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**Research Paper** 

# Study on the Impact of Microaggressions on the Psychological Well-being of College Students, Coping Mechanisms and the Mediating Role of Resilience Factors

Amitha TK<sup>1</sup>\*, Nivetha S.<sup>2</sup>

## ABSTRACT

The study aimed to examine the psychological impact of microaggressions, identify coping strategies, and analyze resilience factors that help students recover from these negative experiences. The study utilized a cross-sectional research design. Purposive sampling technique was employed to select 150 college students, aged 18 to 30, from UGC recognized educational institutions in India. The Everyday Discrimination Scale measured the frequency and impact of microaggressions, the Brief COPE Inventory assessed coping strategies, the Resilience Scale gauged resilience levels, and the PWB-20 evaluated psychological wellbeing. The study found a moderate negative correlation between the frequency of microaggressions and overall psychological well-being. Microaggressions negatively impacted dimensions such as mastery and positive relations but had no significant correlation with self-acceptance. A weak positive correlation was identified between microaggressions and resilience, suggesting some individuals developed resilience through adversity. Higher frequencies of microaggressions were associated with lower levels of effective coping, highlighting the detrimental impact of microaggressions on coping resources. Mediation analysis showed that resilience significantly mediated the relationship between microaggressions and psychological well-being, reducing the overall negative impact. The research demonstrated that microaggressions negatively affected the psychological wellbeing of college students, with resilience playing a crucial mediating role. Problem-focused coping was identified as the most used coping strategy among students. The findings underscored the need for interventions to enhance resilience and effective coping strategies among students to help them manage and recover from microaggressions. Ethical considerations ensure participant confidentiality and informed consent throughout the study.

Keywords: Microaggressions, Psychological well-being, Coping mechanisms, Resilience

ggression is defined as behavior intended to cause harm or injury to another individual or group, encompassing both physical actions like hitting and psychological actions such as verbal insults or social exclusion (Baron &

\*Corresponding Author

<sup>&</sup>lt;sup>1</sup>MSc Clinical Psychology, Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai, Tamil Nadu, India

<sup>&</sup>lt;sup>2</sup>Assistant Professor, Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai, Tamil Nadu, India.

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Richardson, 1994). This concept applies to various domains, including both animal and human behavior. Anderson and Bushman (2022) have extensively explored aggression's manifestations and underlying mechanisms, noting its multifaceted nature. Anderson and Bushman (2002) highlight psychological determinants of human aggression, while Archer (2009) discusses evolutionary perspectives on sex differences in aggression, revealing its adaptive significance in human evolution.

Aggression theories encompass psychological, biological, and social factors. Bandura's Social Learning Theory posits that aggression is learned through observation, imitation, and reinforcement (Bandura, 1973). The Bobo doll experiment demonstrated that children exposed to aggressive models were more likely to display aggressive behavior (Bandura, Ross, & Ross, 1961). In contrast, Dollard et al.'s Frustration-Aggression Theory (1939) suggests that aggression results from the frustration of goals, though research has shown that frustration does not always lead to aggression, with individual and situational factors playing significant roles (Berkowitz, 1989). Biological theories investigate the neurobiological basis of aggression, focusing on genetics, brain chemistry, and hormones (Siever, 2008). Imbalances in neurotransmitters like serotonin and dopamine, and hormonal influences such as testosterone, contribute to aggressive behavior (Archer, 1991). Situational factors also play a crucial role in aggression. Zimbardo's Stanford prison experiment (1971) demonstrated how environmental cues and power dynamics could lead to aggressive behavior, while research on the bystander effect has shown how the presence of others can either inhibit or facilitate aggression depending on factors like group cohesion and diffusion of responsibility (Darley & Latané, 1968). These theories highlight the importance of considering social and environmental contexts in understanding aggression.

Microaggressions and macroaggressions are distinct forms of aggression with significant implications. Microaggressions, as defined by Sue et al. (2007), are subtle, often unintentional slights or insults directed at marginalized groups, which can reinforce stereotypes and erode the recipients' sense of belonging. They include microinvalidations, microinsults, and nonverbal microaggressions. Microinvalidations negate marginalized individuals' experiences, while microinsults demean or belittle their identities. Nonverbal microaggressions, such as avoiding individuals or disregarding their needs, are often overlooked but can be harmful. Despite their subtlety, microaggressions can have profound psychological effects, including anxiety and diminished self-esteem (Sue et al., 2007; Berk, 2017).

In contrast, macroaggressions are overt acts of aggression, such as hate crimes and discriminatory policies, that inflict direct harm and perpetuate systemic inequalities (Sue et al., 2007). Racial microaggressions, for example, are seen as covert manifestations of racism, with subtle forms of prejudice replacing overt displays of racial hatred (Sue et al., 2007). In the Indian context, casteism and regional prejudices similarly manifest as microaggressions, perpetuating systemic discrimination (Thorat & Newman, 2007). Genderbased microaggressions contribute to systemic inequalities by reinforcing restrictive gender roles and objectifying individuals (Sue et al., 2007). Sexual orientation-based microaggressions also impact LGBTQ+ individuals, with bisexual individuals often facing denial of their identity and assumptions about their behavior (Roffee & Waling, 2016). Intersectionality, a concept introduced by Kimberlé Crenshaw (1989), highlights how individuals at the intersections of various marginalized identities experience compounded

forms of prejudice. This perspective is crucial for understanding the complexity of discrimination and advocating for more inclusive environments.

Finally, the model minority myth perpetuates stereotypes about certain ethnic groups, leading to significant harm to mental health and well-being (Sengupta, 2019). This myth pressures individuals to conform to unrealistic standards of success, contributing to psychological stress and affecting later-generation individuals more significantly than first-generation migrants (Sharma, 2020; Verma & Singh, 2017). Understanding these dynamics is essential for addressing and mitigating the impact of both microaggressions and macroaggressions on marginalized communities.

Microaggressions can be analyzed through various aggression theories. Social Cognitive Theory, proposed by Bandura, suggests that microaggressions are learned behaviors perpetuated through observation, imitation, and reinforcement. According to Bandura (1973), individuals learn and mimic behaviors based on their social environment, including subtle acts of discrimination (Bandura, 1986). This process involves social modeling and self-efficacy, where repeated exposure to microaggressions can erode an individual's self-efficacy and reinforce harmful societal norms (Bandura, 1997; Sue et al., 2007). The Frustration-Aggression Theory, developed by Dollard et al. (1939), posits that aggression results from the frustration of unmet needs or goals. While traditionally linked to overt aggression, this theory also applies to microaggressions, which can stem from frustrations related to respect and dignity. For marginalized individuals, repeated microaggressions can generate frustration and powerlessness, which may manifest in subtle forms of resistance or withdrawal rather than direct aggression (Sue et al., 2007).

