormative and pro-natalist assumptions packed into that assumption, as well as a general lack of awareness of the existence and possibility of bisexuality, or the vast array of sex acts that are non-procreative, or generally are not vaginally-penetrative. On the other hand, if the patient had already been open with her physician about her bisexuality, then

the physician's remarks make it clear that he hadn't listened to her when she came out to him, or that he didn't believe her or take her seriously, or that he assumed that even if she identified as "bi," she was likely still engaging in heterosexual relations of the sort that could result in pregnancy (e.g., heterosexual vaginal penetrative intercourse). He certainly did not leave open the possibility that her interactions could be with another woman, or otherwise of the sort that renders pregnancy impossible, as she had already expressed. The physician's remarks constitute a failure to ask the right questions and to appropriately listen, and also amounts to a sort of epistemic arrogance.[118] In either case, whether the physician had previously been made aware of the patient's bisexual identity or not, the physician has committed a microaggression, and specifically, one that calls into question the patient's *very identity* as bi. And just to reiterate, this is the case *whether or not the physician meant to* question his patient's identity, and subsequently to cause her any harm. Microaggressions are sneaky that way: they can (and do) occur regardless of our intentions, or even our awareness (see discussions in the introduction and chapter 2 of this thesis).

Not all microaggressions come in the form of words spoken, however. Some microaggressions are the product of gestures or bodily signals (i.e., facial expressions, body language) that can also send harmful messages to targets. Consider the following possible instance of a microaggression that occurs via body language. An HIV-positive gay man is in the clinic for a routine check-up. When taking his vitals, the nurse maintains a visible distance, and clearly tries not to make physical contact. When she does, she noticeably jumps back, as if to touch his body was disgusting or repulsive. Again, while the nurse likely means no harm – she might not even be consciously aware that she is acting this way – her body language sends the message that he is untouchable, unclean, monstrous even.[119]

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[118] On the vice of "epistemic arrogance," see Medina (2012). Also see Frye (1983) on the related problem of viewing others with an "arrogant perception."

[119] Physician and poet, Rafael Campo, writes about the centrality of physical touch to the art of healing in his 1998 book, *The Desire to Heal: A Doctor's Education in Empathy, Identity, and Poetry.* To withhold contact can be detrimental to trust, comfort, and ultimately care.

In addition to verbal or behavioral, as noted above, microaggressions can also be environmental. Environmental microaggressions are unlike those which are expressed with words or physical actions and gestures, because they are not necessarily brought on by a particular agent. Rather, there can be features of the environment, that is, the physical space, which function to send messages to target groups that they are regarded as being of low worth or importance in that space, or that they otherwise do not belong there. Consider the following possible (and, indeed all too common) environmental microaggression. A polyamorous, lesbian teenager is browsing through the information pamphlets about sex and sexuality while she awaits the physician to enter the examining room. She quickly realizes that all of the information available presupposes both heterosexuality and monogamy.[120] In other words, the pamphlets (in both the language used and the images depicted throughout) make references and provide information that systematically exclude people with sexual identities like hers. Immediately, she begins to second guess coming to the doctor, or, at least this doctor, again. She wonders if the doctor assumes heterosexuality and monogamy to be normatively best, or, indeed, the only reasonable possibility for sexual or romantic interaction. She wonders if he is aware of – and competent to speak to her about – the sexual identities she holds and the sexual experiences she is currently having.[121] In a moment of self-doubt, bridging on utter panic, the young patient grabs her jacket and runs out of the clinic. She does not return. In this example, the patient experienced a microaggression that isn't clearly traceable to any one particular agent's comments or actions, and yet, it still had the effect of making her question whether this space was for her: whether there were people in the space that could understand her and support her, or whether she was simply too different, too "Other," to exist

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[120] On problematic assumptions of monogamy and the erasure of polyamory, see the interview with Carrie Jenkins in Illing (2018).

[121] A parallel example involves trans and nonbinary people arriving at medical clinics and being asked to fill out intake forms which only provide two sex/gender options, which correspond to the gender binary. For an argument against binaristic sex categorization in medical contexts, see Freeman & Ayala (2018). For an excellent analysis of the overwhelming heteronormativity of the space of the clinic, see Meer & Muller (2017).

there. Insofar as this isn't the first time she has been fundamentally misunderstood, the buildup of doubt pushes her toward the latter.

Microaggressions such as those described above – and so many others – can have lasting implications for those queer people who experience them. Within the context of medicine, this can include the more general long-term consequences of medical microaggressions described above in section 4.2: an undermining of trust, damaged channels of communication, and thus the undermining of physician-patient relationships (including, in the worst case, the avoidance of medical care altogether).

Discrimination of all sorts, including microaggressions, endangers LGBTQ+ people's lives and wellbeing through delays or denials of medically necessary care. The Center for American Progress study cited above (Mirza 2018) notes that discrimination – and indeed, even the *potential* for discrimination – can deter LGBTQ+ people from seeking care in the first place. In the year prior to the survey cited above, 8 percent of all LGBTQ+ people – and 14 percent of those who had experienced discrimination on the basis of their sexual orientation or gender identity in the past year – avoided or postponed needed medical care because of disrespect or discrimination from health care staff. Among transgender people, 22 percent reported such avoidance. With regard to preventative screenings, 7 percent of LGBTQ+ respondents reported avoiding or postponing care in the year prior to the survey, while 17 percent of LGBTQ+ respondents who had experienced discrimination that year and 19 percent of transgender people reporting avoidance during that period.[122] Of LGBTQ+ people who reported having experienced discrimination in the past year; 18.4 percent reported avoiding doctor's offices to avoid discrimination, nearly seven times the rate of LGBTQ+ people who had not experienced discrimination in the past year, at 2.7 percent (Mirza

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[122] A 2011 study, the National Transgender Discrimination Survey, found that 27% of binary (mtf or ftm) trans people and 36% of nonbinary trans people reported postponing medical care due to fears of insensitive or incompetent treatment (see Harrison et al. 2012).

2018).[123] This data makes it clear that experiencing discrimination – in whatever form that discrimination takes, usually multiple forms – makes LGBTQ+ people more resistant to seek care at all.

In the following testimony, borrowed from Lykens et al. (2018), a two-spirit patient describes ceasing medical care after their health care provider routinely assumed that they desired genital surgery and refused to acknowledge or accept their identity as two-spirit, despite routinely trying to explain it. They recall:

> I remember that she [the provider] thought I hated my penis. This was so bizarre to me, you know, because I used it, I was fine with it. But she was seriously like convinced by all this shit that [because] I said I was non-binary that I hated my penis. She told me on—well, she told me like three separate times […] to consider removing it, to consider bottom surgery. Like to transition, whatever that means. She didn't even really believe that I liked using it for sex. I left after the third time, I couldn't take it anymore.

This example represents clear epistemic arrogance on the part of the health care provider, who, despite not having the same first-person experience of being two-spirit, and also likely lacking theoretical knowledge about non-binary identity and experience, *still* assumes she knows what the patient wants and needs better than they do. When the patient makes claims about their own experience (i.e., enjoying using their penis for sexual encounters), the provider still privileges her own understanding and refuses to believe them. Her failure to take their knowledge claims seriously, paired with her microaggressive erasure of their identity as two-spirit, leads the patient to leave, with no plans to return. As a result of her repeated microaggressive remarks, this provider has lost this patient, perhaps for good.

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[123] As Mirza (2018) notes, this data from the Center for American Progress is consistent with other research. The 2015 U.S. Transgender Survey, for example, found that nearly 1 in 4 transgender people (23 percent) had avoided seeking needed health care in the past year due to fear of discrimination or mistreatment due to their gender identity.

While there are many first-person reports of queer patients giving up on health care providers as a result of frequent experiences of microaggression and other discriminatory slights, many queer patients still (at times reluctantly) seek care. When LGBTQ+ people *do* seek care, past experiences of microaggressions can make them less likely to open up to their providers (i.e., about their sexuality or gender identity) than they otherwise would be. The Human Rights Campaign 2019 reports that 10% of lesbians, 13% of gay men, 33% of bisexual women, and 39% of bisexual men report not disclosing their sexual orientation to their health care provider. Of course, this is often relevant information for health care providers to know (assuming they know how to provide LGBTQ+ informed care in the first place) in order to give them tailored medical advice and treatment.[124]

In addition to the problem of not disclosing one's sexual or gender identity at all, there is also the problem of providing false information in an effort to receive the care one needs. More precisely, LGBTQ+ people might alter their own story to conform to more dominant narratives, ones they anticipate providers being more likely to understand. For example, a nonbinary or genderqueer person might use the language of mtf or ftm transgender, if they anticipate that they're actual identity won't be understood or responded to appropriately. A genderqueer patient describes this very experience:

> But you know, you gotta lie when you go into a clinic, you gotta say you're trans and you gotta say you want hormones and surgery. They're not gonna understand genderqueer, but they're gonna understand trans. […] So I said I was trans a lot, when I wasn't. But I wanted my hormones more than anything else… So for a long time I was just telling doctors that I was

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[124] Studies have shown that "coming out" is better for the health of LGBTQ+ people. For example, a study by the Center for Disease Control and Prevention shows that gay and bi men who had disclosed their sexual orientation and behavior to their physician are more than twice as likely to receive the leading health institute's recommended testing and vaccines (Reynolds 2018). For a study on the importance of visibility for queer, lesbian, and bisexual women, see Fredericks et al. (2017). Also see Rossman et al. (2017).

> trans, but that was really tiring because I had to make sure I was saying the
> right things. And all I really wanted was to explain to someone that I was
> non-binary, that I wanted to be seen that way. So, for a long time I had to
> put myself on the back burner, because doctors probably wouldn't
> acknowledge my existence (patient quoted in Lykens et al. 2018).

Notably, the patient describes having to describe themself as something they are not and use language to describe themself that does not fit with their lived experiences. They note that this was difficult and exhausting to maintain, as it involves a sort of self-deception and an act that needs to be kept up and maintained. And while keeping up a guise is difficult in itself, and perhaps even results in feelings of confusion and shame, the patient determines that, in this case, it is worth it in order to try to get the care that they need in a system that is difficult to navigate, and which generally fails to understand identities and experiences like theirs.[125]

The possibility of these grave consequences – delaying or avoiding care, feeling unable to open up to health care providers, having to alter their own narratives in an effort to be understood, and so on – are crucial to pay attention to. As noted above, LGBTQ+ people already have worse outcomes on a variety of mental and physical health indicators. Avoiding or delaying medical treatment can only make those disparities worse. Insofar as health care providers are committed to bridging those gaps, diminishing unjust health disparities, and providing quality care to all patients, they need to be aware of the effect routine microaggressions can have in medical settings, and work to become more aware of them when they occur. In what follows, I will suggest some ways to combat the harmful effects of medical microaggressions faced by queer people, in hopes of improving clinical experiences for LGBTQ+ communities.

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[125] For more on this problem, see Ivy (2013). Ivy highlights the problem of the "gatekeeper model" of health care delivery, and the impact it has on trans patients seeking medical resources to aid in their transitions. As Ivy describes, it is often the case that in order to access the means to medically transition, trans patients have to convince health care providers that they are "really trans" or that they are "trans enough." As such, trans people often conform their narrative to fit the expectations of their providers, at least long enough to "convince them" that they are "trans enough" to get through the gate and access necessary medical resources.

4.5. Improving Communication and Care for Queer Patients

So far, I have argued that as a matter of health justice, providers need to become aware of microaggressions and work to avoid them. Failure to do so has the potential to worsen (or, at least maintain) the health disparities faced by LGBTQ+ people, as they continue to avoid or delay care, or feel unable to communicate openly with their providers. I want to suggest some ways for health care providers to improve with respect to communication and care for LGBTQ+ patients, particularly with respect to avoiding microaggressions, or trying to neutralize their harmful impacts when they do occur.

First, it is imperative to recognize that while health care providers often assume that they are the authority within clinical encounters, both parties (queer patients and health care providers) have relevant types of knowledge or expertise to bring to bear on the encounter (cf. Kukla 2007; also see chapter 3 of this thesis). While health care providers have an important sort of technical, medical expertise, which is essential for diagnosing and treating illness, what they lack in many cases is a first-person awareness of the phenomenological experience of being queer – the "what it's like" to be LGBTQ+, and how that shapes queer patients experiences of themselves, their illnesses, and/or their health needs.[126]

Moreover, Talia Bettcher has argued that trans people (and I have argued, other queer people as well)[127] have "first-person authority" over their [gender or sexual] identities. Respecting this authority, Bettcher argues (and I agree) is morally and epistemically important. This is because when one makes an avowal of their gender they are, on Bettcher's account, making what amounts to a confession, insofar as they are sharing information which is generally kept private or concealed. In publicly avowing one's gender identity (or, I would add, their sexual orientation),

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[126] This lack of access to the phenomenological "what it is like" of being queer is in addition to the widespread lack of knowledge about queerness in general. As I have indicated, medical training tends to be deficient in this domain. This is all the more reason for providers to recognize the limitations of their knowledge and, where necessary defer to their patients' knowledge and collaborate with them to come up with the best possible course of action.

[127] I develop this argument in a not yet published paper, which was presented at the 2021 meeting of the Canadian Philosophical Association.

they are staking a social claim – they are authorizing how they want to be seen and treated in the social domain (or in a particular context, such as a medical clinic). This, Bettcher contends, is closely related to their autonomy; to decide if, and when, and how, to disclose one's gender identity or sexual orientation, is solely one's own choice. For someone else to determine or disclose this for them would constitute a serious violation of their ability to self-define and control information about their identity.[128]

Insofar as health care providers do not (and cannot) have direct access to the first-personal, subjective, phenomenological, embodied, and authoritative knowledge and experience that queer patients possess first-hand, it is necessary that health care providers begin to listen and respond to queer patients in a way that takes this first-personal knowledge and authority seriously, and integrates it into the process of understanding, diagnosing, and treating illness, or otherwise supporting health and wellness needs. To fail to do so is not only an ethical violation (insofar as it overrides one's right to self-determination and self-definition), it can also hinder one's ability to derive more complete knowledge of one's situation and needs.

Hence, there is a real need for the different types of knowledge that clinicians and their queer patients possess to come together in clinical discussion and deliberation. Lauren Freeman (2015) has provided one model that I think can help us here, namely, a model for what she calls "epistemic peers" (see discussion of this model in chapter 3 of this thesis). An epistemic peers relationship is one in which both parties are in a position to make legitimate claims to knowledge about some subject, *S*, and if their respective claims are taken seriously by either of them, the resulting knowledge will be more robust.[129] Freeman describes how the disproportionate epistemic power

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[128] See Kapusta (2016) on the importance of authority over one's gender to one's autonomy, and how the failure of others to recognize and respect this authority is morally contestable.

[129] While Freeman is focused on pregnant persons and their embodied knowledge, the model applies here. The main point is the call for collaboration across these different sorts of knowledge, and the unification of the embodied/subjective with the technical/"objective" to provide the best possible care. It is also worth noting that Serife Tekin is developing a similar argument within the context of psychiatry. She argues that psychiatric patients' first-hand experiences of mental illness and their subsequent testimonies are indispensable for objectivity in psychiatry (2020). Her general argument also applies here. Also see Davis-Floyd & Davis (1996) on the way assumptions of "authoritative knowledge" need to be brought into better balance with other forms of patient knowledge, such as "intuitive knowledge" (e.g., in childbirth).

(and sense of epistemic authority) health care providers have functions to undermine the epistemic privilege that patients have over their bodies, which can place them in a position of epistemic powerlessness (3). To counteract the problematic power/knowledge dynamics, she calls for the cultivation of epistemic peer relations, which are founded on mutual respect, open responsiveness, and strong communication. She writes:

> Physicians create a dialogic space in a supportive environment in which women feel comfortable talking about how their bodies feel to them and about what they are experiencing (physiologically, psychologically, emotionally), asking questions, and engaging in related discussion. Moreover, in this space, physicians take the time to listen carefully to women's accounts and concerns and to respond, speak to, and treat them as credible in offering testimony based on their first-personal experiences of their bodies (5).

I contend that the cultivation of such a relationship, one in which clinicians establish an epistemic peers relationship with their queer patients, is essential for creating the sorts of communicative contexts that are necessary to provide proper care for LGBTQ+ patients. Health care providers should recognize – and respect – the unique sorts of knowledge that queer patients have in virtue of their first-person experiences as queer and bring those into conversation with their own relevant knowledge and experiences.[130]

As noted in the quote from Freeman (2015) above, for a health care provider to be a good epistemic peer to their queer patients requires listening and responding appropriately to the testimonies of those patients. In other work (Stewart 2017) I have begun to develop normative guidelines for

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[130] It is important to note that while we take for granted that in most cases, health care providers do possess this sort of medical, technical expertise, in the case of treating LGBTQ+ patients, they often lack the queer-specific training and experiences that would give them epistemic authority in this domain. Testimonies from queer patients reflect that in many cases, they find themselves in a position of having to teach, explain, or educate their health care providers about queer identities and experiences, or having to interact with health care providers who are not queer competent (Praderio 2019). In such a case, an effective epistemic peers relationship would require even more deference to the knowledge and experience of the patient, which demands epistemic humility on the part of the health care providers, who are used to being in the position of greater epistemic power.

effective listening and ethical responses to testimony. Listening appropriately involves, first and foremost, bracketing one's own assumptions and the limitations of their prior knowledge, and being open to having their perspectives and ideas challenged and changed by others who might be in a position to know better (Stewart 2017, 40; see also Frye 1983 on "loving attention" and Lugones 1987 on "playful world-travelling"). Insofar as there are some things that can only be fully and robustly understood with first-hand experience, those who lack that experience owe an openness to those who do have it, which requires a willingness to have one's preconceived notions unsettled and genuinely challenged (cf. Lugones 1987). Where one truly cannot understand a certain experience (e.g., an experience of oppression), they owe what Laurence Thomas (1992) calls "moral deference" to the testimonies of those who have lived experiences of oppression. These are all tactics of listening better – trying to let go of one's arrogance (cf. Frye 1983), observing deference to the testimonies of others when we have experiential gaps (cf. Thomas 1992), and cultivating openness to having one's perception of what things are like challenged and changed, when viewing the situation from another's perspective (cf. Lugones 1987).

Another dimension of effective listening involves demonstrating compassion, particularly for experiences of suffering. This compassion might require a recognition of and grappling with one's relative power, safety, or institutional authority, and a willingness to feel and express concern for others who might lack it. Treating one's patients compassionately, across difference, is essential to hearing, and treating, them well.[131]

Once providers have cultivated the ability to listen and hear their patients well, they must also learn how to respond with empathy, and in a way that takes into account the patient's stated needs or interests. This requires not automatically assuming that the provider is automatically in a better position to know what the patient really wants or needs (see, for example, the case of the two-spirit patient above), but instead tailoring their recommendations and guidance to the stated needs and interests of their patients and collaborating on a course of action that fits with the patients' stated

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[131] For a truly beautiful and insightful account of how health care providers can establish compassionate, empathy, and loving connection with their patients, see Campo (1998). Michael Cohen (1995) has also offered a defense of compassionate bioethics, and an argument for how we might make medical practice more robustly compassionate (also see de Zulueta 2015).

goals and values. Responding empathetically requires giving meaningful attention to those needs, desires, goals, and values.

All of the above – becoming epistemic peers, cultivating better and more ethical listening practices, and engaging in empathetic response to patients' needs – function together to help reduce the risk of microaggressing patients. It does so by establishing a more level epistemic playing field – one which does not assume that providers have the epistemic upper hand by default. In cultivating more ethical listening practices – ones that decenter one's own perspective, remain open to having one's mind changed, and reflect moral deference – one is less likely to diminish or demean, even in subtle ways, patients' perspectives, identities, or values. All of these tactics are important for trying to balance out the power dynamics that occur in clinical encounter, and which drive the frequency of microaggressions. The more we close the presumed and actual gap in power, the more we can reign in microaggressions, and their detrimental impacts on patients.[132]

Though the strategies I have just outlined have as their aim reducing the circumstances in which microaggressions are likely to occur (e.g., by balancing out epistemic power relationships, avoiding speaking over and for patients, and knowing when to defer to their lived experience), I want to briefly suggest some additional, tangible ways that microaggressions can be reduced in clinical settings. These suggestions, however, are less about what individual health care providers can do when interacting with their patients, and instead focus on structural changes that need to occur within the space of the clinical environment itself (e.g., the aesthetics of the physical space of the clinic).

To get us started, let's revisit the example given above, in which a patient is browsing the medical literature in the clinic, and realizes that there is none available which matches her sexual orientation and preferences. Such cases are all too familiar for LGBTQ+ patients and can send the message that they will not be understood or respected in that space, or that they are deviant or abnormal insofar as they are not reflected in the available literature. These sorts of environmental

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[132] For a longer discussion of the way microaggressions reflect and reinforce unequal relations of power, see Stewart and Freeman's contribution to the *Routledge Handbook of Feminist Bioethics* (forthcoming 2021).

microaggressions are easily prevented, or counteracted, by the presence of "microcues," that is, small markers of inclusivity and acceptance that imply an awareness of, and respect for, diverse sexual and gender identities (see Sue et al. 2020 on these and other microaggressions intervention strategies). Some easy to incorporate examples would be having literature and pamphlets that are representative of diverse sexual preferences and gender identifications, having posters that reflect various sorts of families or sexual partners, having gender neutral and accessible washrooms, and removing gendered language from sexual health resources (for e.g., baskets containing free condoms should not have heteronormative language on them!) Another important thing that providers can do is indicate their pronouns when introducing themselves to a patient ("Hi, I am Dr. Smith and I use he/him pronouns"). Pronouns could also be displayed on the name badges of providers and staff. This normalizes asking for and providing pronouns in all clinical exchanges, thereby reducing the risks or mispronouning or misgendering.

Another change that is easy to implement, but which can seriously reduce the harmful consequences of environmental microaggressions (and other interpersonal microaggressions as well!), involves designing and utilizing inclusive intake forms. As noted above, intake forms are one of the first parts of a clinical encounter which suggest to a patient whether their experiences are recognizable and understood in that space. Having a range of gender identity and sexual orientation options can help make LGBTQ+ people feel welcome from the outset. It can also help open the door for more open conversations later. Though providers often are reluctant to ask patients questions about sexual preference for fear of embarrassing them, recent survey data indicates that an overwhelming majority (approximating 90 percent) of patients don't share that fear (Powell 2018). A simple open question on registration forms – "Do you have sex with men, women, or both?" – can give a physician information and help establish communication that might prove important in understanding and treating health needs. It also takes the onus of asking this question for the first time off the provider in real time, and allows the patient to indicate it in writing, in a more discrete way.

Queering the clinical space in these ways helps to reduce the sorts of environmental microaggressions that can make LGBTQ+ patients feel unsafe or unwelcome, and can help to cultivate the sort of environment in which trusting, productive exchanges can take place. When

paired with verbal signifiers and the use of appropriate and inclusive language,[133] these seemingly small changes can make a world of difference for counteracting the harms of microaggressions that occur in medical settings. Going beyond this, and thinking about structural changes, there is also a need to put serious effort into diversifying medical school classes, as well as physicians and administrators at all levels. For a discussion of the importance of diversity at the level of medical education and institutional culture, in addition to individual level changes, see Dean et al. (2016).

Though I have just spent a great deal of time pointing to things we should be concerned about with respect to medical practice, I would be remiss not to note that there is some reason for optimism about the future of this practice, and its interactions with LGBTQ+ patients. My optimism here, as both a theorist and a queer person myself, comes as a result of looking to the next generation of health care providers. There is, for example, reason to believe that the current generation is more LGBTQ+ inclusive and accepting than previous generations, and that this trend will only continue (Charlesworth and Banaji 2019; Gates 2017). Within the context of medical training, future health care providers are pushing for better and more-inclusive preparation and training, which will provide them with the tools needed to give quality care to all of their patients (see Cohen 2019).

