Comparative Analysis: Social Constructionism and Microaggression Theory

*Alfred Shumba Hara

Alfred Shumba Hara Malawi Assemblies of God University, Lilongwe, Malawi

*Corresponding Author

ORCID ID: 0009-0002-7198-0977

ABSTRACT

Racial microaggressions represent an increasingly recognized form of chronic occupational psychosocial stress, yet their psychological effects remain understudied in African labor contexts. This mixed-methods study examines how racial microaggressions predict anxiety, depression, perceived discrimination, and suicidal ideation among Malawian employees in Asian-owned enterprises. Integrating Social Constructionism with Minority Stress Theory (MST), Critical Race Theory (CRT), the Interpersonal-Psychological Theory of Suicide (IPTS), and Intersectionality, the study demonstrates how socially constructed racial hierarchies manifest through subtle interpersonal acts and translate into severe psychological harm. Quantitative findings (N = 384) reveal strong correlations between microaggressions and mental-health outcomes, while qualitative narratives (n = 50) illuminate themes of dehumanization, disposability, and emotional exhaustion. The study provides a multi-level explanatory model and offers policy recommendations aligned with Sustainable Development Goal 16.

Keywords: racial microaggressions, social constructionism, anxiety, depression, suicidal ideation, workplace mental health, postcolonial labor, Malawi

INTRODUCTION

Background and Context

Research links repeated racialized slights in everyday interactions to heightened psychological distress (Sue et al., 2007; Nadal, 2011). In multicultural and hierarchically structured workplaces, these recurring experiences accumulate over time and manifest in clinically significant outcomes such as anxiety, depression, and, in severe cases, suicidal ideation (Lui & Quezada, 2019; O'Keefe et al., 2015; Harmer et al., 2024).

In Malawi, the issue gains particular importance due to the dominance of Asian-owned enterprises in sectors such as retail, wholesale, and manufacturing, where patterns of racialized labor relations have been historically documented (Banda et al., 2021). Emerging evidence suggests that racialized workplace hostility contributes to psychological strain among Malawian workers, aligning with broader findings across African contexts where discrimination remains a key stressor affecting mental health (Pengpid & Peltzer, 2021; Patel et al., 2018).

From a theoretical standpoint, the workplace dynamics are deeply rooted in colonial history. Social Constructionism posits that race and identity categories are produced through social discourse and institutional practice (Berger & Luckmann, 1966; Burr & Dick, 2017). Thus, racial slights such as being labeled "lazy because you are African" or being treated as inferior are not isolated interpersonal events but expressions of long-standing socially constructed hierarchies (Hacking, 1999). Such constructions shape modern labor relations and continue to influence expectations, treatment, and power dynamics in workplaces.

Theoretical Focus and contributions

This study extends the work of Hara and Chatambala (2025) by moving beyond predictive statistical modeling to a deeper interpretive analysis. Social Constructionism has been adopted as the central theoretical lens to explain why microaggressions exist, persist, and acquire their meaning within labor context. Complementary theories (MST, CRT, IPTS, Intersectionality) explain how psychologically harmful outcomes occur.

Problem Statement

Racial microaggressions have been shown to contribute to a constellation of psychological challenges, including anxiety, depression, distress, and suicidal ideation (Nadal et al., 2014; Williams, 2018). The subtle forms of racism act as chronic stressors that accumulate over time, producing significant emotional and cognitive strain (Sue et al., 2019). Globally, marginalized populations exposed to microaggressions experience poorer mental-health outcomes, heightened vigilance, and internalized feelings of inferiority (Clark et al., 1999; Frost, 2023).

Despite these global trends, empirical evidence on racial microaggressions in African contexts remains extremely limited. Malawi, in particular, lacks systematic research linking microaggressions to mental-health outcomes, even though workplace discrimination has been increasingly reported in Asian-owned enterprises (Banda et al., 2021). This gap is concerning given the country's rising suicide rates, with recent studies identifying discrimination and psychosocial stress as contributing factors (Mphande, 2023; Pengpid & Peltzer, 2021).

The absence of empirical studies on racial microaggressions in Malawi presents both a scholarly and public-health oversight. Without localized evidence, policymakers, mental-health practitioners, and employers lack the necessary data to design interventions that address subtle forms of workplace racism that contribute to psychological harm. Therefore, this study addresses a critical gap by examining the predictive links between racial microaggressions and mental-health outcomes within Malawi's unique postcolonial labor context (Hara & Chatambala, 2025).

Theoretical Positioning

The study uses Social Constructionism as the overarching interpretive lens, recognizing that racial meanings, workplace hierarchies, and identity expectations are shaped through shared discourse rather than inherent differences (see Section II.D.5). Complementary psychological theories deepen understanding of how these constructed meanings translate into measurable psychological harm

Objective

To determine whether repeated racial microaggressions in Asian-owned workplaces in Lilongwe predict anxiety, depression, and suicidal ideation among Malawian employees, and to interpret the dynamics through a Social Constructionist lens.

Research Questions

1. To what extent are microaggressions associated with anxiety, perceived discrimination, and suicidal ideation?
2. Do higher levels of exposure predict clinically significant anxiety?
3. Are specific forms (e.g., verbal slurs) stronger predictors of suicidal ideation?
4. How do workers narrate the experiences within labor hierarchies?

Justification

The convergence of rising suicide rates in Malawi and racially stratified workplace conditions underscores the urgency of this study. It addresses significant empirical gaps and offers evidence to inform workplace reform, mental-health interventions, and national policy. Three interrelated factors support the study's rationale. First, it responds to Malawi's escalating suicide rates, where racially charged workplace hostility has been identified as a significant stressor (Banda et al., 2021; Mphande, 2023). Second, it tackles a critical knowledge gap: while microaggressions are increasingly recognized globally as predictors of psychological distress and suicidality, systematic empirical research within the Malawian context remains absent. Finally, the study generates evidence-based insights to guide practical interventions and policy development. By documenting the prevalence and psychological impact of microaggressions and framing them within a social constructionist perspective, this research not only advances psychological scholarship but illuminates the role of institutional discourse and postcolonial legacies in perpetuating workplace inequality in Malawi.