Psychological well-being encompasses mental health and emotional functioning, including aspects such as positive relationships, autonomy, and purpose (Ryff, 1989). It reflects both subjective well-being, characterized by happiness and life satisfaction, and eudaimonic wellbeing, involving a sense of purpose and personal growth (Diener, 2000; Ryff & Keyes, 1995). Microaggressions can significantly impact psychological well-being by undermining self-acceptance, social connections, and personal growth. Persistent microaggressions may lead to stress, diminished self-esteem, and mental health issues, affecting overall life satisfaction and psychological resilience. Coping mechanisms are crucial for managing the impact of microaggressions. Adaptive strategies include active problem-solving, seeking support, and positive reframing, while maladaptive strategies may involve avoidance or substance use (Folkman & Lazarus, 1988; Carver et al., 1989). Confrontation, withdrawal, and support-seeking are common responses to microaggressions (Sue et al., 2007; Nadal et al., 2014). Mentorship can also play a supportive role, providing career and psychosocial guidance to navigate and address microaggressions effectively (Kram, 1985; Allen et al., 2004).

Resilience is essential in coping with microaggressions. It involves adapting to and recovering from adversity, maintaining mental health despite challenges, and viewing microaggressions as opportunities for growth (APA). Resilient individuals are better equipped to handle stress, maintain self-worth, and confront microaggressions assertively (Nadal et al., 2014; Bonanno, 2004). Resilience acts as a protective factor against the negative effects of microaggressions, contributing to overall psychological well-being. It helps individuals rebound from adversity and maintain a positive outlook despite experiencing discrimination. On college campuses, where microaggressions are prevalent,

resilience enables students to cope with these experiences effectively, advocate for themselves, and foster an inclusive environment (Nadal et al., 2014; Sue et al., 2007). Resilient students can navigate microaggressions, preserve their mental health, and thrive academically and socially. College campuses often serve as sites where microaggressions— subtle, often unintentional discriminatory remarks—can negatively impact students' mental health. To mitigate these effects, universities should promote resilience and implement inclusive policies, fostering supportive environments that enhance psychological well-being (Nadal et al., 2014; Solorzano et al., 2000).

In India, microaggressions are influenced by historical systems of oppression and discrimination. Research shows that caste-based microaggressions affect Dalit and Adivasi students (Shah & Contractor, 2020), while gender-based microaggressions marginalize women and LGBTQ+ individuals (Roy & Choudhury, 2018). These microaggressions reinforce stereotypes and contribute to feelings of alienation among marginalized students. Effective coping strategies include seeking peer support and advocating for inclusive policies (Roy & Choudhury, 2018). Colleges should address these issues through anti-discrimination policies, intercultural dialogue, and mental health resources (Kapur & Kumar, 2019; Singh & Choudhury, 2020).

Studies show that microaggressions impact academic achievement and well-being (Smith et al., 2018; Garcia & Martinez, 2020). Ethical research practices, including participantcentered approaches, are crucial (Nguyen & Smith, 2019; Chang & Ngunjiri, 2016). By addressing systemic biases and developing evidence-based interventions, colleges can create inclusive environments where all students can thrive (Sue et al., 2007; Nadal et al., 2014).

## **REVIEW OF LITERATURE**

Sharma K et al. (2023) conducted a study with the aim to examine the extent of gender discrimination experienced by professionals in Indian workplaces. Employing a quantitative methodology, the researchers sought to assess the prevalence and impact of gender-based biases in employment practices. The study encompassed a sample size of 1000 professionals representing various industries across India. Participants were selected using a cluster sampling technique based on industry sectors, ensuring representation from diverse occupational backgrounds. The study found pervasive gender discrimination in Indian workplaces during job interviews, affecting hiring, low promotion rates and salaries. Organizational support for addressing gender discrimination was inadequate, and it lacked effective mechanisms for handling complaints. This discrimination led to lower job satisfaction and higher turnover rates.

Gupta P at al. (2023) conducted a study with the aim to investigate the occurrence and impact of caste-based microaggressions in Indian school environments. The research involved a sample of 600 students from different caste backgrounds, selected through convenience sampling from urban and rural schools. The study's research design was cross sectional. The study assessed the prevalence and effects of microaggressions. The findings indicated that students from lower caste backgrounds experienced higher levels of microaggressions, negatively affecting their academic performance and psychological well-being.

Patel et al. (2023) conducted a study exploring the intersecting forms of discrimination experienced by minority women in Indian workplaces. The study involved a sample of 300

women professionals selected through snowball sampling within professional networks using a cross-sectional research design. The findings revealed that a significant majority of participants experienced multiple layers of discrimination. Only a small proportion felt they had equal career advancement opportunities, and they earned substantially less than their non-minority peers. Additionally, many felt excluded from informal networks and decisionmaking processes, while a notable number reported harassment or microaggressions related to their intersecting identities. Over half of the participants felt their companies lacked adequate support systems, leading to high levels of stress, anxiety, and depression in many respondents. This discrimination resulted in lower job satisfaction and higher turnover intentions, with a considerable number considering leaving their jobs.

Singh et al. (2023) conducted a study with the aim to examine the extent of disability discrimination in access to public transportation in Indian cities. The research involved a sample of 600 individuals with disabilities, selected through stratified sampling based on disability type and geographic location and is a mixed method study. The findings suggest that individuals with disabilities face significant barriers and challenges when accessing public transportation in Indian cities. These barriers included inadequate infrastructure, as many public transportation systems lacked ramps, elevators, and designated seating for individuals with disabilities, making it physically difficult or impossible for them to use these services. Existing accessible features, such as lifts and ramps, were often poorly maintained or out of order, further hindering access. Public transportation staff frequently lacked training in assisting individuals with disabilities, leading to inadequate support and sometimes discriminatory attitudes. There was also a shortage of vehicles equipped to accommodate individuals with disabilities, such as low-floor buses and accessible taxis. Information about accessible routes, schedules, and services was often not readily available or not communicated in accessible formats like Braille, sign language, or audio announcements. Negative societal attitudes and a lack of awareness about the needs of individuals with disabilities often resulted in unaccommodating behaviors from both transportation staff and other passengers. Additionally, the cost of accessible transportation options, where available, was often prohibitively high for individuals with disabilities.

Lambert, et al (2018) conducted research aiming to explore the impact of microaggressions on racial/ethnic disparities in physical health. Their study employed a quantitative research design with a sample size of 500 participants from diverse racial and ethnic backgrounds The analysis revealed consistent evidence indicating that exposure to microaggressions was significantly associated with poorer physical health outcomes across various racial and ethnic groups.

Wang, K. T., & Berkel, C. (2017) conducted a study aiming to examine the relationship between microaggressions and depressive symptoms among Chinese American college students, with a focus on the moderating roles of neuroticism and ethnic identity. Employing quantitative methods, the researchers utilized a cross-sectional research design to analyze data collected from a sample size of 127 Chinese American college students through convenience sampling. The findings revealed a significant association between experiences of racial microaggressions and increased depressive symptoms. However, the impact of these microaggressions on depressive symptoms was found to be moderated by levels of neuroticism and the strength of ethnic identity.