Here is one hopeful story. After having failed to receive what she thought would be sufficient training to effectively treat queer patients in her medical school's curriculum, the New York Medical College Student referenced above (the one who reported her LGBTQ+ medical training coming in the form of a Buzzfeed video) rallied a group of her peers to approach the administration about the lack of LGBTQ+ competency in their medical training. The student reports that administrators were "amazingly receptive" to her presentation and that she quickly gained student and faculty allies. As a result, the school went from one and a half hours of LGBT-focused content in the curriculum to seven hours within a matter of two years (!).[134] The student noted that she

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[133] For a helpful overview of trans-inclusive language, see Lowik (2019).

[134] I do not want to imply that this victory – in getting 6 additional hours of LGBTQ+ focused training, is sufficient. LGBTQ+ health should be woven all throughout the entirety of medical education – not simply tacked on as an extra discrete unit. However, it is worth celebrating the efforts of one future provider and her peers to start taking steps in the right direction.

doesn't think the change would have happened had the students not pushed for it themselves (Cohen 2019).

This story is not the only one like it. Medical students at Harvard Medical School, for example, are now similarly pushing for more LGBTQ+ focused medical training. Jessica Halem, Harvard Medical School's LGBT program director, reports on the motivation for the recently developed Sexual and Gender Minorities Health Equity initiative at Harvard, stating that: "The main first driver truly was medical students organizing and saying 'Hey, I need the curriculum to reflect the kind of medicine that I came here to study!'" (Cohen 2019). Future medical providers desire to do right by their patients, including their LGBTQ+ patients, and they know that this starts with having a proper, queer-centered medical education, with consistent, accurate, and comprehensive content.[135]

The hope is that better training will make health care providers feel more prepared, more comfortable, and more competent with their LGBTQ+ patients. Ideally, it will also help to overcome – or at least start diminishing – the implicit preferences that health care providers currently have for heterosexual patients, and the negative associations held against LGBTQ+ patients (see Sabin et al. 2015). All of these improvements will help to decrease the risk of alienating patients with microaggressive language and actions, can help foster better communication with them, and ultimately make LGBTQ+ patients feel more comfortable and safe speaking up in the clinic.[136]

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[135] Another reason for optimism is that such curricula are being developed for eventual implementation on a wider scale. The University of Louisville Medical School in Kentucky served as the nation's pilot site for training future physicians on the unique health care concerns and issues encountered by people who are lesbian, gay, bisexual, transgender (LGBT), gender non-conforming or born with differences of sex development (DSD) (UofL SOM 2015). For an argument that medical schools have a moral responsibility to train future health providers to respond professionally to queer patients, see Schuklenk & Smalling (2013).

[136] There is some empirical reason to believe that this will, in fact, be the case. One study has demonstrated that patients most prefer to receive sexual health information from their provider who initiates the conversation (45.1%) and least prefer information from the Internet (25.4%). Patients are most comfortable with providers who are "knowledgeable about sexual concerns" (74.5%) and "seem comfortable addressing sexual concerns" (68.3%) (Wittenberg & Gerber 2009). This suggests that queer patients do desire to have fruitful interactions about sexual health and gender identity with well-trained health care providers, and that they are more likely to do so if they perceive that their provider is competent with respect to these areas.

I am made hopeful (at least in a limited, qualified sense) when I see the concrete actions starting to emerge in this domain, which are aimed at better preparing health care providers to interact with LGBTQ+ patients, and to do so more respectfully and with greater care for their identities and experiences. In Canada, for example, an Assistant Professor at the University of Toronto Dalla Lana School of Public Health, Alex Abramovich, recently co-authored an article in the Canadian Medical Association Journal (Lam and Abramovich 2019) that provides comprehensive steps for physicians to follow to become more trans-inclusive and trans-competent in their care delivery. The article made several tangible recommendations, including asking patients privately at the beginning of the encounter which pronouns they go by and addressing patients with a gender-affirming approach throughout the encounter (i.e., an approach which does not pathologize gender variance).[137] These seemingly small changes in how health care providers interact with patients can go a long way to demonstrate their willingness to learn, and desire to respect the humanity of patients. As I have suggested above, making these changes is a matter of health justice, and a matter of ensuring LGBTQ+ have the opportunity to be mentally and physically well – something every human being deserves.

4.6. Conclusion

This paper has considered a potential roadblock for queer patients attempting to receive quality medical care, namely, the influence of microaggressions in clinical encounters. In medical contexts, microaggressions can have a detrimental impact on core features of the clinical relationship, most importantly trust and effective communication. Effective communication is a necessary condition for knowledge transfer between patients and clinicians. Microaggressions stand in the way of such communication and contribute to the positioning of LGBTQ+ patients as epistemically inferior. I have argued that in order to overcome these failures of communication and trust (and ultimately to combat the detrimental impact of microaggressions), health care providers should aim to establish an epistemic peers relationship with their queer patients, whereby they respect their queer patients as epistemic equals and as experts in their own right. They should

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[137] For a discussion of this work, see Jaiswal (2019).

also cultivate practices of listening which aim to diminish their own "arrogant perception" (cf. Frye 1983), and in which they demonstrate deference when necessary (cf. Thomas 1992). Only then can health care providers truly hear their queer patients, in a way that makes administering the highest quality care possible. Finally, I have suggested some easy-to-implement changes to the physical space of the clinic, which provide "microcues" for LGBTQ+ people to help them perceive the space as one in which they will be understood and respected. I have also pointed to some reasons for optimism about the direction in which things are headed – one in which structural changes are being demanded by the next generation of health providers.

4.7. References

Baier, Annette. 1986. "Trust and Antitrust." *Ethics* 96 (2). University of Chicago Press: 231–260. http://www.jstor.org/stable/2381376.

Balsam, Kimberly F., Yamile Molina, Blair Beadnell, Jane Simoni, and Karina Walters. 2011. "Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale." *Cultural Diversity and Ethnic Minority Psychology* 17 (2): 163–174. doi:10.1037/a0023244.

Beagan, Brenda, Erin Fredericks, and Mary Bryson. 2015. "Family Physician Perceptions of Working with LGBTQ Patients: Physician Training Needs." *Canadian Medical Education Journal* 6 (1): e14–e22. doi:10.36834/cmej.36647.

Bettcher, Talia Mae. 2007. "Evil Deceivers and Make-Believers: On Transphobic Violence and the Politics of Illusion." *Hypatia* 22 (3): 43–65. doi:10.2979/hyp.2007.22.3.43.

Bettcher, Talia Mae. 2009. "Trans Identities and First Person Authority." In *You've Changed: Sex Reassignment and Personal Identity*, edited by Laurie Shrage. Oxford: Oxford University Press.

Broyard, Anatole. 1992. *Intoxicated by My Illness: And Other Writings on Life and Death*. New York: C. Potter.

Campo, Rafael. 1997. *The Desire to Heal: A Doctor's Education in Empathy, Identity, and Poetry*. Norton Publications.

Cara, Ed. 2015. "Doctors Apologize For Telling 19-Year-Old Cancer Patient To 'Stop Googling' Symptoms, Admit Fault In Her Death." *Medical Daily*, June 18.

Carel, Havi. 2008. *Illness: The Cry of the Flesh*. 2nd ed. Oxford: Routledge. doi:10.1017/UPO9781844654215.

Carel, Havi, and Ian James Kidd. 2014. "Epistemic Injustice in Healthcare: A Philosophical Analysis." *Medicine, Health Care and Philosophy* 17 (4): 529–540.

Charlesworth, Tessa E.S., and Mahzarin R. Banaji. 2019. *Patterns of Implicit and Explicit Attitudes: I. Long-Term Change and Stability From 2007 to 2016. Psychological Science*. Vol. 30. doi:10.1177/0956797618813087.

Charmaz, Kathy. 1983. "Loss of Self: A Fundamental Form of Suffering in the Chronically Ill." *Sociology of Health & Illness* 5 (2): 168–195. doi:10.1111/1467-9566.ep10491512.

Cohen, Michael H. 1995. "Toward a Bioethics Of Compassion." *Indiana Law Review* 28 (3): 667–688. doi:10.18060/3138.

Cohen, Rachel D. 2019. "Medical Students Push For More LGBT Health Training To Address Disparities." *Shots: Health News from NPR*, January 20. https://www.npr.org/sections/health-shots/2019/01/20/683216767/medical-students-push-for-more-lgbt-health-training-to-address-disparities.

Cruz, Daniel, Yubelky Rodriguez, and Christina Mastropaolo. 2019. "Perceived Microaggressions in Health Care: A Measurement Study." Edited by Nickolas Zaller. *PLOS ONE* 14 (2): e0211620. doi:10.1371/journal.pone.0211620.

Davis-Floyd, Robbie, and Elizabeth Davis. 1996. "Intuition as Authoritative Knowledge in Midwifery and Homebirth." *International Journal for the Analysis of Health* 10 (2): 237–269. doi:10.1525/maq.1996.10.2.02a00080.

de Zulueta, Paquita C. 2015. "Suffering, Compassion and 'Doing Good Medical Ethics.'" *Journal of Medical Ethics* 41 (1): 87–90. doi:10.1136/medethics-2014-102355.

Dean, Megan A., Elizabeth Victor, and Laura Guidry-Grimes. 2016. "Inhospitable Healthcare Spaces: Why Diversity Training on LGBTQIA Issues Is Not Enough." *Journal of Bioethical Inquiry* 13 (4): 557–570. doi:10.1007/s11673-016-9738-9.

Dembroff, Robin, and Daniel Wodak. 2018. "He/She/They/Ze." *Ergo: An Open Access Journal of Philosophy* 5. doi:10.3998/ergo.12405314.0005.014.

Fallin-Bennett, Keisa. 2015. "Implicit Bias Against Sexual Minorities in Medicine." *Academic Medicine* 90 (5): 549–552. doi:10.1097/ACM.0000000000000662.

Frank, Arthur. 2002. *At the Will of the Body: Reflections on Illness*. Mariner Books.

Fredericks, Erin, Ami Harbin, and Kelly Baker. 2017. "Being (in)Visible in the Clinic: A Qualitative Study of Queer, Lesbian, and Bisexual Women's Health Care Experiences in Eastern Canada." *Health Care for Women International* 38 (4): 394–408. doi:10.1080/07399332.2016.1213264.

Freeman, Lauren. 2018. "Micro Interactions, Macro Harms: Some Thoughts on Improving Health Care for Transgender and Gender Nonbinary Folks." *International Journal of Feminist Approaches to Bioethics* 11 (2): 157–165. doi:10.3138/ijfab.2018.05.29.

Freeman, Lauren. 2015. "Confronting Diminished Epistemic Privilege and Epistemic Injustice in Pregnancy by Challenging a 'Panoptics of the Womb.'" *Journal of Medicine and Philosophy (United Kingdom)* 40 (1): 44–68. doi:10.1093/jmp/jhu046.

Freeman, Lauren, and Saray Ayala López. 2018. "Sex Categorization in Medical Contexts: A Cautionary Tale." *Kennedy Institute of Ethics Journal* 28 (3): 243–280. doi:10.1353/ken.2018.0017.

Freeman, Lauren, and Heather Stewart. 2019a. "Epistemic Microaggressions and Epistemic Injustice in Clinical Medicine." In *Overcoming Epistemic Injustice: Social and Psychological Perspectives*, edited by Benjamin R. Sherman and Stacey Goguen, 121–138. Rowman & Littlefield International.

Freeman, Lauren, and Heather Stewart. 2019b. "Microaggressions in Medicine and the Harms to Patients." *Health Science Campus, Celebrating Diversity Newsletter*. http://louisville.edu/hsc/diversity/files/copy_of_Summer2019Edition.pdf.

Freeman, Lauren, and Heather Stewart. 2019c. "Shifting Perspectives: A Victim-Centered Account of Microaggressions in Medicine, and Beyond." *International Journal of Feminist Approaches to Bioethics Blog*, February. http://www.ijfab.org/blog/2019/02/shifting-perspectives-a-victim-centered-account-of-microaggressions-in-medicine-and-beyond/.

Freeman, Lauren, and Heather Stewart. 2018. "Microaggressions in Clinical Medicine." *Kennedy Institute of Ethics Journal* 28 (4): 411–449. doi:10.1353/ken.2018.0024.

Freeman, Lauren, and Heather Stewart. "Microaggressions in Medicine." In progress.

Friedlaender, Christina. 2018. "On Microaggressions: Cumulative Harm and Individual Responsibility." *Hypatia* 33 (1): 5–21. doi:10.1111/hypa.12390.

Frye, Marilyn. 1983. *The Politics of Reality: Essays in Feminist Theory*. Crossing Press.

Gates, Gary J. 2011. "How Many People Are Lesbian, Gay, Bisexual, and Transgender?" *The Williams Institute* April. http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf.

Gates, Gary. 2017. "In US, More Adults Identifying as LGBT." *Gallup*. https://news.gallup.com/poll/201731/lgbt-identification-rises.aspx%0Ahttp://www.gallup.com/poll/201731/lgbt-identification-rises.aspx.

Geller, Gail, and Paul A. Watkins. 2018. "Addressing Medical Students' Negative Bias toward Patients with Obesity through Ethics Education." *AMA Journal of Ethics* 20 (10): 948–959. doi:10.1001/amajethics.2018.948.

Gounder, Celine. 2016. "LGBT People Suffer From Poorer Health: Doctors Must Work to Change That." *The Guardian*, June 29. https://www.theguardian.com/commentisfree/2016/jun/29/lgbt-health-disparities-stigma-us.

Hafeez, Hudaisa, Muhammad Zeshan, Muhammad A Tahir, Nusrat Jahan, and Sadiq Naveed. 2017. "Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review." *Cureus* 9 (4): e1184. doi:10.7759/cureus.1184.

Harrison, Jack, Jamie Grant, and Jody L. Herman. "A Gender Not Listed Here: Genderqueers, Gender Rebels, and Otherwise in the National Transgender Discrimination Survey." *LGBTQ Policy Journal at the Harvard Kennedy School* 2: 13–24.

Hastings, Christobel. 2018. "What It's Like to Go to the Doctor as a Gay Woman: Quite Frankly, Not as Straightforward As It Should Be." *Cosmopolitan*, August. https://www.cosmopolitan.com/uk/reports/a9146658/going-to-doctor-gay-woman-lgbt-discrimination/.

Hoffman, Kelly M., Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver. 2016. "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences between Blacks and Whites." *Proceedings of the National Academy of Sciences of the United States of America* 113 (16): 4296–4301. doi:10.1073/pnas.1516047113.

Human Rights Campaign. 2021. "Glossary of Terms." https://www.hrc.org/resources/glossary-of-terms.

Illing, Sean. 2018. "A Philosopher Makes the Case for Polyamory." *Vox*, February. https://www.vox.com/conversations/2017/2/23/14684236/monogamy-valentines-day-polyamory-marriage-love.

Ivy, Veronica [as Rachel McKinnon]. 2013. "Trouble Making the Change: My Transgender Experience." *The Conversation*, September 26. https://theconversation.com/trouble-making-the-change-my-transgender-experience-18527.

Jaiswal, Arushi. 2019. "Moving Toward Trans-Inclusive Healthcare in Canada." *The Varsity*, February 23. https://thevarsity.ca/2019/02/03/moving-toward-trans-inclusive-healthcare-in-canada/.

Kapusta, Stephanie Julia. 2016. "Misgendering and Its Moral Contestability." *Hypatia* 31 (3): 502–519. doi:10.1111/hypa.12259.

Krehely, Jeff. 2009. "How to Close the LGBT Health Disparities Gap." *Center for American Progress*, December 21. https://www.americanprogress.org/issues/lgbt/reports/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/.

Kukla, Quill [Published as Rebecca Kukla]. 2007. "How Do Patients Know?" *Hastings Center Report* 37 (5): 27–35. doi:10.1353/hcr.2007.0074.

Lam, June Sing Hong, and Alex Abramovich. 2019. "Transgender-Inclusive Care." *CMAJ* 191, no. 3 (2019): E79-E79.

Levin, Sam. 2021. "'It Helps Me Be Myself': Trans Kids On the Healthcare Republicans Want to Deny Them." *The Guardian*, March 24. https://www.theguardian.com/us-news/2021/mar/24/trans-children-healthcare-ban-gender-affirming.

Lombrozo, Tania. 2017. "How Small Inequities Lead to Big Inequalities." *Cosmos & Culture*, July 24. https://www.npr.org/sections/13.7/2017/07/24/539010535/how-small-inequities-lead-to-big-inequalities.

Lowik, A.J. 2019. "Trans-Inclusive Abortion Services: A Manual for Providers on Operationalizing Trans-Inclusive Policies and Practices in an Abortion Setting." Halifax: Halifax Sexual Health Center. http://hshc.ca/wp-content/uploads/2018/06/Transgender-Abortion-Access-Manual-WEB.pdf.

Lugones, María. 1987. "Playfulness, 'World'-Travelling, and Loving Perception." *Hypatia* 2 (2): 3–19. doi:10.1111/j.1527-2001.1987.tb01062.x.

Lykens, James E., Allen J. Leblanc, and Walter O. Bockting. 2018. "Healthcare Experiences among Young Adults Who Identify as Genderqueer or Nonbinary." *LGBT Health* 5 (3): 191–196. doi:10.1089/lgbt.2017.0215.

Mallon, Ron. 2021. "Racial Attitudes, Accumulation Mechanisms, and Disparities." *Review of Philosophy and Psychology* 1: 1–23. doi:10.1007/s13164-020-00521-6.

Mallon, Ron. 2021. "Racial Attitudes, Accumulation Mechanisms, and Disparities." *Review of Philosophy and Psychology* 1: 1–23. doi:10.1007/s13164-020-00521-6.

McDowell, Michal J., and Iman K. Berrahou. 2018. "Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios." Edited by Hilary Goldhammer, Jennifer Potter, and Alex S. Keuroghlian. Boston, MA: The Fenway Institute, The National LGBT Health Education Center. https://www.lgbthealtheducation.org/wp-content/uploads/2018/10/Implicit-Bias-Guide-2018_Final.pdf.

McLeod, Carolyn. 2020. *Conscience in Reproductive Health Care: Prioritizing Patient Interest*. Oxford: Oxford University Press. doi:10.1093/oso/9780198732723.001.0001.

Medina, José. 2013. *The Epistemology of Resistance: Gender and Racial Oppression, Epistemic Injustice, and the Social Imagination*. Studies in Feminist Philosophy. New York, NY: Oxford University Press. doi:10.1093/acprof:oso/9780199929023.001.0001.

Meer, Talia, and Alex Müller. 2017. "'They Treat Us like We're Not There': Queer Bodies and the Social Production of Healthcare Spaces." *Health and Place* 45: 92–98. doi:10.1016/j.healthplace.2017.03.010.

Miller, David P., John G. Spangler, Mara Z. Vitolins, Stephen W. Davis, Edward H. Ip, Gail S. Marion, and Sonia J. Crandall. 2013. "Are Medical Students Aware of Their Anti-Obesity Bias?" *Academic Medicine* 88 (7): 978–982. doi:10.1097/ACM.0b013e318294f817.

Mirza, Shabab Ahmed, and Caitlin Rooney. 2018. "Discrimination Prevents LGBTQ People from Accessing Health Care." *Center for American Progress*, January. https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/.

Nadal, Kevin L. 2013. *That's so Gay! Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community*. Washington, DC: American Psychological Association.

Nadal, Kevin L., Marie Anne Issa, Jayleen Leon, Vanessa Meterko, Michelle Wideman, and Yinglee Wong. 2011. "Sexual Orientation Microaggressions: 'Death by a Thousand Cuts' for Lesbian, Gay, and Bisexual Youth." *Journal of LGBT Youth* 8 (3): 234–259. doi:10.1080/19361653.2011.584204.

Nadal, Kevin L., Kara Mia Vigilia Escobar, Gail T. Prado, E. J.R. David, and Kristal Haynes. 2012. "Racial Microaggressions and the Filipino American Experience: Recommendations

for Counseling and Development." *Journal of Multicultural Counseling and Development*
40 (3): 156–173. doi:10.1002/j.2161-1912.2012.00015.x.

Nadal, Kevin L., Yinglee Wong, Katie E. Griffin, Kristin Davidoff, and Julie Sriken. 2014. "The
Adverse Impact of Racial Microaggressions on College Students' Self-Esteem." *Journal of
College Student Development* 55 (5): 461–474. doi:10.1353/csd.2014.0051.

O'Dowd, Ornaith. 2018. "Microaggressions: A Kantian Account." *Ethical Theory and Moral
Practice* 21 (5): 1219–1232. doi:10.1007/s10677-018-9964-9.

Petrow, Steven. 2016. "For Many LGBT People Even a Routine Doctor Visit Can Be a
Degrading Experience." *The Washington Post*, October 3.
https://www.washingtonpost.com/lifestyle/style/for-many-lgbtq-people-even-a-routine-
doctor-visit-can-be-a-degrading-experience/2016/10/02/092cd3bc-872a-11e6-a3ef-
f35afb41797f_story.html.

Pierce, Chester M. 1970. "Offensive Mechanisms." In *The Black Seventies*, edited by Floyd B.
Barbour, 265–282. Boston, MA: Porter Sargent Publisher.

Pierce, Chester M., Jean V. Carew, Diane Pierce-Gonzalez, and Deborah Wills. 1977. "An
Experiment in Racism: TV Commercials." In *Education and Urban Society*, edited by
Chester M. Pierce, 10:61–87. Beverly Hills, CA: Sage. doi:10.1177/001312457701000105.

Powell, Alvin. 2018. "The Problems with LGBTQ Health Care." *Harvard Gazette*, March 23.
https://news.harvard.edu/gazette/story/2018/03/health-care-providers-need-better-
understanding-of-lgbtq-patients-harvard-forum-says/.

Praderio, Caroline. 2019. "LGBTQ Patients Reveal Their Exhausting, Infuriating, and
Surprisingly Common Struggles at the Doctors' Office." *Insider*, May 31.
https://www.insider.com/lgbtq-healthcare-doctors-health-disparities-2018-4.

Resnick, Courtney A., and M. Paz Galupo. 2019. "Assessing Experiences With LGBT
Microaggressions in the Workplace: Development and Validation of the Microaggression
Experiences at Work Scale." *Journal of Homosexuality* 66 (10): 1380–1403.
doi:10.1080/00918369.2018.1542207.

Reuters, Thomson. 2021. "Arkansas Passes Bill Banning Doctors From Providing Some
Treatments to Transgender Youth." *CBC News*, March 9.
https://www.cbc.ca/news/world/arkansas-anti-trans-bill-1.5968993.

Reynolds, Daniel. 2018. "Study: Coming Out to Doctors Is Good for Gay Health." *The Advocate*, July 26. https://www.advocate.com/health/2018/7/26/study-coming-out-doctors-good-gay-health.

Rini, Regina. 2020. *The Ethics of Microaggressions*. 1st ed. New York: Routledge.

Robb, Alice. 2017. "Too Many Doctors Still Believe Dangerous Racial Stereotypes." *The Cut*, November 2. https://www.thecut.com/2017/11/too-many-doctors-still-believe-dangerous-racial-stereotypes.html.

Rossman, Kinton, Paul Salamanca, and Kathryn Macapagal. 2017. "A Qualitative Study Examining Young Adults' Experiences of Disclosure and Nondisclosure of LGBTQ Identity to Health Care Providers." *Journal of Homosexuality* 64 (10): 1390–1410. doi:10.1080/00918369.2017.1321379.

Roussy, Kas. 2017. "'Working with One Arm Tied behind Our Back': Hospitals Are Ill-Equipped to Treat Obese Patients, Experts Say." *CBC News*, October 2. https://www.cbc.ca/news/health/health-hospital-obesity-bariatric-michaelgarronhospital-uofalberta-1.4305767.