LITERATURE REVIEW

Conceptualizing Racial Microaggressions

The concept of racial microaggressions was originally introduced by Pierce (1970) to describe subtle, daily offenses directed at marginalized racial groups. Building on this foundation, Sue et al. (2007) elaborated the construct and provided a widely adopted typology in 2010, categorizing microaggressions into three types: microassaults (conscious and explicit discriminatory acts), microinsults (communications that convey rudeness and demeaning messages), and microinvalidations (behaviors that negate or dismiss the experiences of marginalized groups). Nadal (2011) operationalized the concept by developing the Racial and Ethnic Microaggressions Scale (REMS), which measures both the frequency and the psychological impact of subtle acts across diverse populations. Unlike overt racism, microaggressions are often normalized and ambiguous,accumulate over time to produce significant psychological harm. These interactions, although sometimes subtle or unconscious, are deeply embedded within broader systemic inequalities and workplace hierarchies shaped by implicit bias.Typical forms include exclusionary behaviors, demeaning language, differential treatment, and invalidation of identity. Robinson (2023) documented that Black women in leadership roles frequently experience elevated anxiety, emotional exhaustion, and reduced self-esteem due to ongoing microaggressions. Clement (2024) found that gendered racial microaggressions contribute to negative health outcomes, disrupting both professional functioning and overall life satisfaction.

Microaggressions experiences are strongly associated with heightened levels of burnout, disengagement, absenteeism, and staff turnover (Salari, 2024; Feitosa, 2025).

The psychological impact of microaggressions becomes exacerbated by systemic barriers that restrict economic and institutional opportunities, thereby deepening the distress experienced by affected individuals (Adedeji et al., 2025).Banda (2023) linked racial microaggressions in Asian-owned businesses to wage disparities, informal contracts, and language-based discrimination, especially against women and less-educated workers. Maliwichi et al. (2024) reported elevated rates of depression, anxiety, and trauma among frontline healthcare workers during COVID-19, linked to workplace stigma and discrimination.

Psychological Impact of Microaggressions

Meta-analyses show strong associations between microaggressions and anxiety, depression, distress, and suicidal ideation. Physiological consequences such as elevated stress biomarkers further underscore their harm. O'Keefe et al. (2015) showed that seemingly minor racial comments predicted suicidal ideation among emerging adults. Hollingsworth et al. (2017) found that microaggressions contribute to feelings of burdensomeness, a known predictor of suicide. Polanco-Roman et al. (2019) demonstrated that discrimination interacts with traumatic stress and depressive symptoms to increase suicidal ideation, particularly among young adults.

Meta-analytic evidence demonstrates that microaggressions are significantly associated with elevated anxiety, depressive symptoms, and psychological distress (Lui & Quezada, 2019). Additionally, Sue et al. (2019) argue that repeated exposure to these subtle forms of racism produces cumulative emotional wounds that foster internalized self-doubt and hopelessness. At the physiological level, racial discrimination has been linked to biomarkers of chronic stress, such as shorter telomere length among African American men (Chae et al., 2020), suggesting long-term health consequences.

The study adopts the framework of Suicide, Anxiety, Depression, Distress, and Discrimination as a holistic lens to capture the clustered outcomes of microaggression exposure .

Microaggressions in Global and African Contexts

While abundant literature exists in Western settings, African contexts remain understudied. Racialized labor structures, dominated by Asian-owned enterprises, create environments where microaggressions are normalized and structurally embedded (Lilienfeld, 2017; Robinson et al., 2020).

In African contexts, the evidence base remains limited. Pengpid and Peltzer (2021) reported high prevalence of suicidal behavior , noting discrimination as a contributing factor. Banda et al. (2021) similarly highlighted the role of racialized workplace hostility in psychological distress. Malawi's socio-economic landscape, marked by Asian ownership of major commercial enterprises and enduring inequalities (Ross, 2023; Banda, 2020), provides a unique context in which microaggressions may be both pervasive and normalized.

Theoretical Frameworks for Understanding Microaggressions

Several theoretical frameworks inform the study of microaggressions and their impact:

1. Critical Race Theory (CRT): Illuminates how racism operates not merely through individual prejudice but as a systemic and institutionalized force embedded within laws, policies, and organizational cultures. CRT argues that racial hierarchies are reproduced through structural mechanisms that endure even in the absence of explicit hostility (Hernández, 2024; Mawdsley, 2024). This perspective clarifies why microaggressions in Malawian workplaces mirror longstanding colonial racial hierarchies and continue to shape everyday interactions(Hara and Chatambalala,2025).
2. Minority Stress Theory (MST)Explains how individuals from marginalized groups endure chronic psychological strain due to continuous exposure to both distal stressors such as discrimination, prejudice, and exclusion and proximal stressors including internalized stigma, hypervigilance, and anticipatory fear. Together, these stressors accumulate over time, progressively undermining mental health and increasing vulnerability to anxiety, depression, and related outcomes (Frost, 2023; Flentje et al., 2019). This framework clarifies how daily slights in Malawian workplaces accumulate into anxiety and depression.
3. Interpersonal-Psychological Theory of Suicide (IPTS): Posits that suicidal ideation arises when individuals experience thwarted belongingness and perceived burdensomeness , states often intensified by persistent exclusion, devaluation, or dismissal (Joiner, 2009; Zeppegno, 2021). In the context of this study, Malawian workers often interpret racial microaggressions as communicating inferiority or disposability, thereby activating the very interpersonal dynamics that IPTS identifies as precursors to suicidal thinking.
4. Intersectionality Theory: Emphasizes how overlapping social identities such as race, gender, and class , interact to produce compounded forms of disadvantage and vulnerability (Crenshaw, 1991). For example, Malawian women may simultaneously encounter racialized and gendered microaggressions, resulting in intensified psychological harm(Hara and Chatambalala,2025).
5. Social Constructionism: Social Constructionism provides a macro-level understanding of how racial meanings, workplace roles, and hierarchies emerge through discourse, historical narratives, and institutional practice (Berger & Luckmann, 1966; Burr & Dick, 2017).In Malawi's labor context, microaggressions such as being labeled "lazy because you are African" reflect constructed racial scripts rooted in colonial histories. Hacking's (1999) "looping effects" describe how classifications shape behavior and self-perception, reinforcing stereotypes. This framework explains why microaggressions

exist and why they inflict deep psychological harm , each act activates broader social narratives that position Malawian workers as inferior, subordinate, or replaceable.

