

EXAMINING THE ASSOCIATION BETWEEN MICROAGGRESSION AND PSYCHOLOGICAL DISTRESS AMONG PAKISTANI EMERGING ADULTS

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ABSTRACT

Microaggressions are subtle verbal, behavioral, or environmental expressions of prejudice that communicate derogatory messages toward marginalized groups and have been increasingly recognized as a source of psychological harm. Although a growing body of research has linked microaggressions with adverse mental health outcomes, limited evidence exists regarding these relationships among emerging adults in Pakistan. The present study examined the association between gender and racial microaggressions and psychological distress among Pakistani emerging adults. A cross-sectional research design was employed, and data were collected from 291 participants aged 18 to 29 years recruited through purposive sampling from public and private universities in Lahore, Pakistan. Participants completed a demographic questionnaire and the Gendered Racial Microaggressions Scale (GRMS). One-way analyses of variance were conducted to examine differences in microaggression experiences based on histories of depression, anxiety, and varying stress levels. The findings revealed that participants with a history of depression reported significantly higher levels of microaggression frequency, appraisal, and total microaggression experiences compared to those without depression. Similarly, participants with a history of anxiety reported significantly higher scores across all microaggression dimensions. Significant differences were also observed across stress levels, with individuals experiencing moderate and extreme stress reporting the highest levels of microaggressions. These findings suggest that experiences of gender and racial microaggressions are associated with elevated psychological distress among Pakistani emerging adults. The study contributes to the limited literature on microaggressions in non-Western contexts and highlights the importance of addressing subtle forms of discrimination as a factor associated with depression, anxiety, and stress. Implications for mental health professionals, educators, and policymakers are discussed.

Keywords: microaggressions, psychological distress, depression, anxiety, stress, emerging adulthood, Pakistan

INTRODUCTION

Microaggression is a topic that has been researched upon more in recent times. Microaggressions are subtle comments or behaviors which convey a negative or derogatory meaning towards a

marginalized group. (Microaggressions & Marginality, n.d.). Microaggressions can be divided into five types which are Microassaults, Microinsults, microinvalidations, relational

microaggressions and environmental microaggressions.

The first type, microassaults consists of comments or behaviors which are deliberately directed towards a marginalized group which are derogatory or discriminatory in nature. The second type, microinsults consists of subtle derogatory, demeaning, and insensitive attitudes towards a person belonging to a marginalized community. The third type, microinvalidations consists of comments or behaviors that negate or dismiss the experiences, feelings, or identities of marginalized individuals or groups. The fourth type, relational microaggression occurs within interpersonal relationships, such as in conversations, interactions, or behaviors between individuals. They can include subtle forms of bias, stereotyping, or discrimination that occur in social interactions. The fifth type is environmental microaggressions, it consists of the environment that can convey hostility or exclusion towards marginalized groups. This can include the absence of representation in the media, the workplace, or public spaces, as well as the presence of symbols or images that perpetuate stereotypes or discrimination. (Nadal et al., 2011). These are subtle, unintentional but can be intentional, actions, behaviors, remarks, comments, or jokes towards marginalized groups are often used to degrade or demean a group of individuals or an individual belonging to a certain group. Research has shown the most effected people are often women, LGBTQ, Certain races. (Douds & Hout, 2020). These behaviors may sometimes be taken as jokes or lightly, but they further stereotype against an already marginalized communities and groups. In the recent times where racism is taken very seriously and there are legal repercussions microaggression is a way where people convey their preconceived notions and thinking patterns by make subtle jabs towards certain races (Douds & Hout, 2020). These preconceived notions are deep rooted and most of the times it is out of the person's control, but the biases find a channel to come out through microaggression. They can occur in any social setting be it with friends, family, workplaces, or educational institutions. The most researched area of microaggression is

racial and gendered microaggression. (Douds & Hout, 2020).