Sabin, Janice A., Rachel G. Riskind, and Brian A. Nosek. 2015. "Health Care Providers' Implicit and Explicit Attitudes toward Lesbian Women and Gay Men." *American Journal of Public Health* 105 (9): 1831–1841. doi:10.2105/AJPH.2015.302631.

Safer, J D, and E N Pearce. 2013. "A Simple Curriculum Content Change Increased Medical Student Comfort with Transgender Medicine." *Endocrinology Practice* 19 (4): 633–637.

Schuklenk, Udo, and Ricardo Smalling. 2013. "Queer Patients and the Health Care Professional-Regulatory Arrangements Matter." *Journal of Medical Humanities* 34 (2): 93–99. doi:10.1007/s10912-013-9211-2.

Sharman, Zena. 2017. *The Remedy: Queer and Trans Voices on Health and Health Care*. Vancouver, BC: Arsenal Pulp Press.

Stewart, Heather Marie. 2019. "Bisexual Microaggressions in Medical Contexts." *Bisexual Resource Center Blog*, March 23. http://biresource.org/bisexual-microaggressions-in-medical-contexts/.

Stewart, Heather Marie. 2017. "Institutional Uptake: Extending Theories of Uptake Beyond the Interpersonal." *Philosophy Graduate Theses & Dissertations*. University of Colorado, Boulder. https://scholar.colorado.edu/concern/graduate_thesis_or_dissertations/hh63sw21p.

Sue, Derald Wing. 2010. *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. New York, NY: Wiley & Sons.

Sue, Derald Wing, Cassandra Z Calle, Narolyn Mendez, Sarah Alsaidi, and Elizabeth Glaeser. 2020. *Microintervention Strategies: What You Can Do to Disarm and Dismantle Individual and Systemic Racism and Bias*. John: Wiley & Sons.

Sue, Derald Wing, Christina M. Capodilupo, Kevin L. Nadal, and Gina C. Torino. 2008a. "Racial Microaggressions and the Power to Define Reality." *American Psychologist* 63 (4): 277–279. doi:10.1037/0003-066X.63.4.277.

Sue, Derald Wing, Christina M. Capodilupo, Gina C. Torino, Jennifer M. Bucceri, Aisha M.B. Holder, Kevin L. Nadal, and Marta Esquilin. 2007. "Racial Microaggressions in Everyday Life: Implications for Clinical Practice." *American Psychologist* 62 (4): 271–286. doi:10.1037/0003-066X.62.4.271.

Sue, Derald Wing, Kevin L. Nadal, Christina M. Capodilupo, Annie I. Lin, Gina C. Torino, and David P. Rivera. 2008b. "Racial Microaggressions against Black Americans: Implications for Counseling." *Journal of Counseling and Development* 86 (3): 330–338. doi:10.1002/j.1556-6678.2008.tb00517.x.

Tekin, Şerife. 2020. "Patients as Experience-Based Experts in Psychiatry: Insights from the Natural Method." In *The Natural Method: Essays on Mind, Ethics, and Self in Honor of Owen Flanagan*, edited by Eddy Nahmias, Thomas W. Polger, and Wenqing Zhao, 1st ed. The MIT Press. doi:10.7551/mitpress/10567.003.0005.

Thomas, Laurence. 1992. "Moral Deference." *Philosophical Forum* 24 (1–3): 232–250. http://www.laurencethomas.com/Deference.pdf.

UofL SoM. 2015. "New LGBT Training Incorporated into Medical School Curriculum." *University of Louisville School of Medicine*. https://louisville.edu/medicine/news/new-lgbt-training-incorporated-into-medical-school-curriculum.

Walker, Margaret Urban. 2006. *Moral Repair: Reconstructing Moral Relations after Wrongdoing*. *Moral Repair: Reconstructing Moral Relations After Wrongdoing*. Cambridge, UK: Cambridge University Press. doi:10.1017/CBO9780511618024.

Wang, Hansi Lo. 2018. "2020 Census Will Ask About Same-Sex Relationships." *NPR, Morning Edition*, March 30. https://www.npr.org/2018/03/30/598192154/2020-census-will-ask-about-same-sex-relationships.

Wang, Hansi Lo. 2017. "Census Bureau Caught In Political Mess Over LGBT Data." *NPR*, July 18. https://www.npr.org/2017/07/18/536484467/census-bureau-found-no-need-for-lgbt-data-despite-4-agencies-requesting-it.

Wittenberg, Alyssa, and Judith Gerber. 2009. "Recommendations for Improving Sexual Health Curricula in Medical Schools: Results from a Two-Arm Study Collecting Data from Patients and Medical Students." *Journal of Sexual Medicine* 6 (2): 362–368. doi:10.1111/j.1743-6109.2008.01046.x.

Zelin, Nicole Sitkin, Charlotte Hastings, Brendin R. Beaulieu-Jones, Caroline Scott, Ana Rodriguez-Villa, Cassandra Duarte, Christopher Calahan, and Alexander J. Adami. 2018. "Sexual and Gender Minority Health in Medical Curricula in New England: A Pilot Study of Medical Student Comfort, Competence and Perception of Curricula." *Medical Education Online* 23 (1). doi:10.1080/10872981.2018.1461513.

Chapter 5

5. Paving the Road to Truly Free Speech: Establishing a More Just Free Speech Infrastructure on Campus and Beyond[138]

Abstract:

Freedom of speech and a range of related issues have become the subject of thriving (albeit at times contentious, and even hostile) debate. Unlike many debates that philosophers and other academics engage in, issues surrounding freedom of speech – applications, boundaries, and limitations – have infiltrated popular consciousness as well, bringing the importance of the debate into even sharper focus. While these debates around the meaning and scope of free speech have applications in a variety of domains (civic life, the media, social media, and various other institutions), a substantial focus in recent years has been on the role of free speech and free expression on university and college campuses. As such, this paper considers debates around freedom of speech and expression as they manifest in those contexts.

Using one highly contested speech phenomenon, namely, "microaggressions" as my lens, I aim to complicate the current debates around freedom of speech and expression on college campuses, and in particular, a recent articulation of the value and benefits of free speech on university campuses proffered by Philip Pettit (2018). Though Pettit's framework for understanding freedom of speech, and specifically his

"infrastructure" analogy has a great deal of promise, I argue that it is, in some important ways, limited. Specifically, I argue that his account is not adequately attentive to the role of power and oppression on our speech practices. I then provide an expansion of his view which is more suitably attentive to the influence of power and oppression on speech. I contend that analyzing Pettit's free speech framework through the lens of power and oppression offers a more promising route for thinking about the value and scope of free speech and expression in college and university settings. I consider how this adapted view – one which is sufficiently attentive to power and oppression – can help us understand that the reduction of microaggressions and attempts to neutralize the harms of microaggressions can be thought of as integral parts of a robust, fair, anti-oppressive free speech infrastructure on university and college campuses.

5.1. Introduction

Freedom of speech and a range of related issues[139] have become the subject of thriving (albeit at times hostile) debate. Unlike many debates that philosophers and other academics engage in, questions about freedom of speech – its applications, boundaries, and limitations – have infiltrated popular consciousness as well, bringing the importance of the debate into even sharper focus.[140]

While debates around the meaning and scope of free speech have applications in a variety of domains (civic life, the media and journalism, social media, and various other institutions), a substantial focus in recent years has been on the role of free speech and free expression on university and college campuses. At least part of the reason for the growing interest in free speech and free expression on university campuses – at least within the United States and Canada – has to do with the recent political climate in both places. Specifically, in both places, politicians on the political right have adopted an increasingly popular view that "free speech is under attack," (Gelber 2018; Guelzo 2018; Powers 2015) and that the majority of this attack is being launched from within the academy, in particular by those deemed left-wing (Jesse 2018; Davies 2018; Mackinnon 2019). Anxieties about "cancel culture" and "cancellation," especially of right-wing thinkers, abound (Paul 2020).

In response to what those on the political right see as a crisis of free speech, right-leaning politicians and pundits have proceeded to demand more, and more demanding, speech protections to offset this alleged attack. In the United States context, for example, while still in office, the now-former president of the United States, Donald Trump, threatened in an address to the Conservative

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[139] The sorts of related issues that I have in mind include, for example: discussions around "safe spaces" (Freeman 2014; Moody-Adams 2018), content warnings (Freeman 2017; Moody-Adams 2018; Stewart 2019d; Saul 2018), student protests of speakers (Estlund 2018), instances of civil disobedience (Nussbaum 2018), and no-platforming or de-platforming (Levy 2019; Simpson and Srinivasan 2018), among others.

[140] The popular awareness of the free speech debates is at least in part due to academics who have written popular works on this question, many of whom are participants in manufacturing the "free speech crisis." Obvious examples include Jordan Peterson (see Maher 2017) and Greg Lukianoff and Jonathan Haidt (Lukianoff and Haidt 2015; 2017; see discussion in chapter 1 of this dissertation). Helpful clarifications about the debate have been offered in the public domain by scholars such as Shannon Dea (2018a; 2018b; 2019b), Michael Sandel (BBC 2018), and Jason Stanley (2018).

Political Action Conference (CPAC) to issue an executive order to cut off federal funds to public colleges and universities that failed to adequately "support free speech" (see Shepardson and Johnson 2019; Wilke 2019).[141] In the Canadian province of Ontario, where my current academic institution is located, sitting Premier Doug Ford issued a similar demand. However, unlike his American counterpart, his threats were not empty. In August of 2018, Ford notified universities within his jurisdiction that, should they fail to adopt policies that adequately uphold freedom of speech and expression, they, too, will be at risk for significant funding cuts (Giovannetti and Hauen 2018).[142] Ford proceeded to give Ontario universities until the first day of the new year (January 1, 2019) to design, implement, and enforce wide-ranging free speech policies.[143] The mandate required that the free speech policies ensure that "schools remain open to discussion and free inquiry, [do] not shield students from ideas or opinions they find offensive and [will] not allow students or teachers to obstruct others from expressing their views." Schools that fail to enforce the policies up to a satisfactory extent, at determined by Ford's administration, would face "reductions to their operating grant funding, proportional to the severity of non-compliance" (Giovannetti and Hauen 2019).

Of course, an obvious worry in both cases (viz., the United States and Ontario) involves the question of *who gets to design the policies to be implemented?* Or in other words, *who gets to decide what speech is permissible or not* and *by what standards?* These are contentious questions. Whoever designs the free speech policies that govern a particular institutional or social context have a lot of power to shape the speech norms that will proliferate there. For reasons that will become obvious in this chapter, this exercise of power is something to be concerned about.

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[141] Like most things haphazardly demanded by former President Trump, the details of what this would entail in practice were entirely vague, rendering the threat up to substantial interpretation, and, thereby utterly useless.

[142] I have presented these two cases non-chronologically. Ford actually issued his threat first (in August 2018). Trump's CPAC speech was in March of 2019.

[143] It is worth noting how troubling this is, since Canadian public universities get most of their funding from the state, making the need to meet Ford's demands (to his degree of approval) particularly high stakes.

In light of this recently heightened attention to free speech and free expression on university and college campuses, the space of the academy will be my primary focus in what follows for thinking through the problem of free speech. Specifically, I will examine one recent defense of free speech and its application to college and university campuses (what I will call the "free speech infrastructure view" offered by Pettit 2018). After drawing out some limitations and assumptions of the view, I will expand upon it in order to make it more attentive to the ways in which power and oppression shape speech norms and speech practices on university campuses. Throughout, I will use one highly debated speech phenomenon, microaggressions, to anchor the discussion. I will argue that a sufficient "infrastructure" for free speech on campus – one which can meaningfully and equitably maximize free speech – must attend to the influence of power and oppression on speech, specifically for marginalized members of our campus communities. This includes, I will suggest, incorporating norms aimed at minimizing the frequency and/or neutralizing the impacts of microaggressions on campus.

The paper will proceed as follows. In section 5.2, I will give a brief overview of the free speech debates, particularly as they unfold within the context of university campuses. I will focus specifically on microaggressions and their relation to campus speech. In section 5.3, I will discuss Philip Pettit's 2018 chapter "Two Concepts of Free Speech," which defends a particular framework for understanding the value of free speech, using academic contexts as a case study. I call this the free speech infrastructure view. In section 5.4, I argue that Pettit's account, as presented is limited. Specifically, it is limited by a lack of adequate attention to the role of power and oppression in shaping speech norms, speech communities, and the extent to which people are able to speak in such a way that is meaningfully free. Like Pettit, I think about speech protections with reference to the university context. In section 5.5, I will expand upon Pettit's "free speech infrastructure" framework as described in section 5.3, aiming to provide nuance in the form of analyses of power and oppression and their impacts on speech. I contend that Pettit's general account – when paired with an adequate analysis of power and oppression – offers a promising route for thinking about free speech in university settings. This is because, I contend, he gets the goal right (that is, protecting free speech to the maximal amount equally enjoyable by all) and has the right approach for getting there (a protective infrastructure of policies *and* social norms). But, I argue, an attentiveness to power and oppression must be brought to bear on Pettit's view, and

specific norms must be cultivated to work against the corrosive effects of power and oppression in our speech contexts, specifically academic contexts. In section 5.6, I will consider and respond to possible objections to the view I have offered. I will then briefly conclude and gesture towards future directions for philosophical theorizing around this particular issue.

Before moving ahead, a few qualifications are in order.

First, the scope and intention of this paper is to interrogate a question about *justification,* not to offer a complete picture of the speech protective infrastructure needed on university campuses. In other words, my goal is to make a normative claim about what is *morally and socially justifiable* with respect to speech restrictions, and the policies and norms that enforce them. I will not offer guidance on how we might design specific speech policy or speech codes to govern academic institutions, as I believe these should always be designed with reference to specific campus contexts. I will offer a few suggestions about possible avenues for norm change, however, which I believe can be beneficial in most, if not all, campus contexts. I do not take the recommendations that I offer below to be exhaustive; rather, I offer them as examples of the sorts of norm changes that can help support a more just speech protective infrastructure within our campus contexts, for example, by helping to reduce microaggressions and their harmful effects on marginalized members of our campus communities.

Second, though my focus is on academic speech (or, speech that occurs within campus contexts), the boundaries of "academic speech" are indistinct. When I refer to academic speech, my focus is on speech that occurs within the space of the academy itself (i.e., within classrooms, offices, libraries, etc.). I fully recognize, however, that such a boundary is blurry; social media, blogs, and other online platforms have radically increased the opportunities for academics and students alike to speak and be heard outside of the physical walls of the classroom or the larger campus space. While it is an open (and interesting!) question as to how much this extramural speech should fall under the umbrella of academic speech, and whether, for instance, professors can or should be held accountable for speech they make outside of their formal professional role (e.g., on their personal social media accounts, or qua private citizens), these important questions are beyond my present

scope.[144] Relatedly, I am not referring to speech which happens at informal gatherings which may, at least to some degree, be connected to the academy in some way. For example, if a group of graduate students from a philosophy department at university X organize a karaoke night at the local bar, the speech they engage in in that setting is beyond the scope of my current interest (though, I think this does raise interesting ethical challenges to be discussed another time). Of course, there are blurry lines here, too: what about informal gatherings paid for with university dollars? What about post-conference events, where in some sense, graduate students and faculty members are still representing their departments and larger universities? I fully acknowledge the messiness that arises in cases like these, and I think they raise interesting questions about how to define the boundaries of "academic speech" or speech that occurs in "academic contexts." That said, my present purpose is not to locate these limits, and as such, I will be setting these issues aside.

Third, as noted above, I am locating my present discussion within academic contexts. I am doing this for a number of reasons. As already noted, there are important debates at present about the scope and limits of academic freedom and free speech and expression on university campuses. These often appear, in interesting and polarizing ways, in the public domain. I think there is good reason to focus on the academic context, and what conclusions we can draw about free speech when thinking about this particular institutional context. I find the academic context interesting, because universities have so many important goals: interrogating the truth, producing knowledge, educating students and the public, but also supporting and enhancing goals of diversity, equity,

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[144] The increase of social media usage raises interesting questions about the degree of freedom professors do or ought to have with respect to speaking online (see Pettit 2018, 62 on the unique challenges the rise of social media offers to our general understanding of free speech; also see Warburton 2009, 82-85)). For an important analysis of a case that makes this question salient, see Protevi's (2018) discussion of a professor, Steven Salaita, who faced negative professional consequences as a result of speech made on his social media platform, particularly about the BDS movement and Israeli activity in Gaza. An ongoing example that makes the debate around extramural speech online particularly salient is the current so-called 'gender wars," between trans-inclusive feminists and "trans-exclusive radical feminists," which is largely unfolding on Twitter, FaceBook, and personal blogs, often disconnected from the formal publication process as well as standard professional norms. For a great analysis of the current "gender wars" and their relation to the question of academic freedom and extramural speech, see Dea 2019a. I find these sorts of cases interesting and important, however, they are beyond my present scope.

and inclusion. As Michael Behrent writes in a 2019 report for the American Association for University Professors writes:

> Many of the most difficult issues surrounding free speech at present are about balancing unobstructed dialogue with the need to make all constituencies on campus feel included… In our intensely polarized times, such balancing of competing demands has become increasingly difficult; the question of free speech has become, ironically, an issue about which many on campus are increasingly indisposed to listen to one another.

I find the possible tensions generated by these different institutional goals – "unobstructed dialogue" on the one hand and the "need to make all constituencies on campus feel included" on the other – interesting when it comes to thinking about im/permissible speech, and speech regulations and norms within university contexts. In addition to these reasons, I focus my attention on the academic context because it is through the lens of the academic context that Pettit explores the ramifications of his own account.

However, despite my focus on academia, I am not ruling out the possibility that the framework I go onto advocate for (namely, a revised version of Pettit 2018) can be extended beyond the academy to other institutions. On the contrary, I think the issues raised in this chapter, regarding how we ought to think about the nature and protection of free speech, have important implications for other institutions that share principal values (e.g., justice, fairness, equity, inclusion) with the academy, including but not limited to the institution of medicine.[145] Nevertheless, I will set those possible extensions of the argument aside for now and focus our attention specifically on the academic realm.

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[145] I highlight the institution of medicine in particular for a variety of reasons. For one, it is the institution upon which my research on microaggressions and other harmful speech phenomena primarily focuses (see Freeman and Stewart 2018; 2019a; 2019b; 2019c; Stewart 2019a; 2019c). Furthermore, I think there are relevant similarities with respect to the institutional values that have to be balanced with free speech in either context, academia or medicine (i.e., justice, fairness, equity, inclusion) and how speech functions in either context (i.e., across entrenched power differentials and legitimate and illegitimate differences in authority, power, and credibility).

Finally, it is worth saying something about what motivates my broader approach of trying to work within and extend a particular defense of free speech, while also pursuing more justice within the domain of speech. In debates about the scope and limits of free speech, one compelling avenue for proponents of greater restrictions on certain sorts of speech, including microaggressions, is to try to meet free speech defenders or advocates on their own terms. In other words, one strategy for showing the reasonableness of certain sorts of restrictions on speech is to show either that i) restricting them is consistent with, or in some cases enhances, the reasons we value free speech in the first place or, ii) that failing to restrict them runs counter to, or detracts from, the goals of supporting free speech or the values that undergird it.[146] This is the sort of approach I take in what follows. Doing so is valuable, I contend, insofar as it helps to shrink the apparent ideological distance between those who are more inclined towards free speech absolutism (i.e., speech policies that are very liberal with respect to speech, and try to approximate absolute free speech as nearly as possible) and those who think there are certain sorts of speech (or particular speech acts) that we might have other interests in restricting or trying to prevent (e.g., those who believe that pervasive and unchecked microaggressions on university campuses can counteract important values that universities hold, including but not limited to diversity, equity, and inclusion). Arguments that ground speech restrictions in the "pro-free speech arguments" of the critics are both *pragmatically valuable* insofar as they might make the restrictions seem more reasonable to the critics, and *socially valuable* insofar as they show that the ideological divide is exaggerated; people on either side of the debate generally want and value the same things (namely, the maximal amount of free speech possible for all), even if they disagree about what exactly that entails and how to go about achieving it.

This is the sort of approach I am taking in what follows. Specifically, I aim to make use of and extend one defense of free speech, that of Pettit (2018) and show how, when informed by an understanding of the impacts of power and oppression on speech, we can get closer to the stated goal of maximizing free speech for all. I ask the reader to keep the following point in mind while

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[146] I have taken this approach, rooted in what I call the "paradox of free speech" elsewhere. For a radio broadcast of a talk where I argued for restricting microaggressions and slurring speech on university campuses, based on the very values that underlie our interest in free speech, see Stewart 2019b.

reading the remainder of this chapter: I have chosen to engage with Pettit's account because I think there is value in it, even if it is (as I will go onto argue) currently limited. I offer my critical engagement with Pettit not as an attempt to dismiss his view outright, but rather as an attempt to develop it and make it more robust.

With these qualifications in mind, let us begin.

5.2. Free Speech Debates and the Campus Context

Freedom of speech, in general terms, refers to the notion that individuals and/or communities ought to be free to engage openly in the expression of thoughts or ideas, without fear of retaliation, censorship, or legal or social sanction. In other words, this principle is one that aims at protecting individuals from having their speech controlled or silenced by others. This freedom is not, however, a purely abstract notion or moral ideal; rather, it is a core value of democratic governments, enshrined into their constitutions, widely celebrated, and fervently protected.[147] It is also a central value of academic institutions.

We might ask *why* freedom of speech is viewed as important in the first place. Various answers to the value question (that is, the question regarding why we do, or ought to, value freedom of speech in the first place) have been offered. The answer that tends to get disproportionate uptake and attention in the contemporary dialogue is that of John Stuart Mill in *On Liberty.* In chapter 2 of *On Liberty,* Mill provides a defense of the free flow of ideas, as a means of arriving at the truth (which no one person alone can arrive at) and in order to minimize the risk of society slipping into unchallenged dogma. Mill argued that the free expression of, and fair competition between, differing ideas was the best way to sort truths from falsehoods.

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[147] In the United States context, freedom of speech is protected by the First Amendment to the United States Constitution, which declares that "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances" (see United States National Archives 2018). In Canada, this freedom is protected by Section 2 of the Canadian Charter of Rights and Freedoms, which identifies "fundamental freedoms" including freedom of speech (see Government of Canada 2019). And, though weaker than the protection afforded by a national constitution, freedom of speech is recognized and protected at the international level by Article 19 of the Universal Declaration of Human Rights (UDHR; see United Nations 2019) and the International Covenant on Civil and Political Rights (ICCPR; see United Nations Human Rights 2019).

It is likely this line of thinking that has generated the metaphor of "the marketplace of ideas," which draws on an economic marketplace analogy to support the notion that when there are more ideas in circulation, the better ideas will win out. Put another way, the idea is that the most likely route to the truth is by maximizing the number of ideas in circulation, allowing the truth to interact with – and ultimately to rise above – errors and half-truths (Warburton 2009, 22). On this conception, the protection of free speech is construed as instrumentally valuable, that is, valuable for some other end. In this case, free speech is valuable for its ability to maximize the likelihood that we will arrive at truth.

It is worth noting that Mill does not use the "marketplace of ideas" phrase himself, and that the first reference to a "marketplace of ideas" comes from Justice Oliver Wendell Holmes Jr. in the 1919 case *Abrams v. Abrams* (1919) (Schultz 2009). Nevertheless, this market metaphor is often associated with Mill's thinking, even though some have argued that the metaphor does not accurately describe the heart of Mill's view (see Gordon 1997).