The analysis draws on the microaggressions, distress, and ideation framework proposed by Hara and Chatambalala (2025), which emphasizes cumulative psychological strain as a mediating mechanism linking racial microaggressions to suicidal ideation and depression .

Comparative Analysis: Social Constructionism vs. Microaggression Theory

Microaggression Theory focuses on interpersonal acts and psychological impacts, while Social Constructionism explains the societal origins and meanings behind these acts. Together, they offer a multi-level understanding of racialized harm.Social constructionist approaches deepen understanding by situating microaggressions within broader cultural narratives. Burr and Dick, (2017) notes the distinction between "weak" constructionism (recognizing reality but questioning its meaning) and "strong" constructionism (viewing categories themselves as produced). Microaggressions in workplaces are communicative acts that reproduce historical categories of racial inferiority (Hara and Chatambalala,2025).

Campbell and Manning (2014) frame microaggressions within the rise of "victimhood culture," where slights gain public attention as moral infractions, reflecting shifts in cultural norms. This highlights how society socially constructs meaning around microaggressions. In higher education, Smith and Torres (2020) show that universities socialize individuals into accepting Eurocentric norms, normalizing microaggressions as legitimate. Freeman and Stewart (2023) demonstrate how medical education reproduces subtle biases, suggesting parallels in workplace training and management practices.

Applied to Malawi, the perspective highlights how comments such as "Africans are lazy" or dismissals of competence are not simply personal insults but institutionalized scripts embedded in labor relations shaped by colonial histories. Microaggressions thus act as mechanisms of cultural continuity, transmitting racial hierarchies across generations.

Literature Gaps and Methodological Considerations for the African Context

The review reveals three significant gaps in existing scholarship. First, empirical research on racial microaggressions within African settings remains extremely limited, creating a "theory-rich but data-poor" landscape that underscores the importance of foundational studies. Second, no prior research in Malawi has systematically examined the relationship between microaggressions and suicidal ideation a critical oversight in light of the country's rising suicide rates (Mphande, 2023). This study directly addresses that methodological and public health gap.

Third, the application of Social Constructionism to African labor contexts remains underdeveloped. While this study advances such an approach, it exposes methodological challenges related to cultural comparability. Key instruments commonly used in microaggression research such as the Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011) were developed and validated in Western, particularly North American, contexts. Although these tools were adapted for the Malawian setting, the process raises important questions about cultural equivalence. Constructs such as "anxiety" or "depression" measured through tools like the GAD-7 and PHQ-9 may manifest differently across cultural contexts, and their meanings may not fully align with Western clinical frameworks.

These limitations do not undermine the validity of the findings but call for caution in making direct cross-cultural comparisons. They highlight an urgent direction for future scholarship: the development of locally grounded, culturally congruent instruments for assessing microaggressions and psychological distress in African contexts, moving beyond mere adaptation toward authentic indigenous conceptualization.

METHODOLOGY

Research Design

The study employed a convergent mixed-methods design, integrating quantitative surveys and qualitative interviews. Mixed methods were chosen because they provide both statistical generalizability and deep contextual understanding (Creswell & Plano Clark, 2018). Quantitative analysis tested associations between microaggressions and psychological outcomes, while qualitative analysis illuminated how participants interpret these experiences. The two strands were analyzed separately and merged at the interpretation stage.

Study Setting

The research was conducted in Lilongwe, Malawi, the country's capital and commercial hub, where Asian-owned enterprises dominate retail, wholesale, and manufacturing sectors (Banda et al., 2021). These workplaces represent racially stratified labor environments influenced by colonial histories and globalized trade, making them a critical site to examine microaggressions.

Population and Sampling

The study population included Malawian employees working in Chinese and Indian owned enterprises.

Quantitative survey: A sample of 384 respondents was recruited. The sample size was determined using Cochran's (1977) formula, with 95% confidence level and 5% margin of error, ensuring representativeness. Stratified random sampling ensured diversity across gender, education, and job roles (retail staff, factory workers, domestic staff).

Qualitative interviews: 50 participants were purposively selected for semi-structured interviews and focus group discussions. Purposeful sampling allowed the inclusion of diverse perspectives (Patton, 2015), especially across age, gender, and tenure

Data Collection

Quantitative data: A structured questionnaire was administered in English and Chichewa. Instruments included:

- Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011) adapted for Malawian context.
- Generalized Anxiety Disorder Scale (GAD-7; Spitzer et al., 2006) – a 7-item validated measure of anxiety.
- Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001) – widely used to assess depression.
- Everyday Discrimination Scale (EDS; Williams et al., 1997) – measuring perceived discrimination.
- Columbia Suicide Severity Rating Scale (C-SSRS; Posner et al., 2011) – items adapted to assess suicidal ideation.

Qualitative data: Semi-structured interviews and focus groups were guided by an interview protocol (Kallio et al., 2016). Prompts included: "Can you describe a time when you felt undermined at work?" and "How do your colleagues or supervisors treat Malawian workers compared to others?" Interviews lasted 45–60 minutes and were audio-recorded, transcribed, and translated where necessary.

Data Analysis

Quantitative analysis: Data were analyzed using SPSS (Version 26). Descriptive statistics summarized the sample demographics. Spearman's rho was used to test correlations between microaggressions and mental health outcomes, an approach appropriate for ordinal data (Cohen, 1988). Logistic regression estimated odds ratios (ORs) for clinical anxiety, depression, and suicidal ideation across exposure quartiles, controlling for gender, age, and education.

To further identify predictors of distress and hopelessness among racially minoritized workers, data were analyzed using hierarchical multiple regression, adapting the analytical approach of Hara and Chatambalala (2025), who employed a similar design to identify predictors of distress and hopelessness among racially minoritized workers.

Qualitative analysis: A reflexive thematic analysis approach was applied (Braun & Clarke, 2021). Coding was conducted iteratively, combining inductive identification of emergent themes and deductive mapping against theoretical frameworks. Key themes included dehumanization, disposability, and invalidated competence. Credibility was enhanced by peer debriefing and member checking with a subset of participants (Lincoln & Guba, 1985).

Integration: Quantitative and qualitative findings were merged during interpretation. This strengthened validity by demonstrating convergence across data types.