But in recent times microaggression has expanded than just race and gender, it has spread towards sexual orientation, disabilities, Intellectual quotient, and nativity status etc. This broader perspective now acknowledges that people associated with these metrics also face microaggression and get discriminated against. (Williams & Hallstead, 2019)

Research has also shown that there are physical effects of microaggression on people's health. Hypertension, diabetes, heart related diseases are shown to be related with microaggression. Similarly, microaggression itself is rooted deeply in our systems such as judicial systems, law Enforcement agencies, health care systems and education systems and when it is so deep rooted in our systems it effects the people physically, mentally, and socially. (Robinson-Perez et al., 2019). Through interdisciplinary research and dialogue, common themes and patterns have emerged, contributing to a shared understanding of microaggressions as manifestations of systemic biases and prejudices (Does et al., 2018). Empirical research consistently demonstrates significant correlations between experiences of microaggressions and established measures of racism (Sue & Sue, 2016). These correlations provide empirical support for the conceptualization of microaggressions as expressions of underlying racial biases and prejudices, further validating their relevance in understanding contemporary forms of discrimination. subjective reports offer a valid and valuable method for assessing microaggressions. While objective measures have their merits, subjective experiences provide insights into individuals' perceptions and lived experiences. Research utilizing self-report measures has contributed to our understanding of the prevalence and impact of microaggressions across diverse populations. A substantial body of research consistently demonstrates the detrimental impact of microaggressions on recipients' mental health (Williams et al., 2019). Experiences of microaggressions are associated with higher levels of depression, anxiety, posttraumatic stress

disorder, decreased self-esteem, and other adverse psychological outcomes. These findings underscore the importance of addressing microaggressions in efforts to promote mental well-being and social equity.

Microaggressions can be viewed as often unconscious messages manifest as fleeting slights, snubs, insults, or other indignities, seamlessly integrated into everyday communication (Sue, 2010, Williams et al., 2019). They can take various forms, including verbal, nonverbal, and environmental cues, appearing in facial expressions, body language, language usage, representation, or remarks.

Receiving microaggressions can be disorienting, as they are often subtle and challenging to identify or address (Sue, 2010; Sue & Sue, 2016). Recipients may struggle to pinpoint or recognize these interactions, compounding the difficulty of addressing them effectively. The cumulative impact of microaggressions on recipients can be profound, eliciting stress and somatic effects comparable to those of a significantly traumatic event (Sue, 2010; Nordmarken, 2015). Common effects include chronic health issues and persistent emotional responses such as alienation, anxiety, anger, depression, fear, hypervigilance, fatigue, hopelessness, and even suicidality.

Psychological distress refers to a state of emotional suffering characterized by symptoms such as sadness, frustration, negative thoughts, anxiety, and depression (Drapeau et al., 2012). Monitoring levels of psychological distress provides valuable insight into the mental health and well-being of individuals and communities (Kessler et al., 2002). Furthermore, persistent or severe psychological distress has been identified as a significant risk factor for the development of mental health disorders (World Health Organization, 2022).

Psychological distress is commonly conceptualized as a response to stressors that exceed an individual's perceived coping resources. When individuals encounter adverse life events, interpersonal difficulties, academic pressures, or social challenges, they may experience heightened levels of distress if they perceive themselves as unable to effectively manage these demands (Lazarus & Folkman, 1984). Consequently,

psychological distress has been associated with impaired social functioning, reduced quality of life, lower academic and occupational performance, and poorer physical health outcomes (World Health Organization [WHO], 2022).

Emerging adulthood, typically defined as the developmental period between 18 and 29 years of age, is associated with numerous psychological, social, and occupational transitions that may increase susceptibility to psychological distress (Arnett, 2000). During this period, individuals face important developmental tasks, including identity exploration, career planning, financial independence, and the establishment of intimate relationships. The uncertainty and instability associated with these transitions can contribute to elevated levels of emotional distress and psychological vulnerability (Arnett, 2015). Research has consistently demonstrated that emerging adults report higher rates of stress, anxiety, and depressive symptoms compared to older age groups, highlighting the importance of understanding factors that contribute to psychological distress within this population (Kessler et al., 2005).

Psychological distress has also been linked to various personality characteristics and cognitive styles. Individuals who possess maladaptive personality traits or negative cognitive orientations are more likely to perceive life events as threatening and experience difficulties in coping with everyday stressors (Watson & Pennebaker, 1989). Consequently, identifying personality and cognitive factors associated with psychological distress may contribute to the development of effective prevention and intervention strategies aimed at promoting psychological well-being among emerging adults.