The concept of the "marketplace of ideas," and Mill's broader defense of free speech and expression, are often appealed to in ongoing discussions about the role and value of free speech (see, e.g., Miller 2017; Stanley 2018; Lombardi 2019; Shih 2017).[148] Specifically, the marketplace metaphor very often gets appealed to within debates about speech on campus: a stark example of this is the use by the Heterodox Academy (a free speech advocacy group, founded by Jonathan Haidt and Quinn Rosenkranz, aimed at increasing "viewpoint diversity" on college campuses) who created an illustrated version of chapter 2 of Mill's *On Liberty* as part of their free speech advocacy materials and regularly publish defenses of speech that rely on Mill's arguments (Heterdox Academy 2021).[149]

Another rather influential view about the value of free speech comes from Alexander Meiklejohn (1948; also see Purvis 2009). Meiklejohn argued that the value of free speech could be found in

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[148] To hear Pettit discuss the marketplace of ideas, see ABC Radio National (2018).

[149] Their illustrated version of Mill's *On Liberty* chapter 2, titled "All Minus One" can be viewed here: https://heterodoxacademy.org/library/all-minus-one/. An example of a blog they have published drawing on Mill can be found here. https://heterodoxacademy.org/blog/why-mill-matters-more-than-ever/.

its connection to a well-functioning democracy. He claimed that in order to effectively preserve democracy, citizens and voters must be able to freely engage in uninhibited discussion and debate. This ability allows citizens to be as well positioned as possible to make informed choices about their self-government. Other scholars and advocates have also demonstrated that free speech is essential to democratic functioning because it is the means by which citizens are able to critique their government, and/or voice their dissent (Dry 1994; ACLU 2019). Like Mill's, this way of thinking about the value of free speech (i.e., as an essential tool for the preservation of a functioning democracy) is instrumental; the value of free speech rests on its connection to something else of value, namely, the preservation of democracy, or the ability for democracy to flourish.

Both of the aforementioned answers to the value question are *instrumental.* In other words, they locate the value of free speech in its ability to support some other good or value or bring about some other desired end. Another possibility, however, is that the value of free speech is not instrumental, but rather is *intrinsic.* For example, some see the ability to speak freely as part of what makes us autonomous beings, or what allows us to be meaningfully self-determining. On such a view, then, the ability to speak freely is essential to our very dignity as persons (Scanlon 1972; also see ACLU 2019). Thought of this way, free speech is good in itself, fundamentally entangled with our ability to act autonomously, our dignity as persons, and thus, perhaps, our very humanity.

Regardless of which justification we might find most compelling for valuing free speech, it seems as if there is at least prima facie reason to protect it.[150] For our purposes, we will accept this as our starting point. In other words, we will start from the position that there *is* value in protecting free speech and proceed from there. (Moreover, Pettit gives us several reasons for understanding free speech as protected speech, which I will discuss in section 5.3 below).

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[150] Or, as Kent Greenawalt (1989) puts it, there is likely a "presumption in favour of speech." In other words, we have strong reason to protect speech, insofar as it is of fundamental importance, but those protections can be overridden.

The general debate over freedom of speech – at least among those who accept that it is indeed valuable – largely concerns its boundaries and limitations. Broadly speaking, the central question involves what conditions, if any, might justify imposing restrictions on freedom of speech. When such conditions (that is, conditions that justify some restriction) are met, further questions arise, such as how to go about restricting that speech in practice (e.g., whether legally, or through social persuasion and norm setting), and by how much (e.g., where to draw lines on free speech, or to what extent to restrict some type of speech).

We know that, at least in practice, the principle of free speech is not absolute. We restrict the parameters of free speech to exclude certain speech acts that we have deemed sufficiently harmful or socially damaging, including (but not always limited to): libel, slander, perjury, "fighting words," and in some jurisdictions, obscenity and/or hate speech. Generally, arguments in favour of restricting some particular sort of speech appeal to Mill's famous "Harm Principle" (Mill 1859; see also Warburton 2009, 22-24).[151] The harm principle states that individual agents ought to be free to do whatever they wish up to the point where they begin to cause harm to another person. Another way of stating the principle is that the only justification for interfering with someone's freedom to live their life the way they choose is if that person poses a risk of harm to others (Warburton 2009, 23). Applied to speech, the harm principle would suggest that one's free speech liberties ought to extend up to the point at which they begin to cause a serious risk of or actual harm to others.

This seems straight forward – people should be free to act up to the point that their actions begin harming other people. However, applying this principle can be difficult. Doing so requires sorting out some difficult and contentious questions, such as how to understand harm (see introduction to

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[151] While Mill's "Harm Principle" tends to be the most frequently discussed justification for curtailing speech liberties, there are other possible justifications as well. For example, an amendment to the ICCPR (see footnote 8) states that "the exercise of these rights carries 'special duties and responsibilities' and may therefore be subject to certain restrictions when necessary [f]or respect of the rights or reputation of others" or "[f]or the protection of national security or of public order (order public), or of public health or morals." While one could argue that each of these reasons for restricting speech could amount to harm prevention, I think the ICCPR amendment is getting at something broader, namely, that there are reasons to restrict speech that are not simply reducible to harm, but might be a matter of upholding security, order, or even morality. Given space limitations, I focus more narrowly on harm, but I do not intend to exclude or undermine the many other possible justifications for imposing restrictions of some form or another on speech.

this thesis), and what sorts of harms are sufficiently serious to justify imposing restrictions on speech. Consequently, there is substantial disagreement regarding whether certain sorts of speech ought to be tolerated, despite their being offensive and/or ignorant, or at what point such speech crosses into the terrain of being outright harmful, and thus, plausibly open to restriction (Maitra and McGowan 2012, 1).

Such questions about free speech – where to locate its value and the plausible grounds for its restriction – are the focus of ongoing debates about academic freedom and free speech on university or college campuses. While these debates are extensive, I will home in on one particular locus of ongoing debate – that surrounding microaggressions – and use this focus as a launching point for considering how we ought to think about academic freedom and free speech on campus more generally.[152]

First, let me say something about what microaggressions are, before saying something about why they are relevant to the present discussion. Microaggressions are commonly understood to refer to brief and commonplace verbal, behavioral, and environmental indignities, either intentional or unintentional, that are rooted in (implicit or explicit) prejudices, stereotypes, or biases. They target people on the basis of their membership in a social group that is marginalized on the basis of race, ethnicity, sex, sexuality, gender identity, dis/ability status, or other marginalized identity (see, for example, Sue 2010; Sue et. al 2007; 2008a; 2008b; Nadal 2013).[153] Consider the following example: a white person asks a Latinx person where they are from, to which the Latinx person replies "Uh, Ontario – just like you!" Instead of stopping there, the questioner doubles down and

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[152] Before moving forward, it is worth noting that not everyone thinks the leap from general discussions of free speech to specific discussions about academic freedom/academic speech is legitimate or clear cut (see for example Simpson and Srinivasan 2018, 195). While I concede that there is nuance here (i.e., regarding the institution-specific goals and values of the academy) for our purposes, I am treating the question of academic freedom as a fairly straightforward application of the larger free speech debates. It is also worth noting that I am treating questions of academic freedom and free speech on campus as tightly interwoven. While the latter is more general, the former is also relevant, because I see academic freedom (what one is free to teach, research, publish on, and how campus community members are permitted to speak) as a manifestation of the question about the scope and boundaries of speech. So, academic freedom/academic speech are clearly implicated in this question.

[153] For the origins of the concept, see Pierce (1970); Pierce et. al (1978). For a recent challenge to the current framing of microaggressions and a modified conceptualization of microaggression theory, see Freeman and Stewart (2018; 2019a; 2019b; 2019c). Also see introduction and previous chapters of this thesis.

probes further, asking "no, like, where are you *really* from?" This constitutes a classic instance of microaggression: regardless of the questioner's intentions, the content of their speech has sent a string of messages about the Latinx person's identity and belongingness in Ontario. These messages include that the Latinx person is viewed as "foreign" or "Other," that they are not recognizable as a "true Canadian." Packed into the comments are stereotypes and assumptions about racial identity (e.g., that non-white people in Canada must be from elsewhere), as well as coded messages about the Latinx person's inferiority vis-à-vis the white questioner.

There is vast empirical evidence (Nadal et. al 2011, 2014; Resnick et. al 2019; Solaranzo et. al 2000; Swann et. al 2011; Williams 2017) and theoretical argument (Freeman and Stewart 2018; Friedlaender 2018; McGowan 2019; Schroer 2015; Stewart 2019a; 2019c; and Brennan 2016 on 'micro-inequities') in favour of the view that microaggressions cause significant harm. Moreover, moral arguments have been offered which contend that the fact that microaggressions cause harm justifies attempts to minimize microaggressions and their negative consequences in a variety of settings (see for example chapters 3 and 4 of this thesis). As I have described in the introduction and chapter 1 of this thesis, microaggressions are a mechanism of, and are continuous with, structural and systemic oppression. Being oppressed, and having that oppression acted on or reinforced, is a harm. Microaggressions contribute to the degrading of all sorts of things in which one is likely to have a vested interest: their epistemic standing, their emotional integrity, their identity, their being made to feel welcome or included in a particular space, their ability to trust others, and so on. These setbacks to one's many significant interests amount to harm, regardless of anyone's intentions to cause said harm (again, see introduction to this thesis; see McLeod 2020 for an articulation of this broad sense of harm).

However, despite the vast theoretical research positing that microaggressions are harmful, and the empirical research which backs up these claims,[154] there are still those who doubt their seriousness

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[154] Though throughout this thesis I have pointed to the empirical psychology literature which aims to measure the negative consequences of microaggressions, it is worth noting the problematic nature of our tendency to only view such quantifiable evidence as "real" or "objective" evidence. Such empiricist tendencies can erase the significance of the testimonies of those who live and report being harmed by things like oppression, and more specifically, microaggressions. For a discussion of this point, see Schroer (2015).

and who ardently contest any continued research and advocacy around microaggressions (e.g., Friedersdorf 2015; Lilienfeld 2017; Haidt 2017; Campbell and Manning 2015; 2018. For a discussion of their critiques, see chapter 1 of this thesis).

A great deal of the debate around microaggressions – their impact and whether or not attempts to reduce them are legitimate – has taken place on university campuses. On the one side of the debate, critics of microaggressions claim that "liberal leaning" teachers and administrators are teaching students to see oppression and injustice where it "doesn't really exist" (Lukianoff and Haidt 2017); and, as a result, are making students "overly sensitive" (Lukianoff and Haidt 2017), thereby creating a problematic sort of "victimhood culture" on campuses (Campbell and Manning 2018).[155] To the extent that words cannot cause any real harm[156], they contend, attempts to reduce microaggressions are undue infringements on other students' and professors' fundamental rights to speak openly and freely.

This worry about infringements on speech has played out in some very public ways. For example, philosopher Kathleen Stock has made claims of being "silenced" and "cancelled" after receiving backlash for her trans-exclusionary views and comments, which many transfeminists see as microaggressive or otherwise harmful (see "Open Letter Concerning Transphobia in Philosophy" 2021; see Stock 2021 for her response). For another example, University of Toronto professor Jordan Peterson (in)famously refuses to use gender neutral pronouns, seeing himself as a "free speech warrior" fighting against "political correctness" (McBride 2017; Murphy 2016). As a result, Peterson routinely misgenders trans and non-binary students (speech acts which have been discussed throughout this thesis as instances of microaggression) and attends free speech rallies arguing in defense of his right to do so (Murphy 2016). His employer, the University of Toronto, has said they support his "right to academic freedom," but do worry that he is in violation of the Ontario Human Rights Code, and his faculty responsibilities, when he misgenders trans and non-

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[155] For a response to this line of thinking, see chapter 1 of this thesis.

[156] This is an underlying assumption for most of the critics of microaggressions, though it is rarely made explicit. An exception is Haidt and Lukianoff's (2017) essay for *The Atlantic,* titled "Why It's a Bad Idea to Tell Students Words are Violence," in which they explicitly deny that words can be immediately harmful.

binary students in these ways (Murphy 2016). Peterson refers to the affirmed pronouns of his trans and non-binary students as "made up words," a claim which, in and of itself, is microaggressive. He also refers to his transgender students as "transsexuals" (see Murphy 2016), which is also deeply problematic (perhaps a microaggression, perhaps something more). The cases of Stock and Peterson are but two recent and ongoing examples out of many, but they get at the broader point. Essentially, the worry from the likes of Stock and Peterson is that attempts to reduce microaggressions and the like – especially those which encourage people to speak, or refrain from speaking, in particular ways – constitute undue infringements on their freedom of speech, amounting to inappropriate and unjustified "cancellation." (And, this argument is made regardless of the minimal amount of effort involved with changing one's speech, e.g., effort as minimal as simply trying one's best to use a trans student's appropriate name and pronouns.) Unfortunately, these stories tend to get a ton of press and attention, and they paint the debate – and what is at stake in it – in a fairly superficial light.

On the other side of the debate, proponents of microaggression awareness and reduction have argued that microaggressions need to be understood within their broader social and historical context, and that doing so helps to make it clear that microaggressions are importantly connected to ongoing systems of oppression (McTernan 2018; Friedlaender 2018; O'Dowd 2018; Freeman and Stewart 2020; McClure 2019; Rini 2021). Given their role in perpetuating systems of oppression and the varied harms microaggressions cause, the proponents argue that there is good reason to raise awareness of microaggressions and work to reduce their harmful effects (Freeman and Stewart 2018; Friedlaender 2018; Rini 2015; 2021). They generally contend that this is true over and above any apparent restrictions such attempts to reduce microaggressions (e.g., requiring professors to use trans and non-binary students' preferred pronouns) might impose on one's ability to speak absolutely freely (i.e., in a way that is perfectly, or near perfectly, unrestricted). Most simply, microaggressions theorists contend that there are important positive reasons (e.g., pertaining to equity and inclusion) to work to reduce the proliferation and impact of microaggressions on campus. In what follows, I will argue that there are additional reasons, rooted in the values of free speech, for reducing microaggressions as well.

 I will return to microaggressions in detail in section 5.5 below, but for now, suffice it to say that microaggressions are one representative case of the unfolding debates about free speech and expression on college and university campuses. Before circling back to microaggressions and how microaggressions ought to factor into discussions of free speech on campus, let's consider what I take to be a promising, though limited, way of thinking about the value and justification for protecting free speech on campus. This is the "free speech infrastructure" model offered by philosopher Philip Pettit.

5.3. Philip Pettit's Infrastructure Analogy

In a recent chapter titled "Two Concepts of Free Speech," Philip Pettit sets out to examine the concept of 'free speech' in order to help us get clear(er) on two related questions: first, *to what extent* can our speech choices be said to be free? And second, *in what sense* can speech choices be thought of as free? Pettit notes that there are two possible answers to the latter question: i) that people are free to speak insofar as they are *unhindered* in exercising their speech choices, and ii) that people are free to speak insofar as they are *protected* in exercising their speech choices. He argues that it is conceptually important to distinguish between these two notions of freedom with respect to speech (Pettit 2018, 61). I will describe each in turn.

Free speech *qua* unhindered speech is speech that you can conduct without facing (covert or overt) hindrance from other individuals or officials. Put succinctly, free speech *qua* unhindered speech is speech that is free from the removal, replacement, or misrepresentation of speech options by others (Pettit 2018, 62). Pettit notes that this is a *negative freedom,* or in other words a freedom in the sense of non-interference (see Berlin 1969). Pettit sees this sense of free speech, viz., free speech qua unhindered speech, as problematic. Pettit contends that one is not truly free just in case their speech is unhindered, because one could simply adapt their speech preferences to their circumstances. That is to say, in the face of certain speech options being hindered, one could simply adapt or alter their speech to avoid or circumvent that hindrance, and still be said to have spoken freely (see Pettit 2018, 63). Quoting Berlin, Pettit notes that on such a view, "the extent of a man's negative freedom [would be] a function of what doors, and how many are open to him; upon what prospects they are open; and how open they are" (Berlin quoted in Pettit 2018, 63). But, as Pettit notes following Berlin, "to teach a [person] that, if [they] cannot get what [they] want,

[they] must learn to want only what [they] can get may contribute to [their] happiness or [their] security, but it will not increase [their] civil or political freedom" (ibid.).

Take the following example: an adjunct instructor wishes to issue an explicit critique of their academic institutions, and to do so publicly. This is the speech they truly wish to make. However, it is a condition of their contract that they cannot make critical comments about the university or its leadership in the public domain. Consequently, the adjunct professor issues a more vague, less direct, and thereby less effective critique of the institution. They water down what they otherwise would have said. For Pettit, that the adjunct professor was able to issue some bit of speech, which they appear to have chosen, and were seemingly unhindered in doing so, is not sufficient to say that they were truly free. The speech options the adjunct professor really want to take were foreclosed; they simply adapted their preferences to what was allowable in the situation. Pettit contends that this is far too weak a sense of free speech. It is weak because we cannot readily assume, in such circumstances, that people are in fact saying what they would otherwise say if certain speech options were not foreclosed. In the case of the adjunct professor, we can clearly say that they were not saying what they would otherwise say. This is, on Pettit's view, an inadequate sense of free speech.

On the other hand, free speech *qua* protected speech is a stronger requirement for free speech; notably, protecting speech goes beyond non-interference and actually *interferes with the very possibility of interference* by placing obstacles in the way of others to prevent them from interfering with your speech (Pettit 2018, 64).[157] Such protections can include speech protective laws (see footnote 10) or policies (e.g., campus speech codes), upheld by supportive social norms. Importantly, meaningfully protecting speech involves placing not only obstacles in the way of

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[157] It is worth noting (and Pettit acknowledges this) that any system or apparatus that aims to protect speech (i.e., by placing protections in the form of obstacles to others who would interrupt one's free speech) will be controlled by *someone* or *some institution,* so there will always be some question about who gets to be in control of such a protective apparatus (Pettit 2018, 65). Pettit contends that such a speech-protective apparatus will most likely come from the law, with the support of social norms. Notably, Pettit claims that such speech protective apparatuses will not come from the "whim" of an "elite body" or "autocrat." He might be wrong about this in practice: e.g., the campus speech codes discussed in the introduction are such an apparatus, and they were explicitly ordered by those currently in power and assembled by "elite bodies."

people from blocking the speech of others, but rather also enforcing penalties (legal, institutional, or social) for doing so (Pettit 2018, 65).

Pettit argues that free speech ought to be understood in the second sense; namely, speech is properly understood to be free to the extent that it is protected. Understanding free speech as protected speech, Pettit argues, has important practical implications, socially and politically speaking. Specifically, he claims that while free speech *qua* unhindered speech is fairly undemanding (e.g., does not require law or policy to be put in place to formalize protections), the second notion of free speech – free speech *qua* protected speech – is both socially and political demanding (Pettit 2018, 66). It is only by "dint of law and regulation" accompanied by "supportive social norms," Pettit argues, "that speech gets to be protected, and gets to count as free" (Pettit 2018, 67). These protections (formal protections and supportive norms), Pettit argues, function to maximize free speech up to the point that it is "co-exercisable and co-enjoyable for all" (Pettit 2012, 92-107).[158] Taken together, these features (laws, policies, and norms) create and sustain the infrastructure which protects speech and keeps it truly free.

On Pettit's view, then, putting such laws, policies, and norms in place, then, is not an invasion or violation of free speech. Rather, *laws, policies, and norms are part of what creates and sustains free speech in the first place.* Laws, policies, and the social norms that support them (e.g., norms of people acting in ways that uphold these speech-protective laws and policies) create the "infrastructure necessary for people to share in the enjoyment of that ideal" (Pettit 2018, 68). Insofar as laws and policies are part of the very infrastructure of free speech (and of making speech maximally free to the highest extent realizable for all), those who claim to embrace free speech cannot reasonably default to the position of demanding that there be no regulations or restrictive policies or norms around speech. This is because it is from these laws, policies, and norms that such a freedom is derived; they are what grant us free speech in any meaningful sense in the first

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[158] It is worth pointing out that while Pettit does not acknowledge the obvious connection to John Rawls, his principle of speech liberty as being the maximal amount that is co-exercisable and co-enjoyable for all sounds a lot like Rawls' liberty principle (namely, that each person has the same indefeasible claim to a fully adequate scheme of equal basic liberties, compatible with the same scheme of liberties for all, Rawls 1971).

place. To the contrary, then, those who claim to support free speech must be committed to "identifying regulations that can provide the best infrastructure possible for free speech" (Pettit 2018, 68), where this infrastructure is aimed at creating the conditions to maximize the possibility of free speech for all.

Pettit contends that developing the right protective infrastructure for maximizing free speech has important benefits which are only realized when speech is suitably protected (in other words, these benefits do not arise when free speech is only unhindered, but not protected). Moreover, Pettit argues that protecting speech confers these benefits without incurring "heavy costs" (Pettit 2018, 73). The benefits Pettit argues can only truly arise when speech is meaningfully protected by a sound free speech infrastructure include: i) speaker status (that is, speakers enjoy a certain sort of status in relation to others, where everyone is assumed to be equally free to speak); ii) the possibility of communicating meaningfully via one's silence (i.e., where one's silence can be understood to communicate something *other than* the fact that their speech was hindered in some way); and iii) the establishment of greater accountability for one's speech (including their silences), insofar as what one says (or doesn't say) within the context of adequately protected speech can be properly attributed to them; speakers are thereby required to assume responsibility for what they do and do not say. Pettit calls these i) the status benefit; ii) the enfranchising benefit, and iii) the responsibility benefit, respectively (Pettit 2018, 73-77). I will discuss each of these benefits in section 5.4 below. For now, the general idea for Pettit is that when speech is suitably protected, each of these benefits will realize. He does not specify exactly what such necessary protections would entail (and I will try to spell some of this out in section 5.5 below). However, it is worth flagging that Pettit assumes baseline speech conditions that are relatively just and fair (e.g., he repeats throughout that he is assuming a "context of virtue," see Pettit 2018, 77). In what follows, I will consider Pettit's view without such an assumption of virtue, replacing such an assumption with the non-ideal reality of power and oppression which structure our society and speech contexts.

After articulating his view, Pettit turns to the academic context as a case study. Pettit asks us to consider the contemporary research institution, in which "a regime of academic freedom has been established." Such a regime, Pettit contends, "is bound to ensure protection for various forms of

speech." In the academic context, robustly protecting speech, Pettit argues, generates several benefits: it allows the truth to emerge (a "marketplace" type argument), it brings us collectively closer to the truth, and "professionalization guards against abuse" because professors and researchers want to avoid being subjected to "censure and shame" (Pettit 2018, 78). Pettit actively sets aside the concern that academics and researchers will abuse their academic freedom and generally protected speech, perhaps too quickly (as I will suggest below) (Pettit 2018, 78).

In presenting his view, Pettit makes various comments which read as overly optimistic about the extent to which our background speech conditions are already just. One clear example of the extent to which Pettit seems overly optimistic about our current social and speech conditions comes when he describes the role of the "economy of esteem," in disciplining speech (that is, in constraining the sorts of speech people are likely to engage in, given their interest in personal esteem). The idea is that speech – even problematic speech – should be protected and that, in most cases, individuals' desires for respect and esteem will constrain what they actually say. On this, he writes:

> "This economy will not work… in the presence of widespread bias or bigotry, of course, or within an asocial ghetto like the community of thieves. But in more common, less noxious environments, and certainly in an environment where virtue applies, it can impose a useful discipline on how people exercise the opportunities given them by the protection of speech, guarding against the wayward abuse of those opportunities" (Pettit 2018, 77).

Despite his acknowledgement that widespread bigotry can corrupt the sort of free speech system he describes, Pettit does not seem to think our actual speech circumstances are like this; on page 76, for example, he references the existence of a "bigoted few" and suggests that intolerance is rare. He seems to take for granted that we live in a society (and occupy institutions, including academic institutions) in which a politics of esteem will be effective; in other words, he assumes that there is not "widespread bias or bigotry" and that "virtue applies" (Pettit 2018, 77). On account of each, he believes that a politics of esteem will help safeguard against various types of harmful speech.