Patel, S., & Desai, N (2017) conducted a study titled "Microaggressions in Educational Settings and Academic Performance among Students in India,". The study aimed to explore the relationship between microaggressions experienced by students in educational settings in India and their academic performance with 250 college students using purposive sampling technique. They used both quantitative and qualitative measures. The microaggressions were measures using the Microaggressions Scale and academic performances by their Grade Point Average. The results revealed that there is a significant association between microaggressions and academic performances.

Harwood, et al. (2012) conducted research to explore the nuanced manifestations of racial bias or discrimination within professional environments with a sample size of 81, the study aims to investigate the impact of racial microaggressions on individuals from marginalized racial or ethnic groups. Employing qualitative or mixed methods research design, it delves into how these microaggressions contribute to feelings of marginalization, exclusion, and psychological distress. The findings revealed that racial microaggressions in the workplace had significant detrimental effects on the well-being and professional experiences of individuals from marginalized racial or ethnic backgrounds.

## METHODOLOGY

## Aim

The aim of this research is to investigate the impact of microaggressions on the psychological well-being of college students and to identify coping mechanisms and the mediating role of resilience factors employed by these students.

## **Objectives**

This research aims to achieve the following specific objectives:

- 1. To explore the types of microaggressions experienced by college students, considering various dimensions such as race, ethnicity, gender, sexual identity, sexual orientation, socio-economic status, and religion.
- 2. To Examine the impact of microaggressions on the psychological well being of college students
- 3. To Identify and explore the coping mechanisms that college students employ when faced with microaggressions.
- 4. To Identify and analyze the commonly used resilience factors that contribute to the ability of college students to withstand and recover from the negative effects of microaggressions.

## **Operational Definitions**

- **Microaggressions** refer to subtle, often unintentional, verbal or nonverbal actions or behaviors that convey derogatory or negative messages toward individuals who have been marginalized based on their race, ethnicity, gender, sexual identity, sexual orientation, socio-economic status and religion.
- **Psychological well-being:** Psychological well-being encompasses an individual's overall mental state characterized by the presence of positive emotions, satisfaction with life, a sense of purpose, and the ability to effectively cope with stressors and challenges. It involves feeling good about oneself, having fulfilling relationships, experiencing a sense of meaning and accomplishment, and effectively managing emotions and behaviors.

- **Resilience:** Resilience refers to the ability of individuals to adapt and bounce back from adversity, trauma, or significant stressors. It involves the capacity to maintain a stable equilibrium, preserve psychological and emotional well-being, and effectively cope with setbacks, challenges, or traumatic experiences.
- **Coping Mechanisms:** Coping mechanisms are conscious or unconscious strategies and behaviors that individuals employ to manage, reduce, or tolerate stress, adversity, or challenging situations.

## VARIABLES

## **1.Independent Variables:**

- a. Microaggressions: This variable includes the types and frequency of microaggressions experienced by college students, such as race, ethnicity, gender, sexual identity, sexual orientation, socio-economic status, religion and caste.
- b. Demographic Variables: These can include age, gender, race/ethnicity, sexual orientation, religious affiliation, that may be associated with the experience of microaggressions.

## 2. Dependent Variable:

- Psychological Well-being: This is the primary dependent variable, encompassing domains such as mental health, self-esteem, overall life satisfaction, and emotional well-being.
- Coping Mechanisms: Secondary dependent variable, Resilience Factors: Secondary dependent variable.

The term "secondary dependent variable" refers to a variable that is not the primary focus of the study but is still of interest and measured to understand additional effects or outcomes.

## Hypotheses

- **H1:** There is no significant relationship between the frequency of microaggressions and psychological well-being.
- **H2:** There is no significant difference in psychological well-being between students who experience frequent microaggressions and those who do not.
- H3: There is no significant relationship between microaggressions and coping styles
- **H4:** There is no significant relationship between microaggressions and resilience
- **H5:** There is no mediation effect of resilience factors in the relationship between microaggressions and psychological well-being.

## Inclusion Criteria

- 1. Participants must be currently enrolled as college students in a recognized educational institution under University Grants Commission or Govt. of India.
- 2. Participants should fall within a specific age range, such as 18 to 30 years, to ensure relevance to the college student demographic.
- 3. The participants should be an Indian Citizen
- 4. The population also involves those who support and/or belong to the LGBTQ+ community.

## Exclusion Criteria

1. Individuals currently diagnosed with/having a history of severe mental illness

- 2. Individuals with significant cognitive impairments or neurodegenerative disorders.
- 3. Individuals with disabilities (21 disabilities as mentioned in the Gazette of India, 2018)
- 4. NRIs or Non-Indian Citizens.

## Tools Used

- 1. Socio-demographic data sheet: It is a semi-structured socio demographic data sheet developed by the Principal Investigator which includes information regarding name, age, gender, education, occupation, marital status, socio-economic status, history/current diagnosis of mental illness. The socio-economic status of the participant will be determined using Kuppuswamy's Socio-Economic Status Scale.
- 2. Everyday Discrimination Scale (1989): In 1989, David R. Williams, Yan Yu, James S. Jackson, and Norman B. Anderson created the Everyday Discrimination Scale. The purpose of the Everyday prejudice Scale is to evaluate milder kinds of prejudice, such as microaggressions, that people might encounter on a regular basis. A sequence of assertions or topics are usually included in the scale, and respondents score each one on a Likert scale (1 being "never" to 5 being "almost every day"). The Everyday Discrimination Scale contains sample items such as "I am treated less kindly than other people." The answers to these questions yield scores that are added up to represent the frequency and severity of microaggressions or daily prejudice. The range of possible scores is 5 to 30. The following is an interpretation of the Everyday Discrimination Scale scores: A low level of discrimination is indicated by a score between 5 and 10. Moderate discrimination is indicated by a score between 11 and 15. A discrimination score of 16 to 20 denotes a high level. Extremely high discrimination is indicated by a score between 21 and 30. Adequate levels of construct validity and reliability were reported by Krieger et al. In a sample of teenagers, this measure has also demonstrated sufficient evidence of reliability ( $\alpha =$ 0.87) and validity (able to explain 49% of the variation).
- 3. Brief COPE Inventory (1997): Charles S. Carver created the Brief COPE in 1997. The tool's objective is to evaluate the range of coping mechanisms and degree of coping that people use in response to stress, difficulties, or challenging circumstances. The 28 items on the scale evaluate a variety of coping mechanisms, such as emotion- and problem-focused coping. The items on the scale are broken down into 14 subscales, each of which measures a different set of coping mechanisms, including planning, active coping, positive reframing, acceptance, humor, religion, using emotional support, venting, self-distraction, denial, substance abuse, behavioral disengagement, and self-blame. Using a 4-point Likert scale, participants indicate how frequently they use each coping mechanism (1 being "I haven't been doing this at all" to 4 being "I've been doing this a lot"). The results of the problem-focused, emotion-focused, and avoidant coping subscales give light on the many coping strategies people employ in reaction to stressors, including microaggressions. Research indicates that internal consistency ( $\alpha > 0.70$ ) is acceptable to good. There will be a minimum of 2 and a maximum of 8 scores for each subscale. Higher scores will reveal the participant's preferred coping mechanism.
- 4. Wagnild and Young's Resilience Scale (1993): The Resilience Scale (RS) was created by Wagnild and Young in 1993 and is used to evaluate an individual's resilience, or their capacity to overcome hardship and preserve their psychological well-being. With 25 items total, respondents indicate how much they agree or