The rationale behind this study is to identify how the emerging adults in Pakistan view and experience microaggression. In this region of the world where awareness in regards to microaggression and psychological distress is not very high, it is imperative to see how the newer generation of this country is getting effected by microaggression against them and why are they becoming microaggressive. This study aims to

bridge the gap in the existing research where the cultural context and differences come into play. The western population have their way of viewing jokes, comments and/or remarks as microaggression and the eastern population have a different perspective based on their history, culture, and shared experiences. This study will provide with an insight into the mindset of the younger, upcoming generation of the southeast of the world.

Objectives

- To examine the association between microaggressions and psychological distress among Pakistani emerging adults.
- To investigate the relationship between experiences of microaggressions and psychological distress among emerging adults in Pakistan.
- To examine the association between the dimensions of microaggressions (frequency and appraisal) and psychological distress.
- To determine whether higher levels of perceived microaggressions are associated with increased levels of psychological distress.

Methodology

The current paper was extracted from a larger research project and a cross-sectional design was used to explore the study objectives.

Participants

There were 292 adults between 18 and 29 years of age that made up the sample, that were selected through nonprobability purposive sampling technique from different universities in Lahore. The sample included both women and men. The sample size was determined through g-power analysis.

Measures

The following measures were used to collect the research data.

Demographic questionnaire

A detailed demographic questionnaire was utilized to record the participants' personal information including their medical and psychiatric history.

The Gendered Racial Microaggressions Scale (GRMS) was used to assess gendered microaggressions. It is a 26-item tool that is used to measure every day and subtle gendered racism experienced by women. The frequency of these experiences over the last year were reported by study participants on a 5-point Likert-type scale with the following response options, 0: "never", 1: "less than once a year", 2: "a few times a year", 3: "about once a month", and 4: "a few times a month or more". A total mean frequency score was calculated by averaging scores. Convergent validity is indicated by significant positive correlations with measures of perceived sexist events and microaggressions. GRMS frequencies have had good internal consistency reliability estimates with community-based samples of women. Originally the GRMS was developed to assess gendered racial microaggressions on a societal level. (Lewis and Neville 2015).

Procedure

Firstly, the research was presented to and approved by the relevant ethical and research review bodies, followed by formal approval obtained from the appropriate authorities as well as individual participants for data collection. The data was collected by the researcher in person using a survey booklet specifically compiled for this research. Each participant received identical copies of the booklet, which presented the data collection instruments in the same order. Although the measures were self-report, the researcher stayed present to aid or clarification if needed. After data collection, the researcher thanked each participant for their participation. Careful attention was given to adhering to all relevant ethical guidelines, provided by the Ethical Review Committee (ERC) and the Institutional Review Board (IRB). The proper permissions were obtained from the authors to use the scales, and participants were provided with required details about the study. They were briefed about their rights, including their ability to participate voluntarily and withdraw at any time. Their privacy was strictly respected, ensuring that no violations occurred.

Results

Table 1

Demographic Information of Sample (n=291)

Demographic Variables	f	%
Stress Level (last 2 weeks)		
No stress	27	9.3
Mild stress	33	11.3
Stress	111	38.1
Moderate stress	78	26.8
Extreme Stress	42	14.4
Stress Level (last year)		
No Stress	17	5.8
Mild Stress	21	7.2
Stress	89	30.6
Moderate Stress	101	34.7
Extreme Stress	63	21.6

History of Depression, Anxiety, loss of sig. other and recent breakup of Study Sample (291)

The psychological history of the study sample reveals that a significant portion of participants have experienced depression, with 67.7% reporting a history of depression. Similarly, 44.7%

have a history of anxiety. 44.7% participants have experienced the loss of a significant other. Regarding recent relationship breakups, 21.6% have gone through a recent breakup.