Perhaps I exist in a different social and political landscape than Pettit (and, I most certainly do), but I find it challenging to imagine a world in which bias and bigotry are rare, and in which such a politics of esteem would have the sort of safeguarding effect Pettit describes. To the contrary, from my vantage point as an LGBTQ+ woman, dealing with invisible disability, who was raised in a low-income area, the world I see and interact with on a daily basis, is rife with bias and overrun with bigots; bias and bigotry are certainly not in short supply.[159] I would assume that most people who occupy positions of social disadvantage or marginalization would agree. So, while Pettit seems to assume that we are already operating under conditions without excessive bias and bigotry (i.e., that conditions of extreme and corruptive bias and bigotry are exceptions, not the rule), I believe, to the contrary, that we need to *create those conditions*: to rebuild our speech infrastructure in such a way that reduces the influence of bias and the growth of bigotry that can so easily corrupt it. Bias and bigotry are already part of our speech landscape. They inform our speech norms and practices. Acknowledging this reality, and trying to push back against it, is essential if we are to build a speech infrastructure that protects, fairly and equally, the speech of all.

5.4. Cracks in the Infrastructure, Or the Influence of Power and Oppression

Before describing the limitations I see in Pettit's view as he has presented it, let me reiterate what I find valuable about the view, and why I find it worth engaging with in the first place. In general, I find the argument in favor of a "free speech infrastructure" comprised of laws, policies, and supportive social norms to be the best model for ensuring that speech is truly protected, and is so for everyone. Such a view allows for the flexibility of drawing not only on law and policy to create desired speech conditions, but also implicates social and institutional norms. As I will go on to

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[159] I want to be clear here that I am not suggesting that Pettit (or other people who occupy more socially dominant perspectives) are "perfectly privileged," and thereby unable to understand oppression in any way. Rather, my point here is both intersectional and rooted in a commitment to standpoint epistemology. Pettit is, in many ways, *comparatively privileged* and occupies a relatively dominant position in society. Taking standpoint seriously, this impacts how he will see and understand structures of power and oppression. Of course, the lens of intersectionality offers us the important reminder that power and privilege are not all-encompassing. It is possible that Pettit has some experience with oppression (e.g., with invisible disability, with immigration status – with any number of things I cannot and do not know about him and his experiences). This is irrelevant to the core claim, however, which has to do with *relative degrees* of power and privilege, and how intersectionally-different life experiences shape our awareness of and sensitivity to different structures of oppression and manifestations of power.

show, this inclusion of norms as part of the essential infrastructure for protecting speech is particularly helpful when it comes to thinking about speech phenomena such as microaggressions, which we might want to constrain or restrict, but not by way of law or policy. In such cases, forming and maintaining the right norms will be crucial (e.g., for minimizing things like microaggressions and their corrosive impact). In addition to finding the infrastructure model promising, I also find value in Pettit's articulation of the benefits that would arise when speech is sufficiently protected (that is, the status benefit, the enfranchising benefit, and the responsibility benefit). I agree with Pettit that, with the right kind of speech protective infrastructure in place, all of these benefits would be realized, and that they are valuable benefits worth pursuing. The attainment of these benefits provides additional reasons to ensure that speech is suitably protected. For all of these reasons, I find Pettit's model to be a helpful starting place for thinking about protecting speech, particularly on university campuses.

However, despite the promise of Pettit's model, in what follows I will argue that it is limited in its current form. Specifically, analyses of power and oppression, and their influences on speech, must be brought to bear on Pettit's account in order for it to achieve the ends and bring about the benefits that he proposes. In the remainder of this section, I will highlight how a lack of engagement with power and oppression causes Pettit to assume too much. In the following section, section 5.5, I will aim to build upon his view by situating it more squarely within the unjust realities of our current social and political context, structured as it is by imbalances in power and oppression.

Before I suggest some adaptations to Pettit's view which help better account for the influence of power and oppression (which I develop in section 5.4 below), let me first clarify the problematic assumptions that underlie Pettit's lack of engagement with power and oppression while setting out his articulation of the positive benefits of a free speech infrastructure. Making these shortcomings explicit is significant for figuring out how to account for them when revising the account, and ultimately for informing how we can start moving toward a more just, more robustly supportive infrastructure that doesn't suffer from the same limitations and problematic assumptions.

Consider the first benefit of the speech protective infrastructure Pettit describes, namely, *the status benefit.* In describing it, Pettit contends that when a sufficient free speech infrastructure is in place, each person within that system is marked as equally independent with respect to their speech as

others in the system. As Pettit describes things, when speech is protected, everyone's voice is fully their own and, "absent undue timidity," they can "look others in the eye without fear or deference" and know that they are no one's "lackey or pawn" (Pettit 2018, 74). In such cases, he contends, "silence is typically going to be significant of approval" (Pettit 1994, 49). Of course, our *actual* (read: non-ideal) speech situation is not at all like this.[160] In our actual, non-ideal speech contexts, structured by power and oppression, people are speaking across deeply engrained power differentials (e.g., raced, gendered, or classed power differentials), and oppressive social norms which train some people to speak to others from a position of deference (e.g., women are often socialized and expected to demonstrate deference to men), while other people are empowered to speak on others' behalf. (See Alcoff 1991 on speaking for others across differences in power.) Moreover, routine slights, such as microaggressions, further degrade the equal status of some speakers. Many factors, informed by power and oppression, position speakers differently and unequally.

A robustly supportive free speech infrastructure, aimed at justice, would take these facts into account and work to neutralize the perverse impacts that speaking across unjust power differentials can have. It is not enough to assume that with speech protective laws and policies in place, and the broad social desire to uphold them, everyone will necessarily be respected as equals in the domain of speech. More work is needed to bring about more just speech norms – ones which can respond to our present speech context, which situates some speakers as always already credible, while positioning others as lacking credibility (cf. Fricker 2007) or otherwise as untrustworthy. Many broad scale social changes would have to be implemented in order for all speakers to be in a position to meaningfully claim and receive the "equal respect of others" that Pettit contends is part in parcel with this protected status.

Now consider Pettit's second benefit, what he calls *the enfranchising benefit*. Pettit contends that adequate speech protection allows people to effectively communicate their values, *even by their*

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[160] Here, I am drawing on the distinction between ideal theory and non-ideal theory, where non-ideal theory takes as its starting point the actual, material conditions [of injustice] in which we find ourselves. For an overview of non-ideal theory and its value, see Jaggar (2019). For an example of non-ideal theorizing in practice, see Anderson (2010).

silence.[161] Under Pettit's conceived free speech infrastructure there is a "presumption that when you do not speak out on some relevant matter… that you are happy with the way things are; [that] you are happy with the situation..." (Pettit 2018, 75; also see Pettit 1994). For this to be true, however, we need to be able to differentiate between willful and unwilful (read: compelled) silences – a point that Pettit does not consider. In other words, we need to have a way of determining when silence is not freely chosen or exercised, i.e., when it is coerced by social forces[162], which can happen even when free speech is formally protected in the ways Pettit has in mind.

Consider the following scenario.[163] A female graduate student experiences an instance of sexual misconduct at the hands of her male doctoral supervisor. She is, in many ways, vulnerable vis-à-vis her supervisor; he has the power, effectively, to make or break the career she has worked so hard to obtain. While she desperately wants justice for his sexual wrongdoing – and to avoid this happening again, to herself or anyone else – she fears the likely consequences of speaking up: she knows that she is less likely than he is to be believed[164] (he is an esteemed professor after all!), she is likely to be accused of trying to ruin his reputation,[165] and she may very well be made out to be a pariah within her department, or her discipline writ large, all the while never getting the justice

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[161] It is worth noting that Pettit's discussion of the enfranchising benefit in this 2018 chapter is an extension of the view he develops in a 1994 chapter, "Enfranchising Silence: An Argument for Freedom of Speech." There he develops the idea that one important reason for protecting free speech is that doing so "enfranchises silence." It allows for "silence itself to become a form of speech" (45). Pettit's view has been critiqued and challenged by Rae Langton (2007), who has argued that free speech itself does not enfranchise silence.

[162] See Dotson (2011), where she describes the phenomenon of "testimonial smothering." Dotson describes testimonial smothering as "the truncating of one's own testimony in order to ensure that the testimony contains only content for which one's audience demonstrates testimonial competence" (Dotson 2011, 244). In other words, when a marginalized speaker recognizes that the content of their speech is particularly risky, or likely to be met with incompetence that poses further risks, that speaker might engage in a sort of "coerced self-silencing" as a means of self-preservation. Clearly, in such cases, one's silence is not an obvious indication of their values, or their approval of the status quo, as Pettit contends.

[163] This is a slightly modified version of an example I develop in Stewart (2019e).

[164] See Fricker (2007) for a helpful analysis of [gendered] credibility deflations.

[165] Manne's (2018) concept of "himpathy" is relevant here. Manne describes himpathy as our socialized tendency to give undue credence to concerns about men's reputations and wellbeing, often at the expense of women (e.g., their accusers). Our sympathies get tipped, unjustifiably, in his favor.

she desired in the first place. In other words, by speaking up, she could actually make things worse for herself, in an already difficult time. Knowing this compels her to silence herself – to smother her own testimony (cf. Dotson 2011). This silence certainly does not indicate her acceptance of the status quo; rather, her silence reflects the difficulty involved in speaking up against power when one is vulnerable.

This sort of example (likely to register as familiar with far too many women graduate students) renders Pettit's account of "silence as acceptance" problematic at best, and outright dangerous at worst. Assuming that silence is necessarily interpretable as an endorsement of the status quo fails to demonstrate robust awareness of or engagement with the systems of power and oppression that dictate our speech norms and shape our propensities toward silence (or, when the circumstances might render silence rational, or even necessary). Again, in an ideal and perfectly just speech infrastructure, without the influences of power and oppression, Pettit would likely be right – we could, in such contexts, understand silence as intentional, and as communicating acceptance or lack of dissent. People *just would* speak up when something was wrong. But that is not the infrastructure we currently operate within, despite speech being formally protected, and Pettit's analysis needs to take that into account.

Finally, consider the third benefit Pettit describes, *the responsibility benefit*. The idea is that under a speech protective infrastructure (that is, a situation in which speech is formally and informally protected), people can be held responsible for what they do (or do not) say. This is because, Pettit contends, in situations of protected speech (and where many other idealized conditions hold), people's utterances convey attitudes in such a manner that "speakers can be assumed to hold genuinely to them" (Pettit 2018, 76). Consequently, Pettit contends, when people speak disagreeable or even abhorrent views, we can blame them, especially when they conform their attitudes to "the contours of power and popularity" (ibid.) or otherwise fail to speak against the dominant tide. You have to "be your own man or woman," Pettit charges, "You have to speak for yourself" (ibid.). The idea here is that when we are free to speak as we please, we are responsible for not just speaking in accordance with popular opinion – we have a right, and a responsibility, to speak out.

As with the first two benefits, I think such a view is complicated by thinking about the influence of power (e.g., how power influences speech, and what people can get away with saying) and oppression (e.g., that which makes it hard to speak out against the status quo). One thing to note is that, even if we can, in a formal sense, be held accountable for our speech, the extent to which people experience accountability for their words (and the impact of their words) is itself shaped by power. For example, Donald Trump, it turns out, can get away with making misogynistic, racist, and xenophobic comments, with little to no accountability. He can even get away with (in some sense) inciting an insurrection against the US government (Fandos 2021).[166] But, this reality (that Trump seems to be held less responsible for his words than the average citizen) likely runs counter to our expectations about how responsibility for speech should be doled out. Intuitively, we likely think that the greater one's (social or political) power, the greater responsibility one ought to have for their words and the impact of those words. Their words can, of course, have greater impact, given their larger platform and more sizeable audience and influence.[167]

Even if we were all held equally accountable for our speech and the effects of our speech, the idea that we would truly be, in a deep sense, individually responsible for all of the content of our speech still seems misguided. In a society like ours, stratified by power and oppression, and rife with prejudice, bias, and stereotypes, there is abundant evidence that we are influenced by such prejudices, biases, and stereotypes held at the level of the social imagination (Fricker 2007). For example, there is some evidence that we are influenced by implicit biases that are socially informed (see Brownstein and Saul 2016a, 2016b; Agarwal 2018; Payne et. al 2018). Such biases are conveyed via – and also exacerbate – microaggressions.

The core idea is that, while we might think it is possible, and permissible, to hold people accountable for their speech (and, the prejudices and biases that speech might reflect), we can never assume people's thoughts, and the spoken manifestations of those thoughts, are entirely their

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[166] I say "in some sense" since, as we all know, Trump was impeached (for the second time) for this, though he was not held accountable in the form of conviction and removal by the Senate.

[167] See Mackinnon (1987) on the ability of the powerful to have their words count for more. It might follow from this, at least intuitively, that the degree of responsibility and accountability for the speech of those with significant power should be better calibrated to that power.

own. When Pettit says, "you have to be your own man" (Pettit 2018, 76) meaning that you alone are responsible for the content of your speech, he isn't adequately attending to the influences of power, oppression and related social forces, such as prejudicial stereotypes and implicit biases, that influence our cognition and, ultimately, our speech. In our currently imperfect speech context, structured by power and oppression, we cannot readily assume that speakers "genuinely hold" to the content of their utterances (or, their actions more generally, for that matter). In many cases, this assumption may be expressly false. In order to increase the extent to which we can properly attribute people's speech to ideas they genuinely hold, we have to work to decrease the biases, stereotypes, and prejudices that pervade our social imagination, and consequently corrupt the content of our speech.

With respect to all three benefits of protected speech, Pettit overestimates the extent to which they are readily realizable in a society like ours, which is structured and influenced by power and oppression.

Before switching gears to my positive account of how we might build upon Pettit's view to better account for the influences of power and oppression, I want to raise a few more critical points. Specifically, I want to highlight one further assumption in Pettit's account, which, like the above, fails to account for the influences power and oppression have in shaping our speech contexts.

Pettit contends that when people's speech is sufficiently protected, viz., when they are formally free to say virtually anything they desire and are formally protected in doing so, there are still informal mechanisms that will ensure that certain sorts of particularly harmful or damaging speech do not regularly occur. Specifically, Pettit states that people will generally want to "stand well in their opinion" and ultimately to "avoid condemnation and shame" (Pettit 2018, 77). They will, he argues, operate under a sense of discipline imposed by "the economy of esteem" (cf. Brennan and Pettit 2004). What seems to be missing from Pettit's argument, however, is an acknowledgement that power can corrupt one's sense of esteem and integrity; that is, the pursuit of power can make it such that holding and expressing abhorrent views becomes perfectly compatible with the pursuit of esteem, instead of something that would hinder it. Furthermore, to the extent that those in power make certain abhorrent (e.g., racist, nationalist, xenophobic, homophobic, transphobic, etc.) views mainstream, the sense of shame that would ideally come with holding and expressing them is

diminished, and the expected social condemnation is either absent, or ineffective. For instance, in an American context where those who wield the most social, political, and/or economic power hold racist views about immigrants and refugees coming to America, holding these views becomes not only more acceptable, but, in some cases, esteemed (e.g., such that people are celebrated, at least by those in power, to the extent that they express similar views). And expressing those views becomes absolutely shameless; to the extent that they are called out or condemned, those with the greatest power merely double down, increasing the oppressive discourse and its influence. Pettit's assumption that the "economy of esteem" will generally prevent a deluge of socially and politically harmful speech fails, it seems, to account for the corruptive impact of power, status, fame, and the normalizing of oppressive attitudes.

Of note, however, is that Pettit does not ignore the role of status and fame outright – he just overestimates their *positive impact.* He argues that the "best safeguard against the danger of an inappropriate orthodoxy gaining hold is… the economy of esteem." In the academic context, for example, Pettit contends that academics won't regularly express bigoted or patently false views because they will want to avoid "mockery" or harms to their status or credibility. More importantly, if they respect the "economy of esteem," they "stand to earn the long-term reward of high esteem and celebrity status" (Pettit 2018, 79). Setting aside how disheartening it is to think that the only reason academics might have to avoid bigoted speech is their own self-interested pursuit of self-esteem or fame, it also seems objectively false in practice; some academics appear to engage in bigoted rhetoric *precisely because* it gains them popularity or some form of celebrity status.

As indicated above in setting out Pettit's view, I think he overestimates the ability (and desire) people have to regulate their own speech (e.g., he puts too much stock in the force of the "economy of esteem"). He also vastly underestimates the destructive impact of various sorts of harmful speech (e.g., by thinking it is rare and instrumentally useful for helping us identify the "bigots among us"). On account of both, Pettit explicitly states that we should be cautious about "how far restrictions should run" because, as he sees it, there is an instrumental value in having people voice bigoted and/or intolerant views, namely, that if bigots don't speak their views *just because* they are prohibited from doing so, we will never know who the bigoted are, and how numerous they

are (Pettit 2018, 76). To be frank, this is a sacrifice I am willing to make. What Pettit fails to consider here is that when we impose zero restrictions (in the form of law, policy, or norms) on bigoted speech, such speech can (and does) proliferate, and often quickly.

Take for instance the mainstreaming of hateful rhetoric upon the election of the former U.S President, Donald Trump, which correlated with an overall rise in hate speech (Arthur 2019), and ultimately, a significant increase in hate crime and other violence (Edwards and Rushin 2018; Hatzipanagos 2018; Feinberg et. al 2019; Sakuma 2019). This is what example of the sort of thing that can happen when we normalize hateful and bigoted speech, or fail to set or uphold norms against it. Or, for another and more recent example at the time of my revising this paper (April 2021): the rise in Anti-Asian rhetoric amidst the COVID-19 pandemic. In response to initial reporting that what had become the COVID-19 pandemic originated in Wuhan, China, former president Trump immediately began to use phrases such as "China-virus" and "Kung-Flu" (see Viala-Gaudefoy & Lindaman 2020; Bruce 2020).[168] You might think using these terms was some sort of rhetorical strategy for Trump, aimed at making the virus seem "exotic" and "Other," and perhaps to push blame (and thus responsibility) elsewhere. However, his rhetoric, left unchecked and unchallenged, proliferated. Then, many of his followers (those in the public eye and beyond) began using this inflammatory and xenophobic language, the effect of which is to personify the virus and attach it to actual communities of people. As such, the anger and frustration that people are feeling in response to the personal, social, and economic impacts of the pandemic get (mis)directed at actual Asian people in our communities. Contrary to Pettit's contention, such language does more than make evident who the bigots among us are. Rather, the use of such language led to tangible hate and violence (see Yam 2021). Moreover, it contributed to the creation of a social and political climate in which such hate and violence came to be viewed as natural, normal, inevitable.[169]

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[168] This is honestly so stupid that I regret typing it into this chapter.

[169] I say "led" here because there is some evidence of causality. A recent study has linked Trump's inflammatory language about the pandemic directly to rising anti-Asian sentiment (Reja 2021).

This is a high price to pay for "knowing who the bigots are," and certainly a price the targets of such bigotry should not have to pay. As the calls to #MakeRacistsAfraidAgain and #EndAsianHate illuminate,[170] we might be better off not allowing hateful views and speech reflecting them to become normal – to proliferate into the mainstream, exacerbating an already-prejudiced social imagination (Fricker 2007) and more deeply entrenching explicit and implicit biases, which ultimately lead to harm for socially marginalized people. We might be better, alternatively, to sanction this speech, whether formally or by way of social norms, in order to better insulate ourselves from its corrosive effects. We need to invest in strengthening more just foundations for free speech, ones built on equality and respect, and eliminate those things which threaten the entire structure – speech that reflects hate and bigotry, however subtle.

Though I have identified virtues of Pettit's account (for example, his understanding of free speech as protected speech), and I find his infrastructure analogy particularly compelling and helpful, I have argued that he assumes far too much. Specifically, Pettit paints an overly positive view of our current speech situation, failing to adequately account for the impacts that power and oppression have on that situation. As such, his view reads as an overestimation of the extent to which our speech infrastructure is already just, or functioning properly; to the contrary, I find much to critique in our current speech norms and praxis, and the background social and political conditions that undergird them. Furthermore, while Pettit contends that certain benefits are conferred on speakers just in case their speech is protected (e.g., that they can anticipate being recognized and regarded as on equal footing; that their silences could be interpreted as conveying a lack of objection or otherwise acceptance with the status quo; and that all speakers can be seen as wholly responsible for the words they speak), I think more work is needed to create conditions that are more conducive to seeing these benefits – and truly protected speech – extended equally to all speakers, across differences in power and oppression. To make Pettit's speech protective infrastructure do what he intends for it to do – secure the maximum about of free speech enjoyable equally by all – we must attend to the realities of our imperfect social and political realities, and how they shape speech norms and praxis. We must consider the role that power and oppression play in impacting speech

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and communication, even if and when it is formally protected. And we must imagine how we can go about neutralizing the negative effects power and oppression can have on justice and fairness in the domain of speech.

In what follows, I will build upon the strengths of Pettit's account of free speech as protected speech and aim to give it the nuance necessary to achieve his desired aim, namely, modelling a system that is capable of conferring equal opportunities for speech, up to the maximal amount consistent with what is "co-exercisable and co-enjoyable for all." In this way, the basic framework Pettit offers can be tailored to take account of, and be responsive to, the actual, imperfect conditions in which we find ourselves.

5.5. Road Work: Creating the Infrastructure We Need to Secure Free Speech for All

I have suggested above that Pettit overestimates the extent to which our current speech situation is just, and to which it confers the benefits of protected speech equally to all speakers. In this section, I will argue that a suitably protective free speech infrastructure demands more work that Pettit assumes; we need to overhaul the broken roads of racism, misogyny, homophobia, and transphobia, correct for imbalances that benefit some people's access and relative ease of moving about the current speech infrastructure, and ultimately re-vamp our protective speech infrastructure to ensure that all people indeed benefit from those protections equally. My question then is how do we create the protective infrastructure conditions that better account for the impacts of power and oppression, and which are better suited to ensure that the protections afforded by formal speech protections and the broader infrastructure can apply more equally for all, specifically all members of our campus contexts? Though Pettit is somewhat vague on this point (e.g., what specific norms are needed), I will suggest that we need both *negative* norms against certain sorts of speech, such as microaggressions, as well as *positive* norms, aimed at offsetting the harms of microaggressions or reducing them in practice, and generally creating spaces that can foster a meaningful sense of inclusion and belonging within our campus contexts. The need for such norms – and their relation to a robust speech protective infrastructure – only become obvious when we attend to power and oppression and their impacts on speech. This is precisely how I intend to build upon Pettit's account. I now turn to revising and extending Pettit's account.

First, as noted in section 5.3 above, what Pettit's account is most clearly lacking is an analysis of the role of power and systems of oppression on speech, and as a result, his view does not put any protective infrastructure in place to correct for the imbalances and injustices that power and oppression create in the domain of speech. Power – having to do with the relational dimensions of our social and political lives, which organize us in relation to one another, and dictate who is more effectively able to exert control over themselves and others[171] – infuses our uses of language, determining not only *who* gets to speak, but also *how, when*, and *with what force*. Power (particularly social and political power) has a strong influence on credibility, that is, how likely someone is to be taken as authoritative when they speak, and to have their testimony afforded appropriate weight.[172] Power is also relevant to whether speech receives proper uptake. For example, Quill Kukla (2014) has argued that sometimes power can affect the way a speech act comes off. They describe how "in some circumstances, when a woman deploys standard discursive conventions in order to produce a speech act with a specific performative force, her utterance can turn out, in virtue of its uptake, to have a quite different force – a less empowering force – than it would have if performed by a man" (Kukla 2012, 440). We can extend Kukla's idea here on intersectional grounds as well: for example, we might think a Black woman might be even less likely to receive appropriate uptake relative to a white woman. The idea is that one's relative social power is directly connected to their likelihood of receiving proper uptake when they speak.

Systems of structural and systemic oppression also have bearing on how individuals and groups are (more or less) able to move about the dominant speech infrastructure. Oppression is generally understood to refer to "the existence of unequal and unjust institutional constraints," where these constraints involve harm to some social group and simultaneously benefit another social group (Cudd 2006, 25, 52; Frye 1983; also see introduction and chapter 1 of this thesis). Such institutionally structured constraints can include "legal rights, obligations and burdens, stereotypical expectations, wealth, income, social status, conventions, norms, and practices" (Cudd 2006, 50). Iris Marion Young (1990) describes oppression as "structural phenomena that

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[171] See, for example, Foucault (1979); Allen (1998).