disagree with each statement on a Likert scale that normally goes from 1 (strongly disagree) to 7 (strongly agree). The sum of the evaluations for every item yields the overall score, which ranges from 25 to 175. Greater resilience is shown by higher scores, which show a stronger capacity to handle stress and overcome obstacles. Interpretation of RS scores involves understanding higher scores as indicative of heightened resilience, suggesting individuals possess greater internal resources and adaptive capacities to navigate life's difficulties effectively. The highest possible score is 175 and the lowest possible score is 25. Scores ranging from 25 to 70 signify low resilience, indicating significant struggles in coping and adapting to adversity. Moderate resilience falls within the range of 71 to 116, suggesting individuals possess a moderate ability to manage stress and overcome challenges. High resilience, represented by scores ranging from 117 to 162, reflects effective stress coping mechanisms and strong adaptive capacities. Finally, scores between 163 and 175 indicate very high resilience, demonstrating an exceptional ability to handle stressors and maintain psychological well-being. Wagnild and Young's Resilience Scale (RS) demonstrates strong reliability and validity. Studies consistently report high internal consistency ( $\alpha = 0.85$ -0.95) and good stability over time (test-retest reliability: r = 0.75 - 0.85).

5. Psychological Well-being scale (PWB-20), 1996: The Psychological Well-being Scale (PWB-20) is a shortened version of Ryff's original scale, developed by Ryff in 1989, designed to assess multiple dimensions of psychological well-being. The PWB-20 consists of 20 items that measure aspects such as autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and selfacceptance. Respondents rate their agreement or disagreement with each item on a 6 point Likert scale. Scoring involves summing the responses, with higher scores indicating greater psychological well-being. The scoring range typically varies depending on the version used but commonly spans from a minimum to a maximum score, reflecting the full range of psychological well-being experienced by respondents. The minimum per subscale will be 4 and the maximum score will be 24. Overall, the minimum score will be 20 and maximum score will be 120. The Psychological Well-being Scale (PWB-20) categorizes scores as follows: scores from 20 to 60 indicate low psychological well-being, scores from 61 to 90 suggest moderate psychological well-being, and scores from 91 to 120 reflect high psychological well-being. The PWB-20 has demonstrated good internal consistency reliability, with Cronbach's alpha co–efficients typically ranging from 0.70 to 0.90.

Research Design: Cross sectional research design

Sampling Technique: Purposive sampling technique is used.

**Sampling Size:** A sample of 150 was calculated using relevant sample size calculators by statisticians based on previous research. Formula for sample size calculations with an estimated population proportion:

Z2\*p\*(1-p)/E2 = n

## Ethical Consideration

Ethical issues were crucial when conducting the study on how microaggressions affect college-bound students' psychological wellbeing and how coping strategies and resilience

traits mediate this effect. The appropriate institutional review board or ethics committee gave the study their ethical approval. Every participant gave their informed consent, guaranteeing that they were fully aware of the study's objectives and that their participation was voluntary. Anonymization of all data was used to guarantee participant confidentiality. Individuals were free to decline participation at any point and to leave the study whenever they wished. The study's instruments are ethically used; they were either selected from public sources or were used with the author's consent. These moral considerations made sure the study was carried out honestly, with regard for the rights of the participants, and a commitment to promoting their well-being.

## Statistical Analysis

Data analysis will be conducted utilizing SPSS Software, Version 22.

Descriptive statistics, the T Test, correlation analysis, regression analysis, mediation analysis, and moderation analysis are among the several statistical studies required for the study.

## RESULTS

## 4.1 Results - Descriptive Statistics

This section presents findings from descriptive and inferential statistics that were carried out to test the hypotheses derived from the aim of the study.

Variables	Participant demographics		
Age <sup>a</sup>	18 years	21	14%
-	19 years	23	15.30%
	20 years	10	6.70%
	21 years	9	6%
	22 years	42	28%
	23 years	13	8.70%
	24 years	7	4.70%
	25 years	7	4.70%
	26 years	14	9.30%
	28 years	4	2.70%
Age <sup>b</sup>	-	21.64	2.648
SocioEconomic	Lower Middle class	3	2%
Status <sup>a</sup>	Middle class	89	59.3%
	Upper Middle Class	51	34%
	Upper Class	7	4.7%
Gender <sup>a</sup>	Male	66	44%
	Female	84	56%
	Rural	3	2%
Area of Residence <sup>a</sup>	Urban	147	98%
	Hetrosexual	134	89.3%
Sexual Orientation <sup>a</sup>	Bisexual	16	10.7%

Table 1 shows the descriptive statistics of the participants' sociodemographic variables

*Note: <sup><i>a*</sup> *indicates frequency and percentage, <sup><i>b*</sup> *indicates the mean and standard deviation.* 

The sociodemographic profile of the participants reveals a predominantly young adult group, with the majority aged 22 years (28%), followed by those aged 19 years (15.3%) and 18

years (14%). Smaller proportions of participants are aged 20 years (6.7%), 21 years (6%), 23 years (8.7%), 24 years (4.7%), 25 years (4.7%), 26 years (9.3%), and 28 years (2.7%). The socioeconomic status distribution indicates that 59.3% of participants are middle class, 34% are upper middle class, 4.7% are upper class, and 2% are lower middle class. Gender distribution shows a slightly higher proportion of female participants (56%) compared to males (44%). Almost all participants reside in urban areas (98%), with only 2% from rural areas. Regarding sexual orientation, the vast majority identify as heterosexual (89.3%), while 10.7% identify as bisexual. This diverse yet predominantly urban and middle-class sample provides comprehensive insights into the varying sociodemographic characteristics of the studied population. The Mean age of the 150 young adult participants is approximately 21.64 years, with a standard deviation of 2.648