Table 2

Stress Levels Information of Study Sample (291)

Demographic Variables	f	%
Depression		
Yes	197	67.7
No	94	32.3
History of Anxiety		
Yes	130	44.7
No	161	55.3
Loss of Significant other		
Yes	130	44.7
No	161	55.3
Recent Breakup		
Yes	63	21.6
No	228	78.4

In the last two weeks, 38.1% reported to have experienced stress, 26.8% reported moderate stress, and 14.4% experienced extreme stress. Over the past year, 34.7% experienced moderate stress,

30.6% reported stress, and 21.6% experienced extreme stress. Additionally, 5.8% (17 participants) reported no stress only.

Table 3
One way Analysis of Variance of Depression with Racial and Gender Microaggression

Gender	Yes		No		F(df)	p
	M	SD	M	SD		
GRMF	52.33	23.29	48.19	22.99	21.09(1)	.000
GRMA	50.35	23.88	39.94	22.67	12.48(1)	.000
GRMTOTAL	102.69	44.73	79.47	39.83	18.35(1)	.000

Note. GRMF = Gender and Racial Microaggression Frequency, GMRA = Gender and Racial Microaggression

Appraisal, GRMTotal = Gender and Racial Microaggression Total, *p < 0.05

The results indicate significant differences in all GRM scores between individuals with and without depression. Specifically, for GRMF, individuals with depression (M = 52.33, SD = 23.29) report significantly higher scores than those without depression (M = 48.19, SD = 22.99), F(1, 291) = 21.09, p < .001. This suggests that individuals with depression experience more gender and racial microaggressions in this dimension. Similarly, for GRMA, individuals with depression (M = 50.35, SD = 23.88) report significantly higher scores

compared to those without depression (M = 39.94, SD = 22.67), F(1, 291) = 12.48, p < .001. This indicates that individuals with depression also experience more microaggressions. For the total GRM scores (GRMTOTAL), the results show that individuals with depression (M = 102.69, SD = 44.73) report significantly higher scores compared to those without depression (M = 79.47, SD = 39.83), F(1, 291) = 18.35, p < .001. This suggests that overall, individuals with depression experience higher levels of gender and racial microaggressions.

Table 4
One way Analysis of Variance of Anxiety and Racial and Gendered Microaggression

Gender	Yes		No		F(df)	p
	M	SD	M	SD		
GRMF	50.11	22.90	40.33	21.82	8.51(1)	.004
GRMA	49.01	23.85	38.68	22.75	8.75(1)	.003
GRMTOTAL	99.13	44.09	79.01	42.78	9.64(1)	.002

Note. GRMF = Gender and Racial Microaggression Frequency, GMRA = Gender and Racial Microaggression Appraisal, GRMTotal = Gender and Racial Microaggression Total, *p < 0.05

The results indicate significant differences in all GRM scores between individuals with and without anxiety. Specifically, for GRMF, individuals with anxiety ($M = 50.11$, $SD = 22.90$) report significantly higher scores than those without anxiety ($M = 40.33$, $SD = 21.82$), $F(1, 291) = 8.51$, $p = .004$. This suggests that individuals with anxiety experience more gender and racial microaggressions in this dimension. Similarly, for GRMA, individuals with anxiety ($M = 49.01$, $SD = 23.85$) report significantly higher scores compared

to those without anxiety ($M = 38.68$, $SD = 22.75$), $F(1, 291) = 8.75$, $p = .003$. This indicates that individuals with anxiety also experience more microaggressions in this dimension. For the total GRM scores (GRMTOTAL), the results show that individuals with anxiety ($M = 99.13$, $SD = 44.09$) report significantly higher scores compared to those without anxiety ($M = 79.01$, $SD = 42.78$), $F(1, 291) = 9.64$, $p = .002$. This suggests that overall, individuals with anxiety experience higher levels of gender and racial microaggressions.