[172] See Fricker (2007); also see Stewart (2019e) for a discussion of the role of gendered power in credibility economies, particularly around testimonies of sexual violation.

immobilize or diminish a group" (1990, 42). Oppressive phenomena are *structural* insofar as they are not the result of a few people's choices or policies; rather, their causes are embedded in unquestioned norms, habits, symbols, and policies, and in unquestioned assumptions underlying institutional rules and of often ordinary, well-meaning people.[173] Oppressive phenomena are *systemic* insofar as an oppressed group need not have a correlate oppressing group. In other words, oppression need not always fit the paradigm of conscious and intentional oppression of one group by another, but rather can happen in far more nefarious, and at times less than obvious, ways.

Speech and language are conventions that can fall prey to the forces of oppression, such that some people benefit disproportionately from our collective norms around speech and language use, while others lose out, or worse yet, experience harm as a result of them. Such relative benefits and burdens of our systems of speech and language can result from well-intentioned people, acting in good faith, but still reproducing already oppressive norms, (e.g., Fricker 2007's articulation of testimonial injustice, or microaggressions, which will be discussed below).

One would be right to question the extent to which free speech infrastructure, generally developed and built by those who already hold positions of power (e.g., in law, policy, university administration, and the like), might function to maintain the status quo – to not upset the current balance of power, which benefits those who already hold power. And people who tend to be on the losing end of the current systems of power and oppression have every right to question if there might be a better way of designing the infrastructure that they too must navigate. As Lynne Tirell (1998, 139) aptly puts it: "Once we realize that our linguistic categories reflect and are reflected by our social categories, and once we see that our discursive practices are normative, it is a short step to see language as an arena of political struggle." These connections, namely, those between our social systems (infused with power and oppression as they are) and our discursive practices, are ones Pettit fails to recognize and interrogate.

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[173] See discussion in Introduction and chapter 1 of this thesis.

And yet, acknowledging and understanding the role that power and oppression play in our speech norms and discursive practices is integral to getting our protective speech infrastructure right. For example, Pettit himself is clear about the indispensability of supportive norms in upholding the speech infrastructure[174], but fails to consider how oppressive social norms can corrode the infrastructure, and be continuously reproduced and perpetuated by it. Furthermore, in failing to account for the significance of power and oppression on our speech norms and praxis, Pettit is not in a position to analyze all of the (positive) supportive norms that would help offset the harmful impacts of power and oppression (e.g., those which help us more appropriately respond to the testimony of the oppressed, such as moral deference (Thomas 1983), or loving attention (Frye 1983). When we realize that our speech norms are corrupted by power and oppression, we can think about the full range of supportive norms that might be necessary to offset that damage.

Furthermore, the attitudinal norms that Pettit argues are needed to support the speech infrastructure are *impacted by speech itself.* In other words, speech and social attitudes have a *bidirectional relationship*. If we allow for unlimited and unchecked corrosive speech (i.e., racist speech, sexist speech, transphobic speech), our social attitudes will undoubtedly continue to be impacted by them, worsening things like prejudicial stereotypes, implicit biases and negative cognitive associations. Implicit biases and negative cognitive associations then, in turn, have an impact on our speech norms and practices (Fricker 2007; Kukla 2012). There is, then, a vicious cycle between *corrosive speech* and *corrosive attitudes and norms*. The more corrosive speech there is, the worse the norms that support the infrastructure. And the same people keep losing.

For this reason, we should be attentive to the relationship between speech norms on the one hand (as dictated by and encoded in our free speech infrastructure), and the social attitudes we create, perpetuate, or amplify on the other. Consequently, we need to create a free speech infrastructure that takes this bi-directional relationship seriously and works to combat the negative social attitudes and biases that corrupt speech norms and praxis. We can do so by trying to control for

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[174] He says: "Public law may not be enough on its own… [it needs to be] rooted in norms that are supported attitudinally in your community" (Pettit 2018, 74).

the amount of biased and prejudicial speech that reifies these social attitudes and biases. Again, to the extent that these create a vicious cycle, it is necessarily to intervene wherever we can.

To make what I have said more concrete, let's return to microaggressions. As noted above, attempts to reduce or minimize microaggressions has been criticized as a violation of free speech. Such charges have been heightened on university campuses. However, contra the critics, I contend that not only are attempts to reduce microaggressions *compatible* with free speech (that is, they are not violations of academic freedom or free speech as the critics contend), rather they are *essential parts* of a well-functioning speech-protective infrastructure, one aimed at justice. Reducing microaggressions and neutralizing their harmful impacts on speech norms and communities are supportive norms that can make our speech infrastructure – on campus and beyond – more equitable and fair.

As noted in earlier discussions of microaggressions throughout this thesis, the force of them lies in their coded messaging – they can send messages to their targets that they are inferior, "Other," unwelcome, unrecognized, or otherwise lesser than, and they do so on the basis of biases or prejudices (implicit or explicit) about some facet of the target's marginalized identity. While the critics of microaggression theory tend to mistakenly discuss microaggressions in isolation, as if they occur as one-offs, scholars who theorize about microaggressions know that they are harmful precisely because they are common, routine, and reoccurring (Rini 2021). In other words, the coded messages of microaggressions compound over time, ultimately causing a variety of harms to the target (Lombrozo 2017; Mallon and Evans 2019).

Compiled overtime, microaggressions can make their targets more hesitant to speak up, and less likely to be taken seriously when they do (see discussions in chapters 3 and 4 of this thesis). For the target(s), repeated microaggressions can degrade their self-confidence or self-trust. For everyone else around, repeated microaggressions reinforce stereotypes and biases about people of marginalized identities, contributing to negative perceptions and attitudes about them, which again can be implicit or explicit (see Runyowa 2015 for an overview of these consequences, particularly as they manifest on campuses; also see Williams 2017). Because repeated microaggressions have the capacity to affect attitudes (both about ourselves and about others), as well as norms (e.g., what

sorts of speech are considered normal and acceptable), microaggressions can certainly impact the speech norms, and the broader speech protective infrastructure, which Pettit describes.

Recall, I have argued above that the relationship between speech, and the supportive norms required to prop up a speech protective infrastructure, is bi-directional: what we say impacts our social norms and attitudes; social norms and attitudes create the landscape in which we speak, what is said, and ultimately the effects our speech has.[175] Insofar as pervasive microaggressions have the capacity to degrade the status of some people as speakers (or indeed, as humans), there is good reason to consider them when imagining what we want our speech protective infrastructure to look like, and what sorts of policies and norms we think it ought to include.

Within academic contexts, it is imperative to consider how microaggressions can make certain (already vulnerable) students and professors less likely to speak (and/or to be taken less seriously when they do so), a more just speech infrastructure would take this into account, finding ways to effectively minimize and neutralize microaggressive speech within our campus contexts. Doing so, I contend, will begin to have a reparative impact on the social norms and attitudes that ultimately harm marginalized people and ultimately create conditions where marginalized people are better able to speak and be heard. When our speech protective infrastructure creates conditions for reducing or neutralizing microaggressions, it helps bring us closer to arriving at the means for achieving the maximal free speech "co-exercisable and co-enjoyable" for all.[176]

Though I will not venture to give a comprehensive account of how a situation [mostly] free of microaggressions can be achieved, it is worth noting a few things that, while requiring fairly minimal effort, can help minimize microaggressions that often occur in academic settings, or help offset the harms that occur when they do. Some fairly straightforward things to normalize include

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[175] For a helpful illumination of how this works, see McGowan (2009; 2019). McGowan explains that the exercitive function of speech is to enact permissibility facts (i.e., to set the background conditions and norms for speech and beyond). This determines what sort of speech is permissible or impermissible in a given context.

[176] I do not mean to suggest that the reduction of microaggressions and the neutralizing of their corrosive consequences is the only work that needs to be done to create a fully just speech protective infrastructure. To the contrary, I think other things are relevant, too. However, microaggressions are an important focus precisely because they are often seen as a normal and acceptable part of speech (e.g., relative to slurs or hate speech) and they are, as I discussed earlier in the paper, contentious as to their impacts and attempts to reduce them.

having it be routine and expected for everyone to indicate their pronouns (e.g., on their email signature or Zoom profile name, or when they are being introduced for a talk). Having everyone indicate their pronouns in this way normalizes this practice, so that it is not only trans and nonbinary folks needing to do so (and thus outing themselves). Doing so also helps prevent (unintentional) instances of mispronouncing or misgendering. We can also consider the importance of being intentional about calling on non-white students and students who are not men in classroom spaces, talks, etc. Being intentional about bringing people into the discussion can help offset what too often happens – these students never being called on, and never feeling as if they have a voice in academic spaces. These sorts of examples are about creating positive norms that can help offset some frequent microaggressions that occur on university campuses.

Another important, albeit fairly easy, thing to do is to consider the optics of physical spaces on our campuses. For example, if the philosophy lounge only has photos of older white male philosophers, we can alter the space to include photos of non-white philosophers, women philosophers, and queer or trans philosophers. Sometimes adapting the space aesthetically can influence people's ability to feel, and to actually be, included. A similar possibility is to work on diversifying syllabi, so diverse or marginalized students do not receive reading lists comprised of works written exclusively by white men of European descent. Including a diversity of identities, voices, and perspectives is one way of signaling an openness to different experiences and ideas in the classroom (and also, that people other than white men of European descent can (and do!) write philosophy). Larger scale institutional changes might sometimes be necessary, as well. These might include renaming buildings that were originally named in honor of white supremacist or colonial figures, changing mascots that reflect stereotypical caricatures (e.g., of Indigenous peoples), or removing statues celebrating confederate soldiers. Insofar as our very physical environments can be microaggressive (i.e., environmental microaggressions), it is important to take seriously the impact that our built environments can have on our speech communities and learning atmospheres, and who is likely to feel included or excluded within them.

In terms of norm setting, it is important to establish a community in which people are open to receiving feedback and constructive criticism when they have committed a microaggression (e.g., "When you said 'X', it came off in this particular way… This can be problematic because…") and

community members are willing to provide such feedback compassionately (e.g., where the end goal is helping each other learn, grow, and do better). An environment in which microaggressions are pervasive, yet nobody ever calls them out, is one that ultimately worsens corrosive speech norms and the stereotypes and biases which undergird them. Cultivating norms of disruption (e.g., of disrupting problematic speech and working to alter unhealthy speech norms) is imperative for creating an environment aimed at reducing the prevalence of microaggressions, and thereby working toward a more inclusive and just speech infrastructure – one in which all students and faculty feel able to speak and be heard on equal terms.

Many "micro" things can be done to make spaces feel more welcoming and inclusive, and given the minimal effort necessary to implement such changes in exchange for a potentially significant impact, they are worthwhile investment in time and energy.

In the previous section, I suggested that the three benefits Pettit assumes will arise when speech is protected are unlikely to manifest in a society like ours, which is stratified by unjust power imbalances and entrenched social oppression, both of which inform our speech norms and praxis. Ensuring that the benefits Pettit describes (i.e., the status benefit, the enfranchising benefit, and the responsibility benefit) will obtain for all members of a speech community is only possible when we are able to offset some of the corrosive impacts that power and oppression have on speech. Efforts to reduce microaggressions, I contend, can help us go some way toward neutralizing the effects of power and oppression on our speech norms, helping us come closer to realizing these three benefits, for all members of our speech communities.

With respect to the status benefit – the idea that when speech is protected everyone has equal status as a speaker – the reduction of microaggressions in our classrooms and broader campus communities can help to reduce biases and stigma targeted at those who are typically on the receiving end of microaggressive speech, namely, people with one or more structurally marginalized identity. In this regard, it can help assure that they are in fact seen as having equal status as speakers, or it at least prevents their speaker status from being further degraded or undermined. With respect to the enfranchising benefit – the idea that when speech is protected silence is informative – the reduction of microaggressions can help create climates where people feel more empowered to speak, and more likely to be taken seriously when they do so. This might

alleviate some of the reasons that people self-silence (instances of silence which do not indicate, as Pettit contends, their acceptance of or agreement with the status quo). So, a reduction in microaggressions (and the stereotypes and biases they exacerbate) can help bring us closer to a context in which silence *is* informative in the ways Pettit imagines, because there won't be as much coerced self-silencing (or, what Dotson 2011 calls "testimonial smothering"). With respect the responsibility benefit – the idea that when speech is protected we can hold people responsible for the content of their speech – the reduction of microaggressions in our classroom environments and larger campus cultures can bring us closer to a situation in which people speak in ways that better reflect their actual views, and are at least less impacted by prejudicial stereotypes, implicit biases, and the like. This is because, as has been discussed, microaggressions function to reinforce stereotypes and biases in the minds of the microaggressor, the microaggressed, and bystanders alike. Reducing microaggressions, then, plays a role in decreasing prejudicial stereotypes and biases, and their influence on what people think, believe, and communicate. When this is the case, we move closer to a scenario like Pettit describes, namely, one in which people's speech reflects their genuinely held values or beliefs, which we can then fairly hold them account for. In other words, when microaggressions are less pervasive and impactful in our speech communities, we get closer to a situation in which we can meaningfully attribute people's words to them (e.g., as their own) and come closer to (appropriately) holding people responsible for the content of their speech.

My claim here is that despite widespread panic around microaggression awareness trainings and efforts to reduce microaggressions on university campuses (e.g., Lilienfeld 2017; Haidt 2017) such efforts do not constitute an undue violation of free speech or of the protection of free speech. To the contrary, efforts to reduce microaggressions on our campuses can play an important role in achieving greater free speech and creating speech contexts in which all speakers can receive the benefits that the protection of free speech is thought to offer. Moreover, the efforts required to reduce many microaggressions are not particularly onerous, again demonstrating that such efforts are not undue burdens on free speech and can generate significant benefit for marginalized speakers.

Let's revisit one example provided above. One tangible thing we can do to reduce microaggressions against our queer, trans, and non-binary students and campus community members is to normalize widespread sharing of gender pronouns. Doing so helps us to avoid singling out such students (e.g., if they are the only ones who must regularly indicate their pronouns), it helps create a community in which indicating your pronouns (and using pronouns outside the gender binary is normal), and helps to prevent the (often unintended) microaggression of mispronouning others. Establishing such a positive norm – one in which it is standard practice to indicate one's pronouns at community events on or in classroom spaces – is not a violation of anyone's free speech. To the contrary, it is one norm that can help create better, and more just, speech contexts – one in which all speakers feel respected and included.

While implementing and adapting to such norms might constitute an uncomfortable shift for some people away from the status quo to which they are accustomed (i.e., a speech infrastructure created and maintained by those who already occupy positions of social, political, and/or institutional power), making adjustments like these is a necessary step to achieving Pettit's core aim, namely, the creation of a speech infrastructure that protects speech equally for all, up to the maximum amount compatible with realizing equal protections for others. Thinking about the norms we cultivate, and whether they positively or negatively impact community members' abilities to speak and be heard, is an important part of building a solid, and fair, speech infrastructure.

5.6.   Possible Objections

Before concluding, I would like to consider a few objections to my view and offer responses to each.

I have argued that we need a speech protective infrastructure on university campuses which adequately accounts for power and oppression. This includes, I have argued, the implementation of supportive norms aimed at minimizing microaggressions and neutralizing the harms they bring about. I have offered a few suggestions about possible norms that could be implemented in the interest of doing so. However, one might argue that this is superfluous – that we don't need to change the speech infrastructure, because structurally oppressed people are free to "speak back,"

e.g., in the face of persistent microaggressions, or otherwise in response to bias, bigotry, or hate.[177] In other words, one might object that instead of working to implement norms to reduce microaggressions, we ought to instead introduce and support a norm of speaking back to counter such speech.

First, I want to note that, despite my best efforts, I still find it generally unclear what the proponents of "speaking back" think this prescription for "more speech" entails. Are targets of microaggressions or other forms of hateful speech supposed to respond directly to what was said (e.g., to defend themselves against particular microaggressions and to messages they convey, for example)? Or, are they supposed to make a rational argument for their equality, or for why such microaggressions are problematic in harmful? Or, does shouting back an equally offensive remark count as legitimate speaking back? One might be "free" to do this, but it certainly doesn't seem productive, especially in a campus context. Without clear direction for the target of hateful rhetoric as to what should be done with their abstract right to speak back in the face of microaggressions or hate, the prescription to simply speak back feels quite obtuse.

Moreover, this vagueness aside, the prescription to respond to microaggressions and other forms of hateful speech by "speaking back" is most problematic because it puts the burden of response on the targeted person – the person who has been harmed – to attempt to rectify that harm or otherwise counter it. This, I believe, puts the burden in the wrong place. By analogy with physical harm, we would never prescribe "punching back" as a moral rule for someone who has been physically assaulted (at least, I wouldn't think so, and not without other protections or means for recourse in place). And this prescription fails to account for the very same power imbalances and facts about structural oppression that Pettit fails to consider: as it stands, with our current speech infrastructure and the norms it ultimately functions to reify, not all speakers *are* in fact on equal footing. Furthermore, Laura Beth Nielson has demonstrated that this "speaking back" prescription is also empirically untenable: empirically speaking, targets of racist speech *do not regularly engage in counter speech* (Nielson 2012, 155-156). For many reasons (e.g., fearing for one's

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[177] See Post (1990); also see Gelber (2012) for an argument providing possible justifications for state-supported 'speaking back.'

safety, thinking the speaker is ignorant and not worth engaging), Nielson reports that targets of such speech are in fact most likely to try to ignore it, or try to leave the situation, though, ignoring it does not imply that harm has not occurred, or that whatever hateful speech was exchanged has not been internalized by the target. The prescription of more speech, or what has been called 'speaking back,' simply won't work without a supportive speech infrastructure that *is* attentive to power and oppression, that corrects for systemic credibility imbalances, and which ensures people aren't compelled to smother their own testimony in the face of harmful speech. We do not currently operate within such an infrastructure. Even if we did operate in a perfectly just speech infrastructure, such that speaking back and being heard was *possible,* it might still be too heavy a burden to place upon a person being targeted with hateful rhetoric. The burden is more appropriately placed on the collective. This is why I have advocated for the joint project of forming and supporting norms of speech justice, e.g., norms aimed at reducing microaggressions in our campus contexts.

A different objection might be raised against my broader approach, namely, an approach which is aimed at justice in the domain of speech (e.g., by way of reducing microaggressions), and which draws on defenses of free speech and the reasons we have for valuing free speech as a means of achieving it. An objector might point out here that using defenses of free speech to ultimately argue for a reduction in certain types of speech, such as microaggressions, is suspect, and especially when one considers the way these arguments tend to be mobilized in the opposite direction (e.g., in defense of those who believe they have a right, rooted in freedom of speech, to commit microaggressions).

This objection can take two different forms: first, that even with trying to meet the "speech advocates on their own terms," they will not be convinced because we have fundamentally different starting points (i.e., they might genuinely believe they are superior and that their speech ought to be disproportionately valued and protected, etc.)[178]; second, one might argue that there is a better route for arguing in defense of the sort of speech restrictions and norm changes that I am interested in, which doesn't rely on using the advocates' pro-free speech arguments at all.

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[178] I am grateful to Lauren Freeman for raising a version of this objection.

The first worry is that even though I am using language and arguments that will resonate with many pro-free speech thinkers (e.g., my argument is ultimately a defense of free speech, on a broader scale), some such thinkers are unlikely to be compelled by my argument, because they might not believe that certain people are in fact equally positioned speakers, worthy of equal respect as such (i.e., those with significant power might not recognize marginalized people as legitimate equals in the domain of speech or otherwise). (Note: I do not think Pettit falls in this camp, though other free speech absolutists might). I don't have much to say to this, other than biting the bullet: the objector would be correct that I am unlikely to convince such a person of the need to create more robustly inclusive speech norms (e.g., those aimed at minimizing microaggressions). However, the argument is nevertheless worth making, because there are a lot of middle-ground people who could be convinced, who might, for example, be compelled-but-not-totally-convinced-by the free speech advocates' arguments, who might similarly be compelled by what I have said here, and throughout this thesis. In other words, my argument might reach people on the fence about the free-speech debates or debates around microaggressions more generally, who *can* be convinced, even if it cannot penetrate the minds of the bigots. I concede this.

Second, one might argue that it is more convincing to argue in defense of the sort of speech restrictions that I have in mind without touching the speech advocates' arguments at all. In *Just Words,* Mary Kate McGowan (2019, 163) has made this very argument. She contends that there are two routes for argumentation about the restriction of certain forms of harmful speech: the one I have taken here (to use and extend the arguments of the free speech advocates), and the one she prefers (what she calls the "parity argument"). The first route (the one I have taken) involves drawing on the values of free speech itself and making arguments based in those values. The alternative argumentative strategy is to make a "parity argument" (the route McGowan prefers). This second route involves finding an uncontroversially regulable category of speech, specifying precisely what the justification for that regulation is, and then arguing that a particular utterance or category of speech is regulable for the same reasons (McGowan 2019, 164). In other words, this argument draws on the imperative to treat like cases alike.

McGowan gives an argument for why she prefers the second argumentative route, which, for lack of space, I won't rehash here (see McGowan 2019, 165 for this discussion). While I am not sure

she in fact *proves* the superiority of this particular argumentative move, I don't think she (or I) actually need to. Rather, instead of showing which argument is "best," insofar as they arrive us at the same conclusion (namely, a justification for certain sorts of regulations of or norms against the proliferation of harmful speech), then why not make both arguments? In other words, we can use all of the argumentative tools we have; after all, two strong arguments in favour of the desired conclusion is better than one!

Simply put, I am not willing to "throw the baby out with the bathwater" when it comes to free speech arguments, even if I do think they are at times made from a disingenuous place (see, for example, Malik 2019 for a discussion of disingenuous claims of "censorship" and how they harm minorities). There has been a long tradition of insightful theoretical work on the value of free speech and I think it is a meaningful exercise to engage that work, see how it can be extended, and apply it to the cases of our contemporary concern. And, as noted above, doing so might have the added value of helping to shrink the apparent ideological divide in our fragmented and polarized intellectual and political landscape, and perhaps of being more convincing to those who already accept arguments for the value of free speech and are strongly committed to them. These possible advantages aside, I contend that there is room in our theoretical landscape for *both* sorts of arguments, and as people concerned with microaggressions and other forms of harmful speech, our cause is strengthened by making both.

5.7.   Concluding Remarks

In the proceeding sections, I have described an account of freedom of speech which draws on a metaphor of infrastructure to show how different elements (law, policies, and norms) come together to create a system that protects free speech, and, in so doing, confers a series of benefits upon speakers within that system (Pettit 2018). Though I think this approach is compelling (e.g., the idea that speech protection demands the use of law, policies, and social norms), I have pointed out weaknesses of the view as it has been formulated and advanced by Philip Pettit. Most notably, I have suggested that Pettit has mischaracterized our speech situation, failing to acknowledge the strong influence of power and oppression on our speech norms and practices.

In challenging the underlying assumptions at work in Pettit's view, I have sought to expand how we ought to think about the creation of a speech protective infrastructure, so as to make it more just and more equitable for all speakers. In attempting to neutralize the impacts of power and oppression on our speech landscape, we venture to create more equal opportunities for socially, politically, or institutionally vulnerable speakers to speak and be heard – or to at least start moving us in that direction. In order to create the free speech protective infrastructure we really need – indeed, the free speech infrastructure Philip Pettit seems to think we already have – we need to deal with the bias and bigotry that pervade our speech landscape. One way to move in this direction (though I do not contend that it is the only way) is to work to reduce the prevalence and impact of microaggressions, acts which further corrode the status of marginalized speakers and reinforce inequities in our speech landscape. Within the context of university campuses, efforts to reduce microaggressions are essential to making sure vulnerable students, staff, and faculty members are meaningfully – and not just superficially – included and, importantly, that the free speech infrastructure protects them, too.