## 4.2 Results of Normality test and frequencies

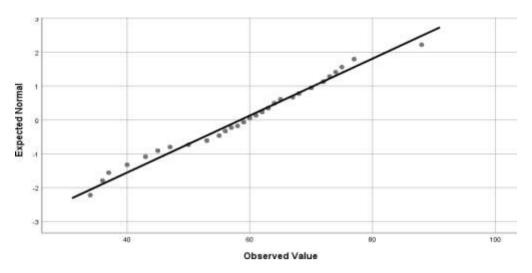
Kolmo		gorov-S	Smirnova		Shapiro	-Wilk
Statistic		df	Sig.	Statistic	df	Sig.
PWB	0.085	150	0.075	0.974	150	0.09
RS	0.109	150	0.061	0.972	150	0.053
BCI	0.108	150	0.082	0.964	150	0.097
EDS	0.078	150	0.097	0.963	150	0.521

Table 2 shows the normality test on the variables

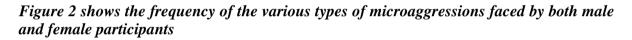
*Note: PWB - Psychological well-being, RS - Resilience Score, BCI - Brief Cope Inventory or Coping Score, EDS - Everyday Discrimination Score or Microaggression* 

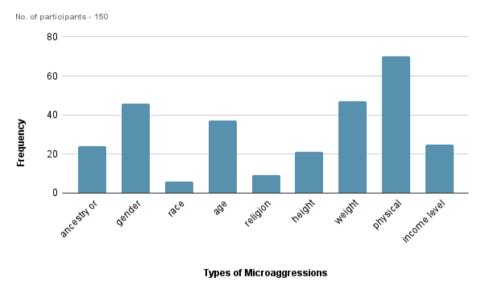
The Kolmogorov-Smirnov and Shapiro-Wilk tests were used to assess the normalcy test results for the different constructs. The findings show that the distribution of the data was normal. The Shapiro-Wilk test gave a statistic of 0.974 with a significance value of 0.09 for Psychological Well-Being (PWB), while the Kolmogorov-Smirnov test produced a statistic of 0.085 with a significance value of 0.075. The Shapiro-Wilk test revealed a statistic of 0.972 with a significance value of 0.053, while the Kolmogorov-Smirnov test revealed a statistic of 0.109 with a significance value of 0.061 for resilience (RS). The Shapiro-Wilk test revealed a statistic of 0.082. The Shapiro-Wilk test provided a statistic of 0.963 with a significance value of 0.0521 for the Total Everyday Discrimination Scale (EDS), while the Kolmogorov-Smirnov test produced a statistic of 0.078 with a significance value of 0.097. The distributions of PWB, RS, BCI, and EDS do not substantially deviate from normality, suggesting that the assumption of normality is satisfied for these data sets, since all of the p-values from both tests are greater than 0.05.

Figure 1 illustrates the Q-Q Plot of Normality Distribution



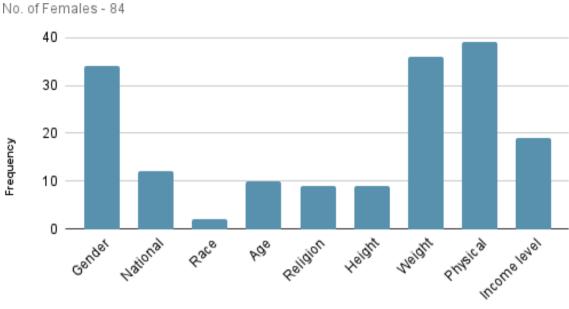
The Q-Q Plot shows that the data was normally distributed.





The bar graph (Figure 2) illustrates the frequency of various types of microaggressions reported by 150 participants. The most frequently reported microaggression was related to "Some other aspects of physical appearance," with 70 participants indicating this experience. "weight" and "gender" were also commonly reported, with 47 and 46 participants, respectively, experiencing these types of microaggressions. "age" and "income level" followed, reported by 37 and 25 participants, respectively. Less frequently reported were microaggressions based on "ancestry or national origins" (24 participants), "height" (21 participants), "religion" (9 participants), an "race" (6 participants). Notably, no participants reported experiencing microaggressions related to their "Sexual orientation."

Figure 3 shows the frequency of the various types of microaggressions faced by the female participants



Types of Microaggressions

The bar graph (Figure 3) illustrates the frequency of various types of microaggressions reported by 84 female participants. The most frequently reported microaggression was related to "Physical Appearance," with 39 participants indicating this experience. "Weight" and "Gender" were also commonly reported, with 36 and 34 participants, respectively, experiencing these types of microaggressions. "Income Level" and "National Origin" followed, reported by 19 and 12 participants, respectively. Less frequently reported were microaggressions based on "Age" (10 participants), "Religion" (9 participants), "Height" (9 participants), and "Race" (2 participants). Notably, no participants reported experiencing microaggressions related to any other categories. Figure 4 shows the frequency of the various types of microaggressions faced by the male participants.

The bar graph (Figure 4) illustrates the frequency of various types of microaggressions reported by 66 male participants. The most frequently reported microaggressions were related to "Age" and "Physical Appearance," with 16 participants each indicating these experiences. "National Origin" was also commonly reported, with 9 participants experiencing this type of microaggression. "Gender" and "Physical Appearance" were reported by 8 participants each. "Weight" was reported by 7 participants. Microaggressions based on "Religion" were reported by only 1 participant, and those based on "Race" were not reported by any participants.

## 4.3 Results of Correlation Study

Table	3	shows	the	correlation	table	for	the	Everyday	Discrimination	Scale	with
psycho	olog	gical we	ll-bei	ing, its subsc	ales an	d res	silien	ce.			

	Correlation Analysis	Total EDS	SA PWB	PS PWB	M PWB	Total PWB	Total RS
Total EDS	Pearson Correlation	1					
	Sig (2-Tailed)	-					
SA PWB	Pearson Correlation	-0.002	1				
	Sig (2-Tailed)	0.788	-				
PS PWB	Pearson Correlation	-428**	-0.036	1			
	Sig (2-Tailed)	0	0.661	-			
M PWB	Pearson Correlation	0415**	0.132	0.259**	1		
	Sig (2-Tailed)	0	0.107	0.001	-		
Total PWB	Pearson Correlation	-395**	0.621**	0.546**	0.682**	1	
	Sig (2-Tailed)	0	0	0	0	-	
Total RS	Pearson Correlation	-189*	-620**	-0.128	-458**	-676**	1
	Sig (2-Tailed)	0.02	0	0.119	0	0	-

\*\*Correlation is significant at the 0.05 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).

Note: EDS – Everyday discrimination scale or Microaggressions, SA PWB – Self Acceptance Psychological well-being, PS -Personal growth psychological well-being, M-Mastery psychological well-being, PWB – Psychological well-being.

The results of the study revealed that there exists a moderately negative association (r = -0.401) between the frequency of microaggressions (Total EDS) and overall psychological well-being (Total PWB), which is statistically significant at the 0.01 level (p < 0.001). Moderate, negative, and statistically significant at the 0.01 level (p < 0.001) was the connection between Total EDS and Mastery and Competence PWB (r = -0.418) and Positive Relations PWB (r = -0.436).