Ethical Considerations

Ethical approval was obtained from the Mzuzu University Research Ethics Committee (REF NO. MZUNIREC/DOR/24/176). Informed consent procedures emphasized anonymity, voluntary participation, and the right to withdraw at any time. Participants identified as experiencing distress or suicidal ideation through the Columbia-Suicide Severity Rating Scale (C-SSRS) were immediately offered support. Referrals were made to St John of God Hospital, a local mental health specialist facility, via direct phone contact initiated by trained enumerators after participants consented through a signed referral form. Data were securely stored with no collection of identifiable information. To reduce power imbalances, interviews were conducted in neutral locations by trained interviewers. This study had no conflicts of interest and received no external funding. The research team also completed training on diversity, equity, inclusion (DEI), and data management protocols to ensure ethical rigor.

Methodological Limitations

- Cross-sectional design: Limits causal inference between microaggressions and outcomes. Longitudinal studies are recommended for future research.
- Self-report measures: May be influenced by recall or social desirability bias.
- Scale adaptation: Although internationally validated, instruments required cultural adaptation for Malawian contexts, which may affect comparability.
- Sample representation: Despite stratification, rural or informal-sector workers may be underrepresented.

RESULTS

Participant Characteristics

Table 1 Demographic Characteristics of Survey Participants (N = 384)

Variable	n	%
Gender		
Male	207	54.0
Female	177	46.0
Age (years)		
20–29	156	40.6
30–39	139	36.2

40–52	89	23.2
Education level		
Primary	107	27.9
Secondary	181	47.1
Tertiary	96	25.0
Sector		
Retail	162	42.2
Manufacturing	127	33.1
Domestic service	95	24.7

Note. Percentages may not total 100 due to rounding.

A total of 384 Malawian employees participated in the survey. The mean age was 31.4 years (SD = 7.8), with 54% identifying as male and 46% as female. Education levels varied: 28% had completed primary school, 47% secondary school, and 25% tertiary education. Participants were employed across retail (42%), manufacturing (33%), and domestic service (25%).

Fifty individuals (n = 50) also took part in interviews and focus groups. This qualitative subsample included 28 men and 22 women, aged 20–52 years, representing varied occupational roles and years of experience.

Quantitative Findings

Table 2 Spearman's Correlations Between Microaggressions and Mental Health Outcomes (N = 384)

Variable	1	2	3
1. Microaggressions	—		
2. Anxiety	.47***	—	
3. Perceived discrimination	.52***	.49***	—
4. Suicidal ideation	.41***	.45***	.50***

*Note. Spearman's rho coefficients reported. **p < .001.

Regression analyses revealed dose–response patterns consistent with Hara and Chatambalala's (2025) findings, indicating that higher microaggression exposure predicts elevated distress.

Anxiety: Employees in the highest quartile of microaggression exposure had twice the odds of meeting criteria for moderate-to-severe anxiety compared to the lowest quartile (OR = 2.00, 95% CI [1.35, 2.97], p = .001).

Suicidal ideation: Exposure to verbal abuse/racial slurs tripled the odds of suicidal ideation (OR = 3.16, 95% CI [1.54, 6.48], p = .002).

Avoidance and dismissive behaviors were also significant (OR = 2.57, 95% CI [1.07, 5.33], p = .035).

The findings indicate that specific types of microaggressions carry heightened psychological risk, particularly verbal slurs.

Qualitative Findings

Table 3 Logistic Regression Predicting Anxiety and Suicidal Ideation from Microaggression Exposure (Hara, & Chatambala, 2025).

Predictor	OR	95% CI	p
Anxiety (moderate–severe)			
Highest quartile exposure	2.00	[1.35, 2.97]	.001
Suicidal ideation			
Verbal slurs	3.16	[1.54, 6.48]	.002
Avoidance/dismissive behaviors	2.57	[1.07, 5.33]	.035

Note. OR = odds ratio; CI = confidence interval. Models adjusted for age, gender, and education.

Three overarching themes emerged from thematic analysis, supported by illustrative quotes.

Figure 1 Thematic diagram
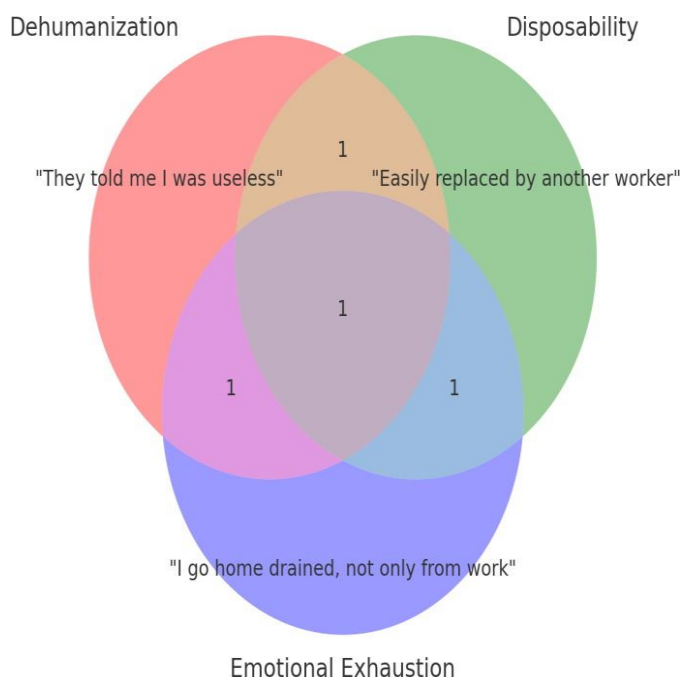
The Figure shows a thematic Venn diagram showing the qualitative themes: with embedded participant quotes.

Theme 1: Dehumanization and Invalidation

Participants frequently described being treated as "less than human." Workers reported supervisors dismissing their competence with phrases such as:

"Even if I work hard, they see me as lazy because I am African."

This theme underscores how microaggressions erode dignity and contribute to self-doubt.

Theme 2: Disposability and Powerlessness

many narratives highlighted feelings of being easily discarded. One participant stated:

"If I complain, they tell me another Malawian will take my place tomorrow."

Such remarks reflect systemic labor inequalities rooted in colonial histories, reinforcing a sense of vulnerability and despair.