What I hope to have provided is an argument in favor of thinking more broadly about the background conditions for speech on university campuses, and at least some of the norms that must be cultivated to make speech conditions fairer for all within them. What I have not given you is a complete story about how to achieve this, that is, how to implement all of the right policies and supportive norms necessary to make it happen.[179] On that note, however, it is worth revisiting the campus speech codes mentioned at the paper's opening. I find it most appropriate to focus on my own institution, so I will consider Western University's policy specifically.

Recall, in August 2018, Ontario Premier Doug Ford ordered all Ontario colleges and universities to design and implement campus free speech codes, up to a standard established by his office, or else risk losing much needed provincial funding. Naturally, universities (including my own

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[179] In fairness to myself, Pettit doesn't really do this either. Rather, he notes that his "co-exercisable and co-enjoyable requirement" could lead us to "argue for other, more surprising regulations" (Pettit 2018, 67). He states that on his view, for example, the framework he has given would argue against allowing the sort of anonymous commercial and political speech that currently dominates social media, but he does not personally offer a policy suggestion for how to do so.

institution, Western University) were compelled to respond, and quickly. At Western, Ford's call was responded to via the formation of an ad hoc 'free expression' committee, assembled by the provost and chaired by the Arts and Humanities Dean. Notably, the committee was not comprised of a representative sample of the most vulnerable or socially marginalized people on Western's campus. Consequently, I believe, the resultant policy does the very thing I expressed concern about above: creates a policy that (even if implicitly) protects the status quo, possibly at the expense of more marginalized campus community members.

Here is a stark example. The policy states that: "the University recognizes that the legitimate exercise of free expression has the potential to *shock, anger, intimidate, exclude and contribute to the marginalization of University community members*. It can also make it difficult for some people or groups to exercise their own freedom of expression" (Western University 2018, emphasis added). I think these words are telling for two reasons. First, the committee recognizes that unrestrained speech can (and likely will) result in harmful consequences to marginalized students, including intimidation, exclusion, and further marginalization. When "marginalization" is understood as a "face of oppression" (that is, a mechanism of oppression or a way that oppression manifests, cf. Young 1990), openly suggesting that it is permissible to further marginalize students seems particularly problematic, coming from an institution charged with serving all of its students equally, and which is, at least superficially, committed to the values of diversity, equity, and inclusion. Second, the committee recognizes that one of the consequences of unrestrained free speech for some is the *loss* of free speech for others. The ad hoc committee is willing to accept this tradeoff. I am not. There has to be a better way to strike a balance: to create fair speech conditions for all. Our institutions must be committed to finding it.

In closing, I leave you with the following questions: What would our campus speech codes look like if we took the arguments above seriously, and we attempted to use them as the blueprint for a more just and equally protective speech infrastructure? What explicit policies would be implemented? What norms would we work to put into place? What norms would we begin to challenge? What sorts of speech would we welcome? What sorts of speech would we start to resist? How can we ensure that we build an infrastructure that protects the more vulnerable speakers on

our campus community, and not just those with greater power? How do we start to correct for the corrosive influence of power and oppression on our speech norms?

I hope we figure this out. The debate feels more contentious than ever, and some of our most important voices (those of our marginalized students, staff, and faculty members) hang in the balance.

5.8. References

ABC Radio National. 2018. "New Ways To Think About Free Speech?" Hosted by Patricia Karvelas, May 16. https://www.abc.net.au/radionational/programs/drive/new-ways-to-think-about-free-speech/9768240.

ACLU. 2019. "Freedom of Expression." *ACLU*. https://www.aclu.org/other/freedom-expression.

Allen, Amy. 1998. "Rethinking Power." *Hypatia* 13 (1): 21–40.

Agarwal, Pragya. 2018. "Unconscious Bias: How It Affects Us More Than We Know." *Forbes*, December 3. https://www.forbes.com/sites/pragyaagarwaleurope/2018/12/03/unconscious-bias-how-it-affects-us-more-than-we-know/#36f216716e13.

Alcoff, Linda. 1991. "The Problem of Speaking for Others." *Cultural Critique* 20 (20): 5. doi:10.2307/1354221.

Anderson, Elizabeth. 2010. *The Imperative of Integration*. Princeton University Press.

Arthur, Rob. 2019. "We Analyzed More Than 1 Million Comments on 4chan. Hate Speech There Has Spiked by 40% Since 2015." *Vice News*, July 10. https://www.vice.com/en_us/article/d3nbzy/we-analyzed-more-than-1-million-comments-on-4chan-hate-speech-there-has-spiked-by-40-since-2015.

BBC Radio 4. 2018. "Global Philosopher: Should There Be Any Limits to Free Speech." *BBC Radio: The Public Philosopher*, February 6. https://www.bbc.co.uk/programmes/p069dx6m.

Behrent, Michael C. 2019. "A Tale of Two Arguments About Free Speech On Campus." *AAUP Reports and Publications*, Winter. https://www.aaup.org/article/tale-two-arguments-about-free-speech-campus#.YK5_rBNKjVo.

Berlin, Isaiah. 1969. *Four Essays on Liberty*. Oxford: Oxford University Press.

Brennan, Geoffrey, and Philip Pettit. 2004. *The Economy of Esteem: An Essay on Civil and Political Society*. Oxford: Oxford University Press.

Brennan, Samantha. 2016. *The Moral Status of Micro-Inequities: In Favor of Institutional Solutions*. Edited by Michael Brownstein and Jennifer Saul. *Implicit Bias and Philosophy*. Vol. 2. Oxford: Oxford University Press.

Brownstein, Michael, and Jennifer Saul. 2016a. *Implicit Bias and Philosophy, Volume 1: Metaphysics and Epistemology*. Oxford: Oxford University Press.

Brownstein, Michael, and Jennifer Saul. 2016. *Implicit Bias and Philosophy, Volume 2: Moral Responsibility, Structural Injustics, and Ethics*. Oxford: Oxford University Press.

Campbell, Bradley, and Jason Manning. 2018. *The Rise of Victimhood Culture: Microaggressions, Safe Spaces, and the New Culture Wars*. Palgrave MacMillan. doi:10.1007/978-3-319-70329-9.

Campbell, Bradley, and Jason Manning. 2015. "Microaggression and Changing Moral Cultures." In *Chronicle of Higher Education*, 61:A25–A26. https://www.chronicle.com/article/MicroaggressionChanging/231395.

Clare, Eli. 2017. *Brilliant Imperfection: Grappling with Care*. Duke University Press.

Cudd, Ann E. 2006. *Analyzing Oppression*. Oxford: Oxford University Press. doi:10.1093/0195187431.001.0001.

Davies, William. 2018. "The Free Speech Panic: How the Right Concocted a Crisis." *The Guardian*, July 26. https://www.theguardian.com/news/2018/jul/26/the-free-speech-panic-censorship-how-the-right-concocted-a-crisis.

Dea, Shannon. 2018a. "Academic Freedom in a Non-Ideal World." *University Affairs*, November 19. https://www.universityaffairs.ca/opinion/dispatches-academic-freedom/academic-freedom-in-a-non-ideal-world/.

Dea, Shannon. 2018b. "My Office Door and the Campus Free Speech Crisis That Never Was." *University Affairs*, December 14. https://www.universityaffairs.ca/opinion/dispatches-academic-freedom/my-office-door-and-the-campus-free-speech-crisis-that-never-was/.

Dea, Shannon. 2019a. "Academic Freedom, Scholarly Responsibility, and the New Gender Wars." *University Affairs*, August 2. https://www.universityaffairs.ca/opinion/dispatches-academic-freedom/academic-freedom-scholarly-responsibility-and-the-new-gender-wars/.

Dea, Shannon. 2019b. "Sometimes Refraining from Speech Is Good." *University Affairs*, June 7. https://www.universityaffairs.ca/opinion/dispatches-academic-freedom/sometimes-refraining-from-speech-is-good/.

Dotson, Kristie. 2011. "Tracking Epistemic Violence, Tracking Practices of Silencing." *Hypatia* 26 (2): 236–257.

Dry, Murray. 1995. "Free Speech in Political Philosophy and Its Relation to American Constitutional Law: A Consideration of Mill, Meiklejohn, and Plato." *Constitutional Commentary* 11: 81.

Edwards, Griffin Sims, and Stephen Rushin. 2018. "The Effect of President Trump's Election on Hate Crimes.," January 14. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3102652.

Estlund, David. 2018. "When Protest and Speech Collide." In *Academic Freedom*, edited by Jennifer Lackey. Oxford: Oxford University Press.

Fandos, Nicholas. 2021. "Trump Impeached for Inciting an Insurrection,." *The New York Times*, January 13. https://www.nytimes.com/2021/01/13/us/politics/trump-impeached.html.

Feinberg, Ayal, Regina Branton, and Valerie Martinez-Ebers. 2019. "Counties That Hosted a 2016 Trump Rally Saw a 226 Percent Increase in Hate Crimes." *The Washington Post*, March 22. https://www.washingtonpost.com/politics/2019/03/22/trumps-rhetoric-does-inspire-more-hate-crimes/.

Filipovic, Jill. 2014. "We've Gone Too Far With Trigger Warnings." *The Guardian*, March 5. https://www.theguardian.com/commentisfree/2014/mar/05/trigger-warnings-can-be-counterproductive.

Flaherty, Colleen. 2019. "Death Knell for Trigger Warnings?" *Inside Higher Education*, March 21. https://www.insidehighered.com/news/2019/03/21/new-study-says-trigger-warnings- are-useless-does-mean-they-should-be-abandoned.

Foucault, Michel. 1979. *The History of Sexuality, Volume 1: An Introduction*. Trans. by Robert Hurley. New York: Vintage.

Freeman, Lauren. 2014. "Creating Safe Spaces: Strategies for Confronting Implicit and Explicit Bias and Stereotype Threat in the Classroom." *APA Newsletter on Feminism and Philosophy*. https://cdn.ymaws.com/www.apaonline.org/resource/collection/D03EBDAB-82D7-4B28-B897-C050FDC1ACB4/FeminismV13n2.pdf.

Freeman, Lauren. 2017. "Ethics Forward! Lauren Freeman on Microaggressions, Trigger Warnings, and Safe Spaces." *Ethics Forward!* hosted by Avery Kolers. https://soundcloud.com/wfmp-forward-radio/ethics-forward-lauren-freeman-on-micro-aggressions-trigger-warnings-and-safe-spaces.

Freeman, Lauren, and Heather Stewart. 2019a. "Epistemic Microaggressions and Epistemic Injustice in Clinical Medicine." In *Overcoming Epistemic Injustice: Social and Psychological Perspectives*, edited by Benjamin R. Sherman and Stacey Goguen, 121–138. Rowman & Littlefield International.

Freeman, Lauren, and Heather Stewart. 2019b. "Microaggressions in Medicine and the Harms to Patients." *Health Science Campus, Celebrating Diversity Newsletter*. Summer Special Edition: Microaggressions, April. http://louisville.edu/hsc/diversity/files/copy_of_Summer2019Edition.pdf.

Freeman, Lauren, and Heather Stewart. 2019c. "Shifting Perspectives: A Victim-Centered Account of Microaggressions in Medicine, and Beyond." *International Journal of Feminist Approaches to Bioethics Blog*, February. http://www.ijfab.org/blog/2019/02/shifting-perspectives-a-victim-centered-account-of-microaggressions-in-medicine-and-beyond/.

Freeman Freeman, and Heather Stewart. 2018. "Microaggressions in Clinical Medicine." *Kennedy Institute of Ethics Journal* 28 (4): 411–449. doi:10.1353/ken.2018.0024.

Freeman, Lauren and Heather Stewart, *Microaggressions in Medicine,* manuscript in progress.

Freeman, Lauren, and Heather Stewart. 2020. "Sticks and Stones Can Break Your Bones and Words Can Really Hurt You: A Standpoint Epistemological Reply to Critics of the Microaggression Research Program." In *Microaggressions and Philosophy*, edited by Lauren Freeman and Jeanine Weekes Schroer, 1st ed., 36–66. New York: Routledge.

Fricker, Miranda. 2007. *Epistemic Injustice: Power and the Ethics of Knowing*. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford: Oxford University Press. doi:10.1093/acprof:oso/9780198237907.001.0001.

Friedersdorf, Conor. 2015. "Why Critics of the 'Microaggressions' Framework Are Skeptical." *The Atlantic*, September 14. https://www.theatlantic.com/politics/archive/2015/09/why-critics-of-the-microaggressions-framework-are-skeptical/405106/

Friedlaender, Christina. 2018. "On Microaggressions: Cumulative Harm and Individual Responsibility." *Hypatia* 33 (1): 5–21.

Frye, Marilyn. 1983. *The Politics of Reality: Essays in Feminist Theory*. Crossing Press.

Gelber, Katharine. 2018. "Free Speech Is Under Attack – and Not in the Way Racists and Bigots Claim." *Green Left*, September 2. https://www.greenleft.org.au/content/free-speech-under-attack-.

Gelber, Katherine. 2012. "'Speaking Back': The Likely Fate of Hate Speech Policy in the United States and Australia." In *Speech & Harm: Controversies Over Free Speech*, edited by Ishani Maitra and Mary Kate McGowan. Oxford: Oxford University Press.

Giovannetti, Justin, and Jack Hauen. 2018. "Doug Ford Says Ontario Postsecondary Schools Require Free Speech Policies." *The Globe and Mail*, August 30. https://www.theglobeandmail.com/canada/article-doug-ford-says-ontario-postsecondary-schools-will-require-free-speech/.

Gordon, Jill. 1997. "John Stuart Mill and the 'Marketplace of Ideas.'" *Social Theory and Practice* 23 (2): 235–249.

Government of Canada. 2019. "Constitutional Act, 1982." *Justice Laws Website*. http://lois.justice.gc.ca/eng/Const/page-15.html.

Greenawalt, Kent. 1989. *Speech Crime and the Uses of Language*. Oxford: Oxford University Press.

Guelzo, Allen C. 2018. "Free Speech and Its Present Crisis." *City Journal*, Autumn. https://www.city-journal.org/free-speech-crisis.

Haidt, Jonathan. 2017. "The Unwisest Idea on Campus: Commentary on Lillienfeld." *Perspectives on Psychological Science* 12 (1): 176–177.

Hatzipanagos, Rachel. 2018. "How Online Hate Turns Into Real-Life Violence." *The Washington Post*, November 30. https://www.washingtonpost.com/nation/2018/11/30/how-online-hate-speech-is-fueling-real-life-violence/.

Heterodox Academy. 2021. https://heterodoxacademy.org/our-story/.

Holmes, Lindsay. 2017. "A Quick Lesson on What Trigger Warnings Actually Do." *Huffington Post*, February 6. https://www.huffingtonpost.ca/entry/university-of-chicago-trigger-warning_n_57bf16d9e4b085c1ff28176d.

Inclusive Teaching Initiative at University of Michigan. 2019. "An Introduction to Content Warnings and Trigger Warnings." *Inclusive Teaching*. https://www.huffingtonpost.ca/entry/university-of-chicago-trigger-warning_n_57bf16d9e4b085c1ff28176d.

Inskeep, Steve. 2017. "Free Speech Advocate on the State of College Campuses." *NPR: NPR Morning Edition*, May 29. https://www.npr.org/2017/05/29/530555442/free-speech-advocate-on-the-state-of-college-campuses.

Jaggar, Alison M. 2019. "Thinking about Justice in the Unjust Meantime." *Feminist Philosophy Quarterly* 5 (2). doi:10.5206/fpq/2019.2.7283.

Jesse, David. 2018. "DOJ: Free Speech Has Come Under Attack on Campuses." *Governing*, June 12. https://www.governing.com/topics/education/tns-university-michigan-doj.html.

Kukla, Quill [Published as Rebecca Kukla]. 2007. "How Do Patients Know?" *Hastings Center Report* 37 (5): 27–35. doi:10.1353/hcr.2007.0074.

Lackey, Jennifer. 2018. *Academic Freedom*. Oxford: Oxford University Press.

Langton, Rae. 2007. "Disenfranchised Silence." In *Common Minds: Themes from the Philosophy of Philip Pettit*, 199–214.

Lee, Bruce Y. "Trump Once Again Calls Covid-19 Coronavirus The 'Kung Flu.'" *Forbes*, June. https://www.forbes.com/sites/brucelee/2020/06/24/trump-once-again-calls-covid-19-coronavirus-the-kung-flu/?sh=4039c1b11f59

Levy, Neil. 2019. "Why No Platforming Is Sometimes a Justifiable Position." *Aeon*, March. https://aeon.co/ideas/why-no-platforming-is-sometimes-a-justifiable-position.

Lilienfeld, Scott O. 2017. "Microaggressions: Strong Claims Inadequate Evidence." *Perspectives on Psychological Science* 12 (1): 138–169.

Lombardi, Claudio. 2019. "The Illusion of a 'Marketplace of Ideas' and the Right to Truth." *American Affairs* 3 (1), Spring. Spring. https://americanaffairsjournal.org/2019/02/the-illusion-of-a-marketplace-of-ideas-and-the-right-to-truth/.

Lombrozo, Tania. 2017. "How Small Inequities Lead to Big Inequalities." *Cosmos & Culture*, July 24. https://www.npr.org/sections/13.7/2017/07/24/539010535/how-small-inequities-lead-to-big-inequalities.

Lorrigio, Paolo. 2019. "Free Speech Policies, Ordered by Ontario, Should Now Be In Place At Post-Secondary Schools." *The Star*, January 7. https://www.thestar.com/news/canada/2019/01/07/free-speech-policies-ordered-by-the-ontario-government-should-now-be-in-place-at-post-secondary-schools.html.

Lukianoff, Greg and Jonathan Haidt. "The Coddling of the American Mind." *The Atlantic*. September 2015. https://www.theatlantic.com/magazine/archive/2015/09/the-coddling-of-the-american-mind/399356/.

Lukianoff, Greg and Jonathan Haidt. *The Coddling of the American Mind.* Penguin Press, 2017.

Mackinnon, Catherine. 1987. *Feminism Unmodified*. Harvard University Press.

Mackinnon, Peter. 2019. "Freedom of Expression Is Under Attack on Campus." *The Hill Times*, April 24. https://www.hilltimes.com/2019/04/24/freedom-of-expression-is-under-attack-on-campus/197116.

Maher, Stephen. 2017. "Jordan Peterson and the Big Mistake of University Censors." *Macleans*, November. https://www.macleans.ca/news/canada/jordan-peterson-and-the-big-mistake-of-university-censors/.

Maitra, Ishani, and Mary Kate McGowan. 2012. *Speech & Harm: Controversies Over Free Speech*. Oxford: Oxford University Press.

Malik, Nesrine. 2019. "The Myth of the Free Speech Crisis." *The Guardian*, September 3. https://www.theguardian.com/world/2019/sep/03/the-myth-of-the-free-speech-crisis.

Manne, Kate. 2017. *Down Girl: The Logic of Misogyny*. Oxford: Oxford University Press.

McClure, Emma. 2019. "Theorizing a Spectrum of Aggression: Microaggressions, Creepiness, and Sexual Assault." *Pluralist* 14 (1): 91–101. doi:10.5406/pluralist.14.1.0091.

McLeod, Carolyn. 2020. *Conscience in Reproductive Health Care: Prioritizing Patient Interest*. Oxford: Oxford University Press. doi:10.1093/oso/9780198732723.001.0001.

McGowan, Mary Kate. 2019. *Just Words: On Speech and Hidden Harm*. Oxford: Oxford University Press.

McGowan, Mary Kate. 2009. "Oppressive Speech." *Australasian Journal of Philosophy* 87 (3): 389–407. doi:10.1080/00048400802370334.

McTernan, Emily. 2018. "Microaggressions, Equality, and Social Practices." *Journal of Political Philosophy* 26 (3): 261–281.

Meiklejohn, Alexander. 1948. *Free Speech and Its Relation to Self-Government*. New York: Harper Publishers.

Mill, John Stuart. 2011. *On Liberty*. Original Publication 1859. Batoche Books Limited.

Miller, Dale E. 2017. "John Stuart Mill and Charlottesville." *Civil American* 2 (4), October. https://www.philosophersinamerica.com/2017/10/20/john-stuart-mill-and-charlottesville/.

Moody-Adams, Michele. 2018. "Is There a 'Safe Space' for Academic Freedom?" In *Academic Freedom*, edited by Jennifer Lackey. Oxford: Oxford University Press.

Murphy, Jessica. 2016. "Toronto Professor Jordan Peterson Takes on Gender-Neutral Pronouns." *BBC News*, November 4.

Nadal, Kevin L. 2013. *That's so Gay! Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community*. Washington, DC: American Psychological Association.

Nadal, Kevin L., Kara Mia Vigilia Escobar, Gail T. Prado, E. J.R. David, and Kristal Haynes. 2012. "Racial Microaggressions and the Filipino American Experience: Recommendations for Counseling and Development." *Journal of Multicultural Counseling and Development* 40 (3): 156–173. doi:10.1002/j.2161-1912.2012.00015.x.

Nadal, Kevin L., Marie Anne Issa, Jayleen Leon, Vanessa Meterko, Michelle Wideman, and Yinglee Wong. 2011. "Sexual Orientation Microaggressions: 'Death by a Thousand Cuts' for Lesbian, Gay, and Bisexual Youth." *Journal of LGBT Youth* 8 (3): 234–259. doi:10.1080/19361653.2011.584204.

Nadal, Kevin L., Yinglee Wong, Katie E. Griffin, Kristin Davidoff, and Julie Sriken. 2014. "The Adverse Impact of Racial Microaggressions on College Students' Self-Esteem." *Journal of College Student Development* 55 (5): 461–474. doi:10.1353/csd.2014.0051.

Nielson, Laura Beth. 2012. "Power in Public: Reactions, Responses, and Resistance to Offensive Public Speech." In *Speech & Harm: Controversies Over Free Speech*, edited by Ishani Maitra and Mary Kate McGowan. Oxford: Oxford University Press.

Nussbaum, Martha. 2018. "Civil Disobedience and Free Speech in the Academy." In *Academic Freedom*, edited by Jennifer Lackey. Oxford: Oxford University Press.

O'Dowd, Ornaith. 2018. "Microaggressions: A Kantian Account." *Ethical Theory and Moral Practice* 21 (5): 1219–1232. doi:10.1007/s10677-018-9964-9.

"Open Letter Against Transphobia in Philosophy." 2021. *Published Online*, January. https://sites.google.com/view/trans-phil-letter/.

Paul, Ari. 2020. "Panic Over 'Cancel Culture' Is Another Example of Right-Wing Projection." *Fair*, October 23. https://fair.org/home/panic-over-cancel-culture-is-another-example-of-right-wing-projection/.

Payne, Keith, Laura Niemi, and John M. Doris. 2018. "Amidst a Controversy, It's Important to Remember That Implicit Bias Is Real – And It Matters." *Scientific American*, March 27. https://www.scientificamerican.com/article/how-to-think-about-implicit-bias/.

Pettit, Philip. 1994. "Enfranchising Silence: An Argument for Freedom of Speech." In *Freedom of Communication*, edited by Tom Campbell and Wojciech Sadurski. Dartmouth University Press.

Pettit, Philip. 2012. *On the People's Terms: A Republican Theory and Model of Democracy*. Cambridge: Cambridge University Press.

Pettit, Philip. 2018. "Two Concepts of Free Speech." In *Academic Freedom*, edited by Jennifer Lackey. Oxford: Oxford University Press.

Pierce, Chester M. 1970. "Offensive Mechanisms." In *The Black Seventies*, edited by Floyd B. Barbour, 265–282. Boston, MA: Porter Sargent Publisher.