The correlation with Self-Acceptance PWB was weak and not statistically significant (r = -0.024, p = 0.769), as was the correlation with Engagement PWB (r = -0.110, p = 0.181). There was a weak but significant positive relationship between Total EDS and Total Resilience (r = 0.183, p = 0.025), indicating that higher frequencies of microaggressions are associated with slightly increased resilience.

	Correlation	Total	Total	Total	Total	Total
	Analysis	BCI	PFC	EFC	AC	EDS
Total						
BCI	Pearson Correlation	1				
BCI	Correlation	1				
	Sig. (2-tailed)	-				
	Pearson					
Total PFC	Correlation	.620**	1			
	Sig. (2-tailed)	0	-	0		
	Pearson					
Total EFC	Correlation	.737**	.641**	1		
	Sig. (2-tailed)	0	0	-		
	Pearson					
Total AC	Correlation	.579**	-0.045	0.029		
Totalite	Continuion		0.015	0.022		
	Sig. (2-tailed)	0	0.583	0.729	-	
Total EDS	Pearson Correlation	318**	-0.037	0.002	530**	1
I GIAI EDS	Conclation	510	-0.037	0.002	550**	1
	Sig. (2-tailed)	0	0.653	0.977	0	

Table 4 shows the correlation table for the Everyday Discrimination Scale with Coping strategies and resilience.

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

Note: BCI – Brief Cope Inventory, PFC – Problem Focussed Coping, EFC – Emotion Focussed Coping, AC – Avoidant Coping, EDS – Everyday Discrimination Scale or Microaggressions

Regarding coping mechanisms, the relationship with Avoidant Coping (ACS) was strong and negative (r = -0.530), also statistically significant at the 0.01 level (p < 0.001), as was the relationship with Total EDS and Brief Coping, which was moderate and negative (r = -0.318).

Total EDS and Problem Focused Coping (r = -0.037, p = 0.653) or Emotion Focused Coping (r = 0.020, p = 0.977) did not, however, show any significant correlations. According to these results, there is a minor gain in resilience but a general decrease in psychological well-being and coping strategies when microaggressions occur more frequently.

Table 5 shows the difference between the psychological wellbeing for those who experience frequent micro aggression and those who do not.

Variable	Ν	Mean	Standard deviation	P value
Psychological well-being (P	WB)			
Frequent microaggression				
≥ 32	118	56.19	12.019	0.004*
Less microaggression				
≤ 32	32	66.91	6.463	

\*Correlation is significant at the 0.05 level (2-tailed).

The table presents a comparison of psychological well-being between individuals who frequently experience microaggressions and those who do not. The data indicate a statistically significant difference in psychological well-being scores between these two groups.

Participants who reported experiencing fewer microaggressions scoring less than 32 had a mean psychological well-being score of 56.19, with a standard deviation of 12.019. In contrast, those who experienced more frequent microaggressions (more than 32 instances) had a higher mean psychological well-being score of 66.91, with a standard deviation of 6.463.

The statistical significance of the difference between the psychological well-being of persons who encounter microaggressions frequently and those who do not is confirmed by the p-value of 0.004.

## 4.5 Results of Mediation Study

Table 6 show the mediation effect of resilience in the relationship betweenmicroaggression and psychological well being

I ubic 0		ine meulau	on coun	ares of th	c variable	C				
	95% confidence interval									
Effect	ffect Label Estimates SE Lower Upper z p %mediation									
Indirect	$a \times b$	-0.1543	0.0695	-0.2905	-0.0176	2.408	0.016	68.1		
Direct	с	-0.3976	0.0797	-0.5552	-0.24	-4.9858	0.000	31.9		
Total	$c + a \times b$	-0.5519	0.1037	-0.7568	-0.3471	-5.3245	0.000	100		

 Table 6.1: Shows the Mediation estimates of the variable

|--|

		95% confidence interval						
Pathway	Label	Estimate	SE	Lower	Upper	<b>Z-value</b>	p-value	
ED -> RS	а	0.4984	0.22	0.0637	0.9331	2.2655	0.0249	
RS -> PWB	b	-0.3096	0.0293	-0.3675	-0.2517	-10.5701	0.0000	
EDS -> PWB	с	-0.3976	0.0797	-0.5552	-0.24	-4.9858	0.0000	
EDS -> PWB	C	010770	0.0797	0.0002	0.2	-4.9858	0.0	

Note: EDS= Everyday discrimination (Microaggression), RS= Resilience, PWB= Psychological Wellbeing

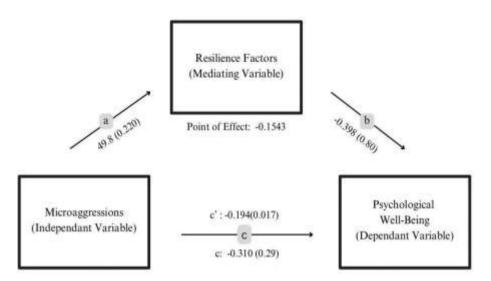


Figure 5 illustrates the conceptual figure of the mediation analysis

Note:

Pathway A: Direct Effect (Microaggressions -> Resilience): 49.8 (0.220) Pathway B: Direct Effect (Resilience -> Psychological well-being): -0.398 (0.80) Pathway C: Direct Effect (Microaggressions -> Psychological well-being): -0.310 (0.29) Pathway C': Indirect Effect (Microaggressions and Resilience -> Psychological well-being: -0.194(0.017); Point of Effect: -0.1543

Resilience is analyzed as a mediator in the association between psychological well-being (PWB) and daily discrimination (EDS) in Table 5.1. Resilience mediates approximately 68.1% of the association between EDS and PWB, according to the indirect effect ( $a \times b$ ), which has an estimate of -0.1543, a standard error (SE) of 0.0695, and a 95% confidence range that spans from -0.2905 to -0.0176. This demonstrates how important a mediator's resilience is in the connection.

Without taking resilience into account, the direct effect (c) of daily discrimination on psychological well-being demonstrates a negative impact with an estimate of -0.3976, a confidence interval from -0.5552 to -0.24, and a SE of 0.0797. A z-value of -4.9858 and statistical significance (p < 0.001) support the idea that microaggressions have a detrimental impact on psychological health.

Taking into account both the direct and indirect effects, the overall effect  $(c + a \times b)$  yields an estimate of -0.5519, a confidence interval from -0.7568 to -0.3471, and a SE of 0.1037. With a p-value of 0.000 and a z-value of -5.3245 for the entire effect, everyday prejudice has a statistically significant detrimental overall impact on psychological well-being. The pathway estimates for the connections among psychological well-being (PWB), resilience (RS), and daily discrimination (EDS) are shown in Table 5.2. The estimated value of the pathway from EDS to RS (designated as 'a') is 0.4984, indicating a positive correlation between elevated microaggressions and resilience. With a 95% confidence range that spans from 0.0637 to 0.9331 and a z-value of 2.2655, this impact is statistically significant (pvalue of 0.0249).