Table 5
One way Analysis of Variance Stress levels and Racial and Gendered Microaggression

Stress Level	No Stress		Mild Stress		Stress		Moderate Stress		Extreme Stress		F(df)	p
	M	SD	M	SD	M	SD	M	SD	M	SD		
GRMF	37.17	20.03	43.80	21.41	42.67	21.41	51.13	21.92	55.73	25.30	4.79(4)	.001
GRMA	31.58	17.65	42.52	23.76	40.69	23.41	50.11	22.44	56.52	24.39	6.92(4)	.000
GRMTOTAL	68.76	36.45	86.33	43.54	83.37	42.45	101.25	40.97	112.25	47.58	6.52(4)	.000

Note. GRMF = Gender and Racial Microaggression Frequency, GMRA = Gender and Racial Microaggression Appraisal, GRMTOTAL = Gender and Racial Microaggression Total, * $p < 0.05$

For the GRMF subscale, individuals with no stress report a mean score of 37.17 ($SD = 20.03$), those with mild stress report a mean score of 43.80 ($SD = 21.41$), those with stress report a mean score of 42.67 ($SD = 21.41$), those with moderate stress report a mean score of 51.13 ($SD = 21.92$), and those with extreme stress report a mean score of 55.73 ($SD = 25.30$). The ANOVA results indicate a significant difference in GRMF scores across stress levels, $F(4, 291) = 4.79$, $p = .001$, suggesting that higher stress levels are associated with more gender and racial microaggressions. For the GRMA subscale, individuals with no stress report a mean score of 31.58 ($SD = 17.65$), those with mild stress report a mean score of 42.52 ($SD = 23.76$), those with stress report a mean score of 40.69 ($SD = 23.41$), those with moderate stress report a mean score of 50.11 ($SD = 22.44$), and

those with extreme stress report a mean score of 56.52 ($SD = 24.39$). The ANOVA results show a significant difference in GRMA scores across stress levels, $F(4, 291) = 6.92$, $p < .001$, indicating that higher stress levels are associated with increased experiences of gender and racial microaggressions. For the total GRM scores (GRMTOTAL), individuals with no stress report a mean score of 68.76 ($SD = 36.45$), those with mild stress report a mean score of 86.33 ($SD = 43.54$), those with stress report a mean score of 83.37 ($SD = 42.45$), those with moderate stress report a mean score of 101.25 ($SD = 40.97$), and those with extreme stress report a mean score of 112.25 ($SD = 47.58$). The ANOVA results indicate a significant difference in total GRM scores across stress levels, $F(4, 291) = 6.52$, $p < .001$, suggesting that individuals with

higher stress levels report more overall gender and racial microaggressions.

Discussion

The present study examined the relationship between gender and racial microaggressions and indicators of psychological distress among Pakistani emerging adults. Specifically, the study explored differences in microaggression experiences among individuals with and without a history of depression and anxiety, as well as across varying levels of perceived stress. The findings provide important insights into the association between subtle discriminatory experiences and psychological well-being within a Pakistani context.

The descriptive findings revealed a considerable burden of psychological distress among the participants. More than two-thirds of the sample reported a history of depression, while nearly half reported a history of anxiety and the loss of a significant other. Furthermore, the majority of participants reported experiencing moderate to extreme levels of stress during both the previous two weeks and the previous year. These findings are consistent with previous research suggesting that emerging adulthood is a developmental period characterized by increased vulnerability to emotional distress due to academic, occupational, social, and identity-related challenges (Arnett, 2015). The prevalence of distress observed in the current sample highlights the importance of examining factors that may contribute to poor psychological well-being among emerging adults in Pakistan.

One of the primary findings of the study was the significant association between depression and experiences of microaggressions. Participants with a history of depression reported significantly higher scores on microaggression frequency, appraisal, and total microaggression experiences compared to participants without depression. These findings support previous research indicating that experiences of discrimination and microaggressions are associated with increased depressive symptoms (Williams et al., 2021). Repeated exposure to subtle forms of discrimination may contribute to feelings of

helplessness, social exclusion, and emotional exhaustion, all of which are known risk factors for depression. Alternatively, individuals experiencing depression may be more sensitive to negative social interactions and therefore more likely to perceive interpersonal encounters as dismissive, hostile, or discriminatory.