Theme 3: Emotional Exhaustion and Psychological Strain

Repeated exposure to microaggressions contributed to emotional burnout:

"Every day I feel small, like I don't belong here. It makes me lose hope."

"I go home drained, not only from the work but from how they treat us."

This theme illustrates how daily indignities accumulate into chronic stress and, in some cases, suicidal thoughts.

Integration of Quantitative and Qualitative Findings

The convergence of results strengthens interpretation. Quantitatively, microaggressions were associated with anxiety, discrimination, and suicidal ideation, with verbal slurs showing the strongest predictive power. Qualitatively, narratives of dehumanization and disposability explained why verbal slurs carry such weight, they symbolically reduce workers' value and reinforce social hierarchies.

Taken together, the results indicate that microaggressions in Malawian workplaces are not isolated slights but structurally embedded practices that both predict and explain psychological distress.

DISCUSSION

The study provides robust mixed-methods evidence demonstrating that racial microaggressions are strong predictors of severe psychological distress, including anxiety, depression, and suicidal ideation among Malawian employees working in Asian-owned enterprises. The convergence of quantitative dose–response patterns with vivid qualitative accounts not only confirms these associations but clarifies the social mechanisms through which historically rooted racial hierarchies translate into psychological harm.

The results reveal a consistent and mutually reinforcing pattern across all psychological outcomes, including suicidal ideation, anxiety, depression, distress, and perceived discrimination. This pattern shows that microaggressions function not as isolated interpersonal incidents but as a persistent, socially rooted source of harm. Quantitatively, exposure to microaggressions was strongly and significantly associated with each SADDD outcome. Verbal slurs substantially increased the risk of suicidal ideation, while workers exposed to the highest levels of microaggressions were twice as likely to experience moderate-to-severe anxiety, alongside elevated levels of depression and distress. Qualitatively, participants described feeling demeaned, invalidated, and regarded as inherently inferior through comments such as "useless," "replaceable," or "lazy because you are African." These narratives reveal how racialized labor hierarchies continue to structure workplace interactions.

Interpreting the findings through multiple theoretical lenses helps explain why microaggressions generate such clustered psychological effects. Minority Stress Theory (MST) clarifies the heightened anxiety and depression experienced by workers who endure continuous vigilance, anticipatory fear, and emotional exhaustion. Participants' accounts of entering the workplace "already tense" reflect the sustained activation of stress-response systems described in MST. The Interpersonal-Psychological Theory of Suicide (IPTS) helps explain the strong link to suicidal ideation: repeated dehumanization undermines belongingness, while comments implying disposability ("another Malawian can replace you tomorrow") cultivate perceived burdensomeness,

together forming a direct pathway to suicidal thought. Critical Race Theory (CRT) situates these interpersonal slights within broader systemic inequalities, demonstrating how colonial and racialized labor structures normalize discriminatory treatment. Intersectionality further illuminates why women, particularly those in low-status roles, experience intensified psychological strain due to overlapping racialized and gendered microaggressions.

Social Constructionism provides an overarching interpretive lens, showing that the content of microaggressions does not arise randomly or incidentally but emerges from long-standing cultural narratives and institutional scripts that historically positioned African labor as inferior (Burr & Dick, 2017; Williams et al., 2020). Verbal insults, exclusionary actions, and other subtle slights function as communicative acts that reproduce these hierarchies. Consequently, psychological responses such as anxiety, depression, distress, perceived discrimination, and suicidal ideation follow predictably from being repeatedly situated within discourses of devaluation and subordination (Li, Heward, & Leow, 2024).

Therefore, SADDD outcomes represent not separate consequences but an integrated pattern of strain shaped by the same structural and discursive forces. Microaggressions simultaneously undermine emotional security (anxiety), erode self-worth (depression), disrupt meaning and belonging (suicidal ideation), and destabilize one's sense of safety (distress), while reinforcing perceptions of institutional inequality (discrimination). The evidence clearly demonstrates that racial microaggressions in Malawian workplaces constitute a cumulative psychosocial hazard grounded in socially constructed and historically embedded racial narratives.

Theoretical Interpretation

The study's findings are best understood through an integrated theoretical lens in which structural, psychosocial, and discursive forces interact to produce the observed patterns of psychological harm. Rather than operating in isolation, Critical Race Theory (CRT), Minority Stress Theory (MST), the Interpersonal-Psychological Theory of Suicide (IPTS), Intersectionality Theory, and Social Constructionism collectively illuminate the multilevel mechanisms through which microaggressions affect workers.

1. CRT helps explain why racial microaggressions in Malawian workplaces are not isolated acts of interpersonal hostility but manifestations of broader structural inequalities. As Delgado and Stefancic (2017) emphasize, racism is "ordinary" rather than exceptional, embedded within social institutions and everyday practices. The study's findings such as workers being labeled "replaceable" or "lazy"echo colonial-era racial hierarchies that continue to shape contemporary labor relations. CRT highlights that these patterns reflect systemic power imbalances within Asian-owned enterprises rather than individual bias alone.

2. Minority Stress Theory (MST) (Meyer, 2003; Frost, 2023) explains how these structurally rooted slights translate into chronic psychological strain. The study's strong associations between microaggressions, anxiety, and depressive symptoms mirror MST's assertion that persistent identity-based stressors erode emotional resilience, diminish coping resources, and heighten anticipatory fear. Participants' reports of arriving at work "already tense" exemplify the cumulative stress response described in MST.

3. The Interpersonal-Psychological Theory of Suicide (IPTS)(Joiner, 2009) provides a mechanism linking these stressors to suicidal ideation. The dehumanizing messages embedded in microaggressions weaken workers' sense of belonging, while comments implying disposability intensify feelings of burdensomeness. Both pathways are central components of IPTS and align closely with the findings that verbal slurs significantly increased the odds of suicidal ideation.

4. Intersectionality Theory, Crenshaw's (1991) adds nuance by highlighting how race interacts with gender, class, and occupational status to shape differential vulnerability. Women in lower-status positions described intersecting racialized and gendered microaggressions, including sexualized disrespect and exclusion from decision-making which amplified emotional strain beyond what race alone would predict. This confirms intersectionality's emphasis on compounded harm at the convergence of multiple marginalized identities.