An estimate of -0.3096, seen in the pathway from RS to PWB (designated as 'b'), suggests that more resilience is linked to lower psychological well-being. With a z-value of -10.5701 and a p-value of 0.000, this negative connection is highly significant, suggesting that resilience may serve as a buffer but not as a complete defense against the detrimental effects of microaggressions on psychological well-being.

The direct pathway (designated as 'c') that connects EDS to PWB likewise shows a statistically significant negative impact on psychological well-being: the estimate is -0.3976, the SE is 0.0797, the confidence range is -0.5552 to -0.24, and the p-value is 0.000.

## DISCUSSION

The study's main conclusions are outlined in the part that follows, along with a contextualization and explanation of the findings in light of previous research. It also discusses the significance of the results, the study's shortcomings, and possible avenues for further research.

The sociodemographic profile of the study participants offered important insights into the traits of the population under investigation—college students. The age distribution showed that young adults heading to college made up the majority, with 22-year-olds making up the largest group (28%) of the sample. Then came those who were 19 years of age (15.3%), 18 years of age (14%), and a wide group of people who were all different ages (20 (6.7%), 21 (6%), 23 (8.7%), 24 (4.7%), 25 (4.7%), 26 (9.3%), and 28 (2.7%). Given that the sample's mean age was 21.64 years (SD = 2.648), it was likely representative of a cohort of young adults in general.

The majority of participants, as shown by socioeconomic status (SES) data, belonged to the middle class (59.3%), with the upper middle class (34%) and the upper class (4.7%) coming in second and third, respectively. This distribution was consistent with more general patterns in the involvement in education, which show that middle-class people are frequently overrepresented (Lareau, 2003). The gender distribution of participants revealed a small female predominance (56%) over male predominance (44%). This finding is consistent with trends in higher education, especially in disciplines where female enrollment is higher (Goldin et al., 2006). Only a small percentage of participants (2%), living in rural areas, made up the bulk of participants (98%). These results aligned with broader trends in educational environments, wherein urban groups are frequently overrepresented (Clark, 2003).

The findings revealed that, in terms of sexual orientation, 89.3% of individuals identified as heterosexual, and 10.7% of people identified as bisexual. The sample's preponderance of young adults who were urban, middle-class, and enrolled in college gave a thorough picture of this demographic. The sample's diversity, especially with regard to age, socioeconomic level, and sexual orientation, enhanced the analysis's nuance and made sure that different viewpoints were taken into account.

According to the hypotheses, psychological well-being (PWB) and microaggressions (EDS) do not significantly correlate. Based on the findings, the study has rejected the null hypotheses. The frequency of microaggressions and general psychological well-being were found to be moderately negatively correlated (r = -0.401, p < 0.01) in the results. This is consistent with earlier research showing that microaggressions can have detrimental effects

on mental health, suggesting a significant relationship between higher frequencies of microaggressions and lower levels of psychological well-being (Sue et al., 2007; Nadal et al., 2014).

The results of the study show a significant correlation between the frequency of microaggressions and lower psychological well-being, which is consistent with earlier studies by Sue et al. (2007) and Nadal et al. (2014) that found microaggressions to be associated with higher levels of stress, anxiety, and depression. The study demonstrated a somewhat negative association (r = -0.355, p < 0.01) between microaggressions and mastery, which is in line with research by Sue and Constantine (2007) that found microaggressions to be detrimental to a person's sense of autonomy and control. There is a negative correlation (r = -0.384, p < 0.01) between microaggressions and good interactions, which supports the findings of Smith et al. (2007) that microaggressions cause social isolation and damage social relationships. The results are also consistent with the minority stress hypothesis put forth by Meyer et al. (2003), which connects stigma, prejudice, and discrimination to differences in mental health, and the cumulative impact of racial microaggressions on psychological well-being, as highlighted by Torres, Driscoll, and Burrow (2010). Daily microaggressions are linked to a decline in emotional well-being and an immediate negative effect, according to research by Ong et al. (2013). Prolonged exposure to microaggressions can worsen mental health problems over time. The influence of workplace microaggressions on stress and job discontent was shown by Deitch et al. (2003), underscoring the necessity of inclusive work settings.

Subsequent analysis uncovered connections between particular aspects of psychological well-being and microaggressions. Between the frequency of microaggressions and mastery (r =-0.355, p < 0.01) and good associations (r = -0.384, p < 0.01), a somewhat negative correlation was found. These results imply that people's perception of control over their surroundings and their interpersonal relationships may be adversely affected by frequent microaggressions (Nadal et al., 2014). This is consistent with research that shows microaggressions can lead to feelings of social isolation and helplessness, which can eventually have an impact on psychological health (Nadal et al., 2014).

Self-acceptance and the frequency of microaggressions had a weak and non-statistically significant connection (r = -0.024, p = 0.769). This finding raised the possibility that self-acceptance may not be much impacted by microaggressions. A plausible rationale for this result could be the adaptability and coping mechanisms people utilized to preserve a steady feeling of self-worth in the face of outside hardships. According to research by Smith et al. (2007), people frequently used adaptive coping strategies and resilience to protect themselves from the harmful impacts of microaggressions and other situations. These techniques enabled people to keep their positive self-identity in the face of insults from the outside. Therefore, these defense mechanisms might have shielded people from the possible harm caused by microaggressions, enabling them to retain a steady sense of self-acceptance in spite of outside circumstances.

An individual's entire psychological health was greatly influenced by their sense of selfidentity. Strong self-identity can function as a protective factor, lessening the impact of negative events, such as microaggressions, according to research by La Guardia et al. (2000). It's possible that people who had strong self-identities and coping skills were less vulnerable to the damaging impacts of microaggressions. Therefore, it's possible that the

study's absence of a significant correlation represented the participants' ability to maintain their psychological well-being and sense of self-acceptance. The correlation observed between microaggressions and self-acceptance implies that the effects of these encounters on psychological health may differ among individuals based on personal characteristics like self-identity and resilience.

According to the null hypothesis, resilience traits and the frequency of microaggressions are not significantly correlated. Nonetheless, there was a weak but positive association (r = 0.183, p < 0.05) between the frequency of microaggressions and general resilience. This finding suggests that for certain people, being subjected to microaggressions may aid in the development of resilience. This result is consistent with the theory that, by fostering adaptive coping mechanisms, adversities might promote resilience (Fletcher & Sarkar, 2013).

According to research, people can learn coping mechanisms and resilience by being exposed to difficult situations (Luthar et al., 2000). People who experience adversity frequently use adaptive methods that increase their resilience and improve their capacity to deal with pressures, claim Fletcher and Sarkar (2013). The association shown between resilience and microaggressions emphasizes how hardship can act as a spur for development of new coping strategies and personal growth.