Similarly, significant differences were found between individuals with and without a history of anxiety. Participants who reported anxiety demonstrated significantly higher scores across all microaggression dimensions. These findings align with previous literature suggesting that discriminatory experiences contribute to heightened vigilance, uncertainty, and fear of negative evaluation, which are central characteristics of anxiety (Williams & Hallstead, 2019). Continuous exposure to microaggressions may create an environment in which individuals anticipate negative treatment, resulting in increased psychological arousal and anxiety-related symptoms. The findings also support cognitive theories of anxiety, which propose that individuals who perceive social situations as threatening are more likely to experience heightened emotional distress (Lazarus & Folkman, 1984).

The relationship between stress and microaggressions was particularly noteworthy. Individuals reporting moderate and extreme levels of stress consistently demonstrated the highest scores on all microaggression dimensions. A clear trend emerged in which microaggression scores increased as stress levels increased. Participants reporting extreme stress had the highest scores on microaggression frequency, appraisal, and total experiences. These findings suggest that exposure to microaggressions may function as a chronic psychosocial stressor. Previous research has demonstrated that microaggressions accumulate over time and contribute to emotional strain, frustration, and psychological burden (Sue et al., 2007). The cumulative nature of these experiences may explain why participants with higher stress levels also reported more frequent and intense perceptions of microaggressions.

The findings may also be interpreted through the framework of minority stress theory and stress appraisal models. According to these perspectives,

individuals continuously exposed to discriminatory experiences experience additional psychological burdens beyond ordinary life stressors. Microaggressions may be perceived as threats to one's identity, belongingness, and social acceptance, thereby increasing emotional distress and reducing coping resources. Over time, repeated exposure to such experiences may contribute to the development or maintenance of depressive symptoms, anxiety, and chronic stress. Another important implication of the findings is that microaggressions appear to influence not only objective experiences of discrimination but also individuals' appraisal and interpretation of social interactions. Participants experiencing higher levels of psychological distress consistently reported higher microaggression appraisal scores, suggesting that emotional well-being may shape how individuals perceive and interpret subtle interpersonal behaviors. This finding supports previous research indicating that psychological distress and discrimination may have a reciprocal relationship, whereby discrimination contributes to distress and distress influences the interpretation of social experiences (Williams et al., 2019).

The current study contributes to the growing literature on microaggressions by providing evidence from a non-Western cultural context. Most existing microaggression research has been conducted in Western populations, particularly within the United States. The present findings suggest that despite cultural differences, experiences of microaggressions remain significantly associated with poorer psychological outcomes among Pakistani emerging adults. This highlights the potential universality of the psychological consequences of subtle discrimination while also emphasizing the need for culturally sensitive research and interventions. Overall, the findings indicate that depression, anxiety, and stress are significantly associated with greater experiences and perceptions of gender and racial microaggressions. Individuals experiencing higher levels of psychological distress reported greater frequency, stronger appraisal, and higher overall levels of microaggressive experiences. These findings underscore the importance of addressing

subtle forms of discrimination as potential contributors to psychological distress and highlight the need for mental health professionals, educators, and policymakers to recognize the impact of microaggressions on the well-being of emerging adults.

Conclusion

Altogether, depression, anxiety, and stress were each tied to greater reported frequency, stronger appraisal, and higher overall experience of gender and racial microaggressions in this sample. These results suggest that subtle discrimination deserves more attention as a contributor to psychological distress among emerging adults, and that clinicians, educators, and policymakers working with this population would do well to take microaggressions seriously as more than a minor social friction.

Much of the existing microaggression literature comes from Western, and especially U.S., samples. By extending this work to Pakistani emerging adults, the present findings suggest the psychological costs of subtle discrimination are not confined to the contexts where they have been most studied. At the same time, this should not be read as evidence that microaggressions operate identically across cultures; what counts as a microaggression, how it is appraised, and what coping resources are available are all likely shaped by local norms, and culturally grounded research is needed to fill in those details.

Limitations

The study addresses sensitive topics, such as dark personality traits and microaggressions, which may evoke strong emotional reactions from participants. Ensuring ethical protocols and support systems for participants is crucial to address any distress that may arise during the research process.

Because the data was collected from the public and private universities of Lahore Pakistan. The study's sample may not be representative of the broader population of emerging adults, educational institution, or cultural context. This limits the generalizability of the findings to other groups.

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