5. Social Constructionism (Berger & Luckmann, 1966; Burr and Dick 2017) provides the overarching lens that makes the meaning and power of microaggressions understandable. Microaggressive acts draw their

force from socially constructed narratives portraying African labor as inferior, untrustworthy, or disposable discourses maintained through institutional practices and everyday communication. These narratives shape expectations, justify unequal treatment, and, through what Hacking(1999) calls "looping effects," reinforce the very stereotypes they invoke. Individual acts of disrespect are thus situated within broader cultural scripts that give them psychological potency.

Taken together, these theories form a comprehensive interpretive model: macro-level social constructions and historical racial scripts (Social Constructionism, CRT) shape meso-level workplace interactions (microaggressions), which in turn generate micro-level psychological outcomes (MST, IPTS), intensified at the intersections of gender, class, and status (Intersectionality). This integrated interpretation clarifies that microaggressions in Malawian workplaces are not merely interpersonal slights but predictable expressions of structural racism that produce measurable emotional and mental-health consequences.

A Critical Synthesis of Theoretical Frameworks

CRT, MST, IPTS, Intersectionality, and Social Constructionism provides a unique perspective, but their combined strength lies in mapping the layered processes connecting microaggressions to psychological harm. The integration framework reveals a unified account of how historically rooted racial meanings, ongoing workplace practices, and individual psychological responses converge to produce the SADDD outcomes observed in the study.

Rather than viewing microaggressions merely as interpersonal behavior, CRT and Social Constructionism draw attention to the broader discursive and institutional terrains that give the meaning. The frameworks clarify that the insults and invalidations reported by participants are rooted in long-standing cultural narratives and institutional scripts that continue to define African labor as inferior, disposable, or untrustworthy. The macro-level construction shapes how workers are perceived, how supervisors justify the actions, and how workplace norms become naturalized over time. Hacking's notion of "looping effects" deepens this understanding by showing how such labels once applied shape behavior and treatment in ways that reinforce the very stereotypes on which they were based.

At the psychological level, MST and IPTS illuminate how these discursive forces translate into specific mental-health outcomes. The synthesis contributes by highlighting through the stress pathway that microaggressions function not as isolated incidents but as ongoing reinforcements of one's position within a racial hierarchy. The repetitive exposure compounds stress, reduces emotional reserves, and erodes the protective factors that ordinarily buffer against despair or suicidal ideation. Intersectionality further enriches the interpretation by showing that the harms are unevenly distributed; individuals positioned at multiple margins of identity experience the cumulative effects more intensely.

The integrated framework demonstrates that microaggressions cannot be understood simply as individual interpersonal offenses, They are part of a wider system of racial meaning-making operating across macro (societal narratives), meso (workplace norms), and micro (psychological responses) levels.

The conceptual model (Figure 2) captures the synthesis, visualizing a multilevel pathway: macro-level constructions of racialized labor feed into meso-level patterns of microaggressive behavior (microassaults, microinsults, microinvalidations), which in turn produce micro-level psychological outcomes summarized within the SADDD framework. Moderating factors such as coping strategies, workplace protections, and institutional accountability shape the extent to which these harmful effects manifest.

Overall, the synthesis underscores that the psychological outcomes documented in the study are not accidental or individualistic but predictable products of a socially constructed and institutionally reinforced racial order.

Figure 2 A multi-level conceptual model illustrating the pathway from social construction to psychological harm.
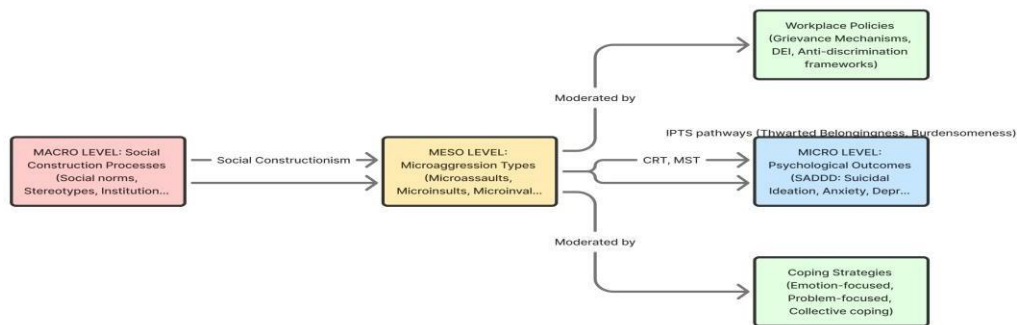
Implications for Policy and Practice

The findings from the study carry important implications for workplace reform, mental-health provision, and national policy development in Malawi. Racial microaggressions are shown to function as chronic psychological stressors, indicating that interventions must be both preventive and responsive.

Policy Reform within Organizations

Workplaces should adopt clear, explicit policies that recognize and prohibit racial microaggressions alongside other forms of discrimination. Existing anti-harassment policies are insufficient if they do not address subtle, everyday indignities. Organizations should institutionalize culturally sensitive grievance procedures, ensure confidentiality, and conduct periodic, independent assessments of workplace climate to identify patterns of covert discrimination.

Strengthening Mental-Health Support Systems

Employers have a responsibility to provide accessible mental-health services tailored to the cultural realities of Malawian workers. Partnerships with trained mental-health practitioners can help establish confidential counseling services and referral pathways for individuals displaying symptoms of anxiety, depression, or suicidal ideation. Such support must be presented in a non-stigmatizing manner to encourage utilization.

Training, Dialogue, and Awareness Building

Regular training for supervisors and employees are essential to increase awareness of microaggressions and their harms. Such training should address implicit bias, intercultural communication, and respectful engagement. Facilitated dialogue sessions can create safe spaces where workers openly discuss concerns and collaboratively challenge harmful narratives embedded within workplace culture.

Promoting Intersectional Equity

The study reveals that some groups particularly women in low-status roles experience compounded forms of discrimination, workplace policies must incorporate an intersectional lens. Addressing race alone deemed insufficient; interventions should recognize the interplay between race, gender, class, and age in shaping employee experiences and vulnerabilities.

National-Level Integration into Health and Labor Frameworks

Given Malawi's rising rates of suicide and the documented link between subtle workplace discrimination and mental-health distress, microaggressions should be formally recognized within national occupational safety

and health (OSH) regulations as a psychosocial hazard. Integrating microaggression prevention into national mental-health strategies and workplace regulatory frameworks would strengthen protective structures and promote safer, more equitable labor systems.