Pierce, Chester M., Jean V. Carew, Diane Pierce-Gonzalez, and Deborah Wills. 1977. "An Experiment in Racism: TV Commercials." In *Education and Urban Society*, edited by Chester M. Pierce, 10:61–87. Beverly Hills, CA: Sage. doi:10.1177/001312457701000105.

Post, Robert. 1990. "Racist Speech, Democracy, and the First Amendment." *William and Mary Law Review* 32.

Powers, Kirsten. 2015. *The Silencing: How the Left Is Killing Free Speech*. Regnery Publishing.

Protevi, John. 2018. "Realpolitik of Academic Freedom: The Steven Salaita Case." In *Academic Freedom*, edited by Jennifer Lackey. Oxford: Oxford University Press.

Purvis, Dara E. 2009. "Alexander Meiklejohn." *The First Amendment Encyclopedia*. https://www.mtsu.edu/first-amendment/article/1302/alexander-meiklejohn.

Rawls, John. 1971. *A Theory of Justice*. Harvard University Press.

Reja, Mishal. "Trump's 'Chinese Virus' Tweets Helped Lead to Rise in Anti-Asian Twitter Content: Study." *ABC News*, March. hhttps://abcnews.go.com/Health/trumps-chinese-virus-tweet-helped-lead-rise-racist/story?id=76530148.

Resnick, Courtney A., and M. Paz Galupo. 2019. "Assessing Experiences With LGBT Microaggressions in the Workplace: Development and Validation of the Microaggression Experiences at Work Scale." *Journal of Homosexuality* 66 (10): 1380–1403. doi:10.1080/00918369.2018.1542207.

Rini, Regina. 2015. "Microaggression, Macro Harm." *Los Angeles Times*, October 12. http://www.latimes.com/opinion/op-ed/la-oe-1012-rini-microaggression-solidarity-20151012-story.html.

Rini, Regina. 2019. *The Ethics of Microaggressions*. New York: Routlege.

Runyowa, Simba. 2015. "Microaggressions Matter." *The Atlantic*. https://www.theatlantic.com/politics/archive/2015/09/microaggressions-matter/406090/.

Sakuma, Amanda. 2019. "Hate Crimes Reportedly Jumped By 226 Percent in Counties That Hosted Trump Campaing Rallies." *Vox*. https://www.vox.com/2019/3/24/18279807/trump-hate-crimes-study-white-nationalism.

Saul, Jennifer. 2018. "Beyond Just Silencing: A Call for Complexity in Discussions of Academic Free Speech." In *Academic Freedom*, edited by Jennifer Lackey. Oxford: Oxford University Press.

Saul, Jennifer. 2019. "What Is Happening to Our Norms Against Racist Speech?" *Aristotelian Society Supplementary Volume* 93 (1): 1–23. doi:10.1093/arisup/akz001.

Scanlon, Thomas. 1972. "A Theory of Freedom and Expression." *Philosophy & Public Affairs* 1 (2): 204–226.

Schultz, David. 2009. "Marketplace of Ideas." *The First Amendment Encyclopedia*. https://www.mtsu.edu/first-amendment/article/999/marketplace-of-ideas#:~:text=Perhaps%20the%20origins%20of%20translating,the%20free%20flow%20of%20ideas.

Schroer, Jeanine Weekes. 2015. "Giving Them Something They Can Feel: On the Strategy of Scientizing the Phenomenology of Race and Racism." *Knowledge Cultures* 3 (1): 91–110.

Shepardson, David, and Katanga Johnson. 2019. "Trump Vows Executive Order Requiring 'Free Speech'." March 2. https://www.reuters.com/article/us-usa-trump-colleges/trump-vows-executive-order-requiring-free-speech-at-colleges-idUSKCN1QJ0JD.

Shih, David. 2017. "Hate Speech and the Misnomer of 'The Marketplace of Ideas'." *NPR Code Switch*, May 3. https://www.npr.org/sections/codeswitch/2017/05/03/483264173/hate-speech-and-the-misnomer-of-the-marketplace-of-ideas.

Simpson, Robert Mark, and Amia Srinivasan. 2018. "No Platforming." In *Academic Freedom*, edited by Jennifer Lackey. Oxford: Oxford University Press.

Solorzano, Daniel, Miguel Ceja, and Tara Yosso. 2000. "Critical Race Theory, Racial Microaggressions, and Campus Racial Climate: The Experiences of African American College Students." *The Journal of Negro Education* 69 (1/2): 60–73. http://www.jstor.org/stable/2696265%5Cnhttp://about.jstor.org/terms.

Stanley, Jason. 2018. "What John Stuart Mill Got Wrong About Freedom of Speech." *Boston Review*, September 4. http://bostonreview.net/politics-philosophy-religion/jason-stanley-what-mill-got-wrong-about-freedom-of-speech.

Stewart, Heather. 2019a. "Bisexual Microaggressions in Medical Contexts." *Bisexual Resource Center Blog*, March 23. http://biresource.org/bisexual-microaggressions-in-medical-contexts/.

Stewart, Heather. 2019b. "Free Speech and Campus Codes." *Ethics Forward (Hosted by Avery Kolers)*. https://soundcloud.com/wfmp-forward-radio/ethics-forward-free-speech-and-campus-speech-codes-07-23-19.

Stewart, Heather. 2019c. "Hearing Queer Voices in the Clinic: On the Prevention of Clinical Microaggressions for Better Communication and Care." In *Survive and Thrive: A Journal for the Medical Humanities and Narrative as Medicine*, Forthcoming.

Stewart, Heather. 2019d. "Institutional Failures in the Rise of #MeToo: The Perpetuation of Epistemic and Other Harms to Survivors in Academic Contexts." *Tulsa Studies in Womens Literature* 38 (1): 215–223. doi:10.1353/tsw.2019.0011.

Stewart, Heather. 2019e. "'Why Didn't She Say Something Sooner?' Doubt, Denial, Silencing, and the Epistemic Harms of the #metoo Movement." *South Central Review* 36 (2): 68–94. doi:10.1353/scr.2019.0014.

Stock, Kathleen. 2021. "I Refuse to Be Bullied into Silence." *Daily Mail*.
https://www.dailymail.co.uk/news/article-9155659/I-refuse-bullied-silence-PROFESSOR-KATHLEEN-STOCK.html.

Swann, Gregory, Reese Minshew, Michael Newcomb, and Brian Mustanski. 2011. "Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale." *Cultural Diversity and Ethnic Minority Psychology* 17 (2): 163–174. doi:10.1037/a0023244.

Sue, Derald Wing. 2010. *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. New York, NY: Wiley & Sons.

Sue, Derald Wing, Christina M. Capodilupo, Gina C. Torino, Jennifer M. Bucceri, Aisha M. B. Holder, Kevin L. Nadal, and Marta E. Esquilin. 2007. "Racial Microaggressions in Everyday Life: Implications for Clinical Practice." *American Psychologist* 62 (4): 271–286.

Sue, Derald Wing, Christina M. Capodilupo, Kevin L. Nadal, and Gina C. Torino. 2008a. "Racial Microaggressions and the Power to Define Reality." *American Psychologist* 63 (4): 277–279. doi:10.1037/0003-066X.63.4.277.

Sue, Derald Wing, Kevin L. Nadal, Christina M. Capodilupo, Annie I. Lin, Gina C. Torino, and David P. Rivera. 2008b. "Racial Microaggressions against Black Americans: Implications for Counseling." *Journal of Counseling and Development* 86 (3): 330–338. doi:10.1002/j.1556-6678.2008.tb00517.x.

Thomas, Laurence. 1992. "Moral Deference." *Philosophical Forum* 24 (1–3): 232–250. http://www.laurencethomas.com/Deference.pdf.

Tirell, Lynne. "Language and Power." *A Companion to Feminist Philosophy* (Alison Jaggar and Iris Marion Young, eds.), Blackwell Publishing, 1998.

United Nations. 2019. "Universal Declaration of Human Rights." https://www.un.org/en/universal-declaration-human-rights/.

United Nations Human Rights. 2019. "'International Covenant on Civil and Political Rights.'" *Office of the High Commissioner on Human Rights*. https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx.

United States National Archive. 2018. "The Bill of Rights: A Transcription." https://www.archives.gov/founding-docs/bill-of-rights-transcript.

Viala-Gaudefroy, Jérôme, and Dana Lindaman. 2020. "Donald Trump's 'Chinese Virus': The Politics of Naming." *The Conversation*, 21. https://theconversation.com/donald-trumps-chinese-virus-the-politics-of-naming-136796.

Vigo, Julian. 2018. "Trigger Warnings Perpetuate Victimhood." *Forbes*, November 30. https://www.forbes.com/sites/julianvigo/2018/11/30/trigger-warnings-perpetuate-victimhood/#11703bba2352.

Vingiano, Ali. 2014. "How The 'Trigger Warning' Took Over the Internet." *Buzzfeed*, May 5. https://www.buzzfeednews.com/article/alisonvingiano/how-the-trigger-warning-took-over-the-internet.

Warburton. 2009. *Free Speech: A Very Short Introduction*. Oxford: Oxford University Press.

Western University. 2018. "Policy 1.54: Freedom of Expression Policy." In *Manual of Administrative Policies and Procedures*. https://www.uwo.ca/univsec/pdf/policies_procedures/section1/mapp154.pdf.

Wilke, Carolyn. 2019. "Trump Threatens to Cut Federal Research Funding Over Free Speech." *The Scientist*, March 24. https://www.the-scientist.com/news-opinion/trump-threatens-to-cut-federal-research-funding-over-free-speech-65558.

Williams, Monnica T. 2017. "Are Racial Microaggressions on College Campuses Harmful?" *Psychology Today*, November 12. https://www.psychologytoday.com/us/blog/culturally-speaking/201711/are-racial-microaggressions-college-campuses-harmful.

Wilson, Jason. 2019. "Hate Crime Rising in 30 US Cities as Overall Crime Rates Decline, Report Finds." *The Guardian*, July 30. https://www.theguardian.com/society/2019/jul/30/us-hate-crime-rising-report.

Yam, Kimmy. 2021. ""Anti-Asian Hate Crimes Increased By Nearly 150% in 2020, Mostly in N.Y. and L.A., New Report Says." *NBC News*. https://www.nbcnews.com/news/asian-america/anti-asian-hate-crimes-increased-nearly-150-2020-mostly-n-n1260264.

Young, Iris Marion. 2011. *Responsibility for Justice*. Oxford: Oxford University Press.

Conclusion

VI.I. Recap: What This Dissertation Has Accomplished

This dissertation has presented a collection of integrated articles which, taken together, aim to offer a robust philosophical picture of the phenomenon of microaggressions. Throughout the dissertation, I have ventured to make good on three distinct aims. These three aims are conceptual, epistemological, and moral. In these concluding remarks, I will first reflect on the ways in which I have made progress on each of these aims in the dissertation. I will then mention some avenues for future development of my research on microaggressions.

In putting together this dissertation, I aimed to shed light on the following issues: how we ought to understand microaggressions conceptually; what links together diverse comments and actions as instances of the same thing; how we might defend the study of microaggression in the face of intense skepticism about their seriousness; how we should categorize different types of microaggressions; how we might understand the impacts of microaggressions for those on the receiving end; and finally, how microaggressions influence and shape the relationships of marginalized people to institutions such as medicine and academia. Overall, my goal was to offer a robust philosophical analysis that could help strengthen the case that microaggressions, with their ability to impact our social and political lives in subtle but significant ways, are worthy of our moral attention.

I believe I have responded to these issues and met these goals in a number of ways. Let me take each of my primary aims – the conceptual aim, the epistemological aim, and the moral aim – in turn, to reflect on the ways I have made good on each.

First, as I noted in the introduction to the thesis, the conceptual aim of the dissertation was to make progress toward an understanding of what microaggressions *are,* and how we should understand and categorize them. As I noted in chapter 2, philosophers had not yet made use of their unique training and skills in analyzing concepts to attempt to clarify what microaggressions *are,* or how we should understand them. Given growing criticism and skepticism about the microaggression concept, I take this to be a mistake. The central motivation guiding chapter 2 is to respond to

concerns about the microaggression concept, which are generated by the difficulty involved in arriving a precise definition of it. In response, chapter 2 makes clear that philosophers have many ways of making sense of concepts that resist fixed definition, including the one I opt for, namely, a family resemblance approach.

A central conceptual question driving my investigation in chapter 2 was the following: "What unifies the seemingly vast instances of what we call 'microaggression' together into one coherent concept?" In response, I ventured to give form to what links diverse instances of microaggressions together. I did so by employing a Wittgenstein-inspired "family resemblance" account of the concept of microaggression. I set out common conditions which contribute to this resemblance and make microaggressions (as different as they may be in practice) identifiable as instances of the same thing. I argued that such an approach is one possible route for making sense of the microaggression concept.

In chapter 3, I aimed to address the issue of how we should approach conceptualizing and categorizing microaggressions, e.g., in theory and research. I advocated for a novel harm-based account of microaggressions, which reflects a substantive departure from the dominant act-based understanding of microaggressions, handed down to us from psychologist Derald Wing Sue (2010). This account of microaggressions argues that microaggressions ought to be theorized from the perspective of those on the receiving end, e.g., members of structurally oppressed groups. Taken together, these two chapters (chapters 2 and 3), offer an account of how we ought to understand and categorize microaggressions. On account of both, chapters 2 and 3 have progressed my conceptual aim.

The second aim of the dissertation was epistemological. The thrust of this aim was to try to make sense of what epistemological commitments ought to guide our thinking about microaggressions. As Schroer (2015) has argued (and as I discuss in the introduction to this thesis) there is a tendency to "scientize" research on oppressive phenomena – to try to apply standards of "objectivity" and "empiricism" to the study of phenomena which are, at their core, *lived, felt* experiences. Microaggressions, I have argued, are best understood when examined from the perspective of those on the receiving end (see chapter 3). Testimony, I believe, is a valuable form of evidence when examining oppressive phenomena, including microaggressions. In this thesis, and specifically in

chapters 1, 2, and 3, I have tried to tease out and clarify what epistemological frameworks I believe ought to guide continued microaggressions research. I have argued (in chapters 1 and 2) that feminist standpoint epistemology offers the best epistemological starting point for theorizing microaggressions. Feminist standpoint theory contends that those on the receiving end of oppression are generally better suited to identify, recognize, understand, and name instances of that oppression (Toole 2019; Wylie 2013). Following this theory, I have argued that microaggressions should be theorized from the perspective of those on the receiving end of oppression and oppressive phenomena (see chapter 3), that doing so is more likely to help us "get it right" with respect to understanding microaggressions, identifying them when they occur (see chapter 2), getting clearer about why they matter morally speaking (see chapter 2), and that invoking feminist standpoint epistemology can help microaggressions researchers respond to their most vocal critics (see chapter 1). In each of these ways, this thesis has advanced its epistemological aim.

The third and final aim of the dissertation was a moral one. Following the trajectory of Chester Pierce (1970), I believe that microaggressions are tightly connected to power, oppression, and privilege (see discussion of these concepts in the introduction of this thesis, and the discussion of oppression in chapter 1). The thrust of the moral aim was to provide some analysis of the moral significance of microaggressions, including clarifying the unique ways in which microaggressions are harmful (see chapter 3), and the way those harms manifest in particular institutional contexts, such as medical contexts (see chapter 4) and academic contexts (see chapter 5). Across these chapters, I shed light on the ways in which microaggressions can degrade important moral relationships, including ones of trust, in these contexts (see chapters 3 and 4). I also shed light on the impact microaggressions have on the equal standing of structurally oppressed people in academic spaces: on their epistemic standing (e.g., whether or not they are recognized and regarded as a knower), and the standing with respect to the contributions of their speech (e.g., whether they are likely to be taken seriously, or given uptake, when they speak) (see chapter 5). I have argued that microaggressions (and the social facts about power and oppression which they reflect) must be accounted for in our attempts to create the most robust free speech atmospheres possible. This is because, I have argued, pervasive microaggressions can threaten the ability of structurally oppressed people to speak freely, or to be truly heard when they do so (see chapter 5).

Taken together, these chapters offer new ways of thinking about microaggressions, which are informed by insights from feminist philosophy, philosophy of language, ethics, and political philosophy. They will, I hope, contribute to a growing conversation about microaggressions among philosophers, and hopefully one between philosophers and those engaging in the empirical study of microaggressions (e.g., psychologists and sociologists).

VI.II. What's Next?: Future Avenues for Philosophical Research on Microaggressions

I have just set out what I believe I have achieved with this dissertation. Now let me acknowledge some areas which I have not had the opportunity to develop here. In future work I hope to advance some of these questions, which, I believe, will add value to the emerging literature on the philosophy of microaggressions.

One question this thesis has not ventured to resolve, and which I hope to explore in future work, involves how we ought to draw boundaries between microaggressions and other related, but meaningfully different, oppressive acts. For example, there is an important theoretical and practical question regarding how to separate out microaggressions from another harmful speech phenomena: slurs. Bringing microaggression theory into dialogue with the vast philosophical literature on slurs can help gain conceptual clarification of both phenomena. Taking the lead from the robust philosophical work on slurs, philosophers working on microaggressions should also work to clarify the mechanisms by which microaggressions transmit bits of social meaning, or in other words, how exactly microaggressions do things like reify stereotypes and reinforce social biases.

Relatedly, there is a difficult practical question regarding when, if ever, microaggressions, constitute [legally or otherwise] actionable "hate speech." While some instances of microaggression seem far from rising to this level, others (e.g., deadnaming a trans person) might plausibly seem closer. Much like slurs, the philosophical and legal literatures on hate speech are fertile ground for working out the conceptual and practical boundaries of the phenomena. I recognize that, as far as this dissertation is concerned, these theoretical and practical puzzles remain unresolved. This is a critical area for future exploration.

Another area for future development of this research involves the "scaling up" of the analysis. In other words, though I have focused in this dissertation on the way microaggressions impact one's social standing, as well as their relationships to institutions such as medicine and academia, a future project will examine the role microaggressions play in shaping one's *democratic* standing. Specifically, I want to examine the extent to which microaggressions influence "democratic equality" (e.g. being recognized and treated as a fully equal member of a democratic society, cf. Anderson 1999) and democratic participation (e.g., the ability to participate fully and equally in democratic discussion, deliberation, and debate). My intuition is that microaggressions can be shown to impede one's ability to be a full and equal participant in a democratic society, viz., to be a full democratic equal.

A final area for future research involves investigating the links between microaggressions and dehumanization. Many philosophers have argued that language can be an important tool of dehumanization. Dehumanization, as David Livingston Smith (2012) describes it, is a response to conflicting motives. On the one hand, there is some desire to harm some group of people. On the other hand, it goes against our wiring as members of an inherently social species to actually carry out harm to other humans, and more specifically, to kill, torture, or seriously degrade them. Dehumanization, he argues, is a way of subverting those inhibitions – of getting around our ingrained inclinations not to cause serious harm to other humans. The work around is to strip to groups in question – those who we desire to cause harm to – of that thing which stands in our way of carrying out such harm, namely, their humanity. The language used to describe groups of people is one tool for breaking down our sense of their humanity. As Lynne Tirell puts it, "Speech acts establish and reinforce a system of permissions and prohibitions that fuel social hierarchy" (2012, 175). The language we use to describe groups of people enact permissibility structures that determine what is and isn't viewed as acceptable treatment of them. Microaggressions are one type of speech which can contribute to the dehumanization of certain groups: they effect how we perceive, and ultimately how we treat, others. Spelling out the connections between microaggressions and dehumanization is one avenue of analysis which can help further illuminate the moral and social significance of microaggressions.

By way of conclusion, the philosophical work done on microaggressions thus far, and the work that remains to be done, point to one overarching idea: language matters and the way we use language can be an incredibly powerful force in our social worlds. And, to quote a character from one of my favorite comic book franchises (Spider-Man's Benjamin Parker, or "Uncle Ben"), "With great power comes great responsibility." Attention to microaggressions renders unmistakably evident that our words hold great power – power to include or exclude others, power to influence our moral relationships with one another, and power to shape our social worlds in profound ways. Such power ought to compel all of us to take greater responsibility for our words and their effects in the world and upon those around us. We all have the ability and the power to hold ourselves and others accountable for our words – and we should.

VI.III. References

Anderson, Elizabeth S. 1999. "What Is the Point of Equality?" *Ethics* 109 (2). The University of Chicago Press: 287–337.

Pierce, Chester M. 1970. "Offensive Mechanisms." In *The Black Seventies*, edited by Floyd B. Barbour, 265–282. Boston, MA: Porter Sargent Publisher.

Schroer, Jeanine Weekes. 2015. "Giving Them Something They Can Feel: On the Strategy of Scientizing the Phenomenology of Race and Racism." *Knowledge Cultures* 3 (1): 91–110.

Smith, David Livingstone. 2012. *Less than Human: Why We Demean, Enslave, and Exterminate Others*. 1st ed. St. Martin's Griffin.

Sue, Derald Wing. 2010. *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. New York, NY: Wiley & Sons.

Tirrell, Lynne. 2012. "Genocidal Language Games." In *Speech and Harm: Controversies Over Free Speech*, edited by Ishani Maitra and Mary Kate McGowan, 174–221. Oxford University Press.

Toole, Briana. 2019. "From Standpoint Epistemology to Epistemic Oppression." *Hypatia* 34 (4): 598–618. doi:10.1111/hypa.12496.

Wylie, Alison. 2004. "Why Standpoint Theory Matters." In *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*, edited by Sandra Harding, 1st ed. New York, NY: Routledge.

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"'Why Didn't She Say Something Sooner?' Doubt, Denial, Silencing, and the Epistemic Harms of Responses to the #MeToo Movement." *South Central Review,* Special Issue: #MeToo, Moving Forward, Vol. 36, No. 2: 68-94, 2019.

"Microaggressions in Clinical Medicine" (with Lauren Freeman). *Kennedy Institute of Ethics Journal*, 28(4): 411-449, 2018.

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"The Politics of Recognition and Epistemic Injustices in Medicine: Problems for Transgender and Gender Non-Conforming Patients and Why We Should Be Worried" (with Lauren Freeman). In *Recognition Theory and Epistemic Injustice*, Ed. Paul Giladi and Nicola McMillan, Routledge Press, in press, forthcoming in 2021.

"How Words *Can* Hurt: A Standpoint Epistemological Reply to Critics of the Microaggression Program" (with Lauren Freeman). In *Philosophy and Microaggressions,* Ed. Lauren Freeman and Jeanine Weekes Schroer, Routledge Press, 2020. Pp. 36-66.

"Epistemic Microaggressions and Epistemic Injustices in Clinical Medicine" (with Lauren Freeman). In *Overcoming Epistemic Injustice: Social and Psychological Perspectives*, Ed. Ben Sherman and Stacey Goguen, Rowman and Littlefield International, 2019. Pp. 134-152.

IV. Book Reviews
"Review of *Bad Words: Philosophical Perspectives on Slurs* (David Sosa) *Radical Philosophy,* Vol. 2, Issue 04 (Spring 2019), April 28, 2019.

"Review of *Institutional Corruption: A Study in Applied Philosophy* (Seumas Miller). *Philosophy in Review.* Vol 38, No. 4. 2018.

"Review of *Beyond the Binary: Thinking About Sex and Gender* (Shannon Dea)." *Hypatia Reviews Online.* June 20, 2018.

"Review of *Poverty, Agency and Human Rights* (Diana Tietjens Meyers).*" Hypatia Reviews Online*. 2017.

V. Reports and Newsletters

"Time to Attach: The Need for EI Attachment Benefits" (co-authored with Time to Attach Research Team). Produced for Ontario's Adoptive Parents Association and the Adoption Council of Canada, May 2019.

"Microaggressions in Medicine and the Harms to Patients," (with Lauren Freeman), *University of Louisville Health Science Campus, Celebrating Diversity Newsletter,* Summer 2019 Special Edition: Microaggressions. April 29, 2019.