Furthermore, the idea that people who endure trauma or stressful events might grow afterward is consistent with Tedeschi and Calhoun's (2004) research on the building of resilience through microaggressions. This development frequently shows up as stronger emotional reserves, better coping mechanisms, and increased self-efficacy. The study's finding that microaggressions and resilience are positively correlated implies that, for certain people, microaggressions may serve as a source of empowerment and strength, promoting personal growth and adaptive techniques. in summary, although the relationship between microaggressions and resilience is not strong, it does indicate that, under certain circumstances, facing adversity can strengthen resilience by promoting adaptive coping strategies. This result bolsters the body of research that shows how adversity might build resilience (Fletcher & Sarkar, 2013; Tedeschi & Calhoun, 2004).

There is no meaningful correlation between the frequency of microaggressions and coping mechanisms, according to the hypothesis. The results, however, show a somewhat negative association (r = -0.318, p < 0.01) between the frequency of microaggressions and effective coping, suggesting that higher microaggression frequencies are linked to lower levels of effective coping. This finding emphasizes how exposure to microaggressions may impair the capacity to adaptively manage stress and emphasizes the deleterious effects of microaggressions on coping capacities (Lazarus & Folkman, 1984).

People use different coping strategies to manage stress, according to Lazarus and Folkman's (1984) transactional model of stress and coping. In accordance with their approach, successful coping mechanisms frequently entail making an effort to regulate the stressor by using problem-solving techniques or emotional control. According to this study's negative link between effective coping and microaggressions, experiencing microaggressions frequently may impair these adaptive coping mechanisms, resulting in ineffective reactions and heightened susceptibility to stress.

Higher frequencies of microaggressions considerably lower dependence on avoidance coping techniques, as indicated by the strong negative correlation (r = -0.530, p < 0.01) between the frequency of microaggressions and avoidant coping. This result is consistent with studies by Aldwin (2007), who found that avoidant coping strategies are typically less successful in handling stressors that repeat. Even though direct interaction with stressors may not always result in successful coping or increased well-being, people who experience microaggressions may abandon avoidant methods in favor of more confrontational ones.

A more complex explanation of the connection between psychological well-being (PWB), resilience (RS), and daily discrimination (EDS) is provided by the mediation analysis. The indirect impact ( $a \times b = -0.1543$ ) showed that resilience significantly mediated roughly 68.1% of the association between EDS and PWB, rejecting the hypothesis evaluating resilience's mediation effect on the relationship between microaggressions and psychological well-being. This finding demonstrates the critical role resilience plays in lessening the overall detrimental effects of microaggressions on psychological health (Cohn et al., 2022).

Without taking resilience into account, the direct effect (c) of regular discrimination on psychological well-being showed a substantial negative impact (estimate = -0.3976, p < 0.001, z= -4.9858). This demonstrates the detrimental consequences of microaggressions on psychological health and the possibility that these discriminatory encounters could have a negative impact on a person's mental health. The overall significant detrimental impact of everyday discrimination on psychological well-being was corroborated by the total effect (c + a× b = -0.5519), highlighting the important mediation effect of resilience in reducing these deleterious effects.

These conclusions are corroborated by research by McLean et al. (2016), which shows that people may adapt coping strategies to discrimination, enhancing resilience. However, a negative association was found along the pathway (designated as 'b') between resilience and psychological well-being, indicating that higher resilience is associated with lower psychological well-being (estimate = -0.3096, p = 0.000, z = -10.5701). This suggests that resilience may not be able to completely mitigate the detrimental effects that microaggressions have on wellbeing.

Implementing interventions and strategies aimed at boosting resilience while addressing the underlying causes of discrimination is crucial in light of these insights. Building resilience in people can enable them to more effectively manage the negative consequences of microaggressions (Smith et al., 2007). To stop microaggressions from happening, it's crucial to identify and deal with their causes. Environments that decrease discriminatory practices can be fostered through educational and legislative initiatives that prioritize inclusivity and cultural sensitivity (Sue, 2010).

The findings highlight the profound impact of microaggressions on college students' psychological well-being and coping mechanisms and the role of resilience factors.

## CONCLUSION

This study delved into the complex interplay between microaggressions, resilience, coping strategies, and psychological well-being among college students. Several key findings emerged from the analysis, shedding light on the nuanced relationships within this framework. Firstly, contrary to the initial hypothesis, the study revealed a significant

negative correlation between the frequency of microaggressions and overall psychological well-being. This underscores the detrimental impact of microaggressions on mental health, aligning with previous research indicating adverse outcomes associated with such experiences.

While microaggressions exhibited a weak positive correlation with resilience, indicating that adversity can foster resilience in some individuals, there was a notable negative correlation between microaggressions and effective coping strategies. This suggests that exposure to microaggressions may hinder adaptive coping mechanisms, leaving individuals more vulnerable to stress. The mediation analysis further elucidated the role of resilience in mitigating the negative impact of microaggressions on psychological well-being, although resilience alone may not fully buffer against these effects. This underscores the importance of addressing both resilience enhancement and the root causes of discrimination to effectively safeguard mental health.

## Limitations of the study

The sample primarily comprised urban, middle-class individuals, limiting the the results' applicability to larger populations, as this demographic skew might not have fully captured the experiences of individuals from diverse socioeconomic backgrounds or rural settings, potentially biasing the results. The study's cross-sectional design precluded establishing causality between variables, as correlations were identified but the temporal sequence of events remained unclear, necessitating longitudinal studies to explore dynamic relationships over time and ascertain causality more conclusively. Reliance on self-reported measures of microaggressions, resilience, coping strategies, and psychological well-being introduced the possibility of social desirability bias and memory recall inaccuracies, suggesting that objective measures or multiple data collection methods could have enhanced the validity and reliability of the findings. Additionally, the study may not have considered all potential confounding variables, such as previous exposure to trauma, social support networks, and cultural influences, potentially confounding the observed associations.

The focus on college students overlooked other demographic groups that might have experienced microaggressions and exhibited resilience in different contexts, indicating that broadening the scope to include diverse populations would have provided a more comprehensive understanding of these phenomena. Replication studies with diverse samples are warranted to validate the robustness and applicability of the results across varied settings. Caution should be exercised when generalizing the findings to broader populations or different cultural contexts, given the specific sample characteristics and study design limitations.

Future research endeavors should explore the longitudinal trajectories of microaggressions, resilience development, and psychological well-being to elucidate the long-term effects and mechanisms underlying these relationships, and investigate the efficacy of interventions targeting resilience enhancement and discrimination prevention to inform evidence-based strategies for promoting students' mental health in educational settings, incorporating diverse samples to enhance representativeness and generalizability.

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## **Conflict of Interest**

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