Implications for Policy and Practice: An Explicit Link to SDG 16

The findings of the study have clear practical implications, directly linking to the United Nations Sustainable Development Goal 16: Peace, Justice, and Strong Institutions. SDG 16 aims to foster peaceful, inclusive societies, ensure access to justice for all, and build effective, accountable institutions (United Nations Development Programme, 2023). Microaggressions represent covert, systemic violence that erodes these fundamental goals.

SDG 16.3 emphasizes promoting the rule of law and ensuring equal access to justice. When workers feel powerless and perceive grievance mechanisms as ineffective and culturally insensitive, this signals a failure of access to justice, underscoring the need to reform labor laws in Malawi to recognize psychological harm from discrimination as an occupational hazard.

SDG 16.7 focuses on responsive, inclusive, participatory, and representative decision-making. The qualitative findings of invalidation and task exclusion point to deficiencies in workplace inclusivity, highlighting the necessity of dismantling hierarchical barriers to build strong institutions where all employees are valued contributors.

SDG 16.B advocates for the promotion and enforcement of non-discriminatory laws and policies. The persistence of subtle microaggressions despite the absence of overt discrimination signals that policies must proactively target these everyday indignities. Mandatory training addressing implicit bias and intercultural communication as a critical strategy.

Thus, embedding microaggression mitigation processes into national occupational safety and health policies and corporate social responsibility frameworks translates the abstract aims of SDG 16 into concrete practices that promote psychologically safe and just workplaces (Ricciardi Celsi & Zomaya, 2025).

CONCLUSION

Summary of Findings

Racial microaggressions in the workplace correlate with severe psychological outcomes, including anxiety, depression, and a threefold increase in the likelihood of suicidal ideation. Using a mixed-methods approach, the findings revealed a clear dose-response relationship between exposure to these subtle indignities and worsening mental health. Qualitative accounts of dehumanization, disposability, and emotional exhaustion highlighted the lived experiences behind the data, showing that microaggressions operate as a chronic form of workplace violence that sustains labor hierarchies and causes significant, clinically relevant harm.

Theoretical Contributions

The research contributes theoretically by developing an integrated, multi-level model explaining how macro-level social constructs translate into micro-level psychological harm. Centering Social Constructionism as the interpretive framework moves the focus beyond merely identifying stressors, showing how institutional scripts and historical racial narratives give microaggressions their destructive power.

Limitations of the Study

The study's findings should be considered in light of four main limitations. First, the focus on urban Malawian workers in Asian-owned enterprises limits generalizability; experiences may differ in other sectors or regions. Second, the use of standardized instruments developed in Western settings, despite adaptation, may not fully capture culturally unique expressions of distress. This highlights the need for further cultural validation and the

development of indigenous scales. Third, the cross-sectional design precludes causal inference; longitudinal studies are needed to track the cumulative impact of microaggressions over time. Finally, reliance on self-reported data introduces potential for recall or social desirability bias, though the strong convergence between quantitative and qualitative data enhances confidence in the findings.

Directions for Future Research

Future studies should emphasize longitudinal designs to determine causality. Comparative research across different African countries and employment sectors can highlight regional variations. Integrating interdisciplinary approaches with physiological stress markers (e.g., cortisol levels) would strengthen the evidence connecting microaggressions to health outcomes.

REFERENCE

1. Adedeji, A., Akintunde, T. Y., Hanft-Robert, S., Metzner, F., Witt, S., & Quitmann, J. (2025). Perceived microaggressions and quality of life: The mediating role of personal resources and social support among people with African migration background in Germany. Cogent Social Sciences, 11(1), Article 2477830. https://doi.org/10.1080/23311886.2025.2477830
2. Banda, L., Mkandawire, P., & Munthali, A. (2021). Racialized labor relations in Malawi: Colonial legacies and contemporary inequalities. Journal of Southern African Studies, 47(5), 789–804. https://doi.org/10.1080/03057070.2021.1928390
3. Banda, H. (2023). Microaggressions and workplace discrimination in Malawian service sectors. Malawi Labour Observatory.
4. Berger, P.L. and Luckmann, T. (1966) The Social Construction of Reality: A Treatise in the Sociology of Knowledge. Doubleday & Company, New York.
5. Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? Qualitative Research in Psychology, 18(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238
6. Burr, V., Dick, P. (2017). Social Constructionism. In: Gough, B. (eds) The Palgrave Handbook of Critical Social Psychology. Palgrave Macmillan, London. https://doi.org/10.1057/978-1-137-51018-1_4
7. Campbell, B., & Manning, J. (2014). Microaggression and moral cultures. Comparative Sociology, 13(6), 692–726. https://doi.org/10.1163/15691330-12341332
8. Chae, D. H., Wang, Y., Martz, C. D., Slopen, N., Yip, T., Adler, N. E., … & Williams, D. R. (2020). Racial discrimination and biological aging among African Americans: The Coronary Artery Risk Development in Young Adults study. Psychoneuroendocrinology, 116, 104650. https://doi.org/10.1016/j.psyneuen.2020.104650
9. Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. American Psychologist, 54(10), 805–816. https://doi.org/10.1037/0003-066X.54.10.805
10. Cochran, W. G. (1977). Sampling techniques (3rd ed.). Wiley.
11. Cohen, J. (1988). Statistical power analysis for the behavioral sciences (2nd ed.). Erlbaum.
12. Creswell, J. W., & Plano Clark, V. L. (2018). Designing and conducting mixed methods research (3rd ed.). Sage.
13. Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. Stanford Law Review, 43(6), 1241–1299. https://doi.org/10.2307/1229039
14. Delgado, R., & Stefancic, J. (2017). Critical race theory: An introduction (3rd ed.). NYU Press.
15. Feitosa, J., Almeida, A. M., & Ishee, T. (2025). Microaggressions in the workplace: A guide for managers. Merits, 5(2), Article 10. https://doi.org/10.3390/merits5020010
16. Frost, D. M. (2023). The minority stress model: Theory, research, and clinical applications. Yale University Press.
17. Hacking, I. (1999). The social construction of what? Harvard University Press.
18. Hara, A. S., & Chatambala, J. (2025). Racial microaggressions and mental health in Malawi's private sector: Predicting suicidal ideation and depression. International Journal of Research and Innovation in Social Science (IJRISS), 9(8). https://dx.doi.org/10.47772/IJRISS.2025.908000034

19. Harmer, B., Lee, S., Rizvi, A., & Saadabadi, A. (2024). Suicidal ideation. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK565877/

20. Hernández, T. K. (2024). Critical race theory in global contexts: Rethinking race and inequality. Sociology Compass, 18(2), e13107. https://doi.org/10.1111/soc4.13107

21. Joiner, T. (2009). Why people die by suicide. Harvard University Press.

22. Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative interview guide. Journal of Advanced Nursing, 72(12), 2954–2965. https://doi.org/10.1111/jan.13031

23. Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

24. Li, W. W., Heward, C., & Leow, T. (2024). Prevalence of experiencing public humiliation and its effects on victims' mental health: A systematic review and meta-analysis. Journal of Pacific Rim Psychology, 18, Article 18344909241252325. https://doi.org/10.1177/18344909241252325

25. Lui, P. P., & Quezada, L. (2019). Associations between microaggression and adjustment outcomes: A meta-analytic and narrative review. Psychological Bulletin, 145(1), 45–78. https://doi.org/10.1037/bul0000172

26. Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Sage.

27. Maliwichi, L., Kondowe, F., Mmanga, C., Mchenga, M., Kainja, J., Nyamali, S., & Ndasauka, Y. (2024). The mental health toll among healthcare workers during the COVID-19 pandemic in Malawi. Scientific Reports, 14(1), 10327. https://doi.org/10.1038/s41598-024-61216-x

28. Mawdsley, E. (2024). Rethinking race in development studies: A critical race theory approach. Third World Quarterly, 45(3), 512–530. https://doi.org/10.1080/01436597.2024.2287653

29. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

30. Mphande, L. (2023). Rising suicide trends in Malawi: A public health crisis. Malawi Medical Journal, 35(2), 123–130. https://doi.org/10.4314/mmj.v35i2.9

31. Nadal, K. L. (2011). The Racial and Ethnic Microaggressions Scale (REMS): Construction, reliability, and validity. Journal of Counseling Psychology, 58(4), 470–480. https://doi.org/10.1037/a0025193

32. Nadal, K. L., Wong, Y., Griffin, K. E., Davidoff, K. C., & Sriken, J. (2014). The adverse impact of racial microaggressions on college students' self-esteem. Journal of College Student Development, 55(5), 461–474. https://doi.org/10.1353/csd.2014.0051

33. O'Keefe, V. M., Wingate, L. R., Cole, A. B., Hollingsworth, D. W., & Tucker, R. P. (2015). Seemingly harmless? Challenging definitions of psychological trauma: Racial microaggressions lead to suicidal ideation by way of depression symptoms. *Suicide and Life-Threatening Behavior, 45*(5), 567–576. https://doi.org/10.1111/sltb.12150

34. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., … & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392(10157), 1553–1598. https://doi.org/10.1016/S0140-6736(18)31612-X

35. Patton, M. Q. (2015). Qualitative research & evaluation methods (4th ed.). Sage.

36. Pengpid, S., & Peltzer, K. (2021). Suicidal behavior and associated factors among university students in Malawi. Journal of Psychology in Africa, 31(2), 159–166. https://doi.org/10.1080/14330237.2021.1902370

37. Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., … & Mann, J. J. (2011). The Columbia–Suicide Severity Rating Scale: Initial validity and internal consistency findings. American Journal of Psychiatry, 168(12), 1266–1277. https://doi.org/10.1176/appi.ajp.2011.10111704

38. Ricciardi Celsi, L., & Zomaya, A. Y. (2025). Perspectives on managing AI ethics in the digital age. Information, 16(4), Article 318. https://doi.org/10.3390/info16040318

39. Robinson-Perez, A., Marzell, M., & Han, W. (2020). Racial microaggressions and psychological distress among undergraduate college students of color: Implications for social work practice. Clinical Social Work Journal, 48(3), 343–350. https://doi.org/10.1007/s10615-019-00711-5

40. Ross, A. G., & Fleming, N. (2023). The impact of Chinese foreign direct investment on host country economic growth. Local Economy, 37(6), 507–525. Advance online publication. https://doi.org/10.1177/02690942231162850

41. Salari, N., Fattah, A., Hosseinian-Far, A., Larti, M., Sharifi, S., & Mohammadi, M. (2024). Prevalence of workplace microaggressions and racial discrimination: A systematic review and meta-analysis. Safety and Health at Work, 15(2), [page range not yet assigned]. https://doi.org/10.1016/j.shaw.2024.05.002

42. Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. Archives of Internal Medicine, 166(10), 1092–1097. https://doi.org/10.1001/archinte.166.10.1092

43. Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. American Psychologist, 62(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

44. Sue, D. W., Capodilupo, C. M., Nadal, K. L., & Torino, G. C. (2019). Racial microaggressions and difficult dialogues on race in the classroom. Cultural Diversity and Ethnic Minority Psychology, 25(2), 244–254. https://doi.org/10.1037/cdp0000223

45. United Nations Development Programme. (2023). Digital transformation and peacebuilding: Leveraging technology for SDG 16. UNDP. https://www.undp.org/digital

46. Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. Journal of Health and Social Behavior, 59(4), 466–485. https://doi.org/10.1177/0022146518814251

47. Williams, M. T., Skinta, M. D., Kanter, J. W., Martin-Willett, R., Mier-Chairez, J., Debreaux, M., & Rosen, D. C. (2020). A qualitative study of microaggressions against African Americans on predominantly White campuses. BMC Psychology, 8, 111. https://doi.org/10.1186/s40359-020-00472-8

48. Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress, and discrimination. Journal of Health Psychology, 2(3), 335–351. https://doi.org/10.1177/135910539700200305

49. Zeppegno, P., Gramaglia, C., Castello, L. M., Bert, F., Gualano, M. R., Ressico, F., & Torre, E. (2021). Suicide risk in emergency department patients: Interpersonal theory of suicide and clinical correlates. Frontiers in Psychiatry, 12, 631023. https://doi.org/10.3389/fpsyt.2021.631023