

Your Words Matter: The Vocabulary of Microaggression

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When my kids were small my husband and I often said “Use your words.” The idea is that by communicating with words we can prevent violent acts, and that the skill of learning how to use words instead of fists allows us to have our needs satisfied and discuss issues that are leading to confrontation. As words replace fists it is important to realize that words that are chosen have power

and implications. Violence and aggression can occur through the words selected, although in a more subtle form that the shoves my children were using when disagreeing.



“Hey Kiddo!” “Sweetie,” “Honey”...all words of endearment in the right setting, and the right setting is neither in the practice nor the teaching of medicine. These are words said from parent to child. They infantilize the recipient, whether or not there is a difference in age. These words imply that the speaker is not even dignifying the recipient of the greeting by remembering their name. And if there is a title involved related to education or achievement, omitting it also diminishes the recipient, and the position and education they hold. In fact, these words can be used to reinforce that power dynamic and undercut the power of the person addressed. If said between two adults it can presume a friendliness or casualness that may not be present. The infantilization can even go so far as to diminish the voice of the recipient of this address throughout whatever discussion follows. This is especially of concern if the two people involved have a power dynamic which is not equal. The power dynamics could include those between doctor to patient, chair to faculty, or program director to resident, all with concerns related to diminishing the less powerful person in the interaction and silencing. Given the unequal base there is the additional challenge that the less powerful person in the relationship is in an awkward position when it comes to challenging the terms of address used by the more powerful individual.

Microaggressions are meant to reinforce the power differential in a manner that can be dismissed or minimized by the aggressor. Druck, et al. state “Microaggressions include inappropriate humor, stereotyping, and questions of belonging that occur in three forms: microinsults, micro assaults, and microinvalidations.”¹ The use of these diminutives in referring to others is a clear example of microaggression. Often, when and if the senior is challenged by the junior, the response will be “Oh, but that was just a joke,” as a result also diminishing the interaction of calling the senior person out on their behavior.

Additionally, when the form of address is directed in a micro aggressive manner, it results in setting the tone for any discussion or interaction that follows. By calling someone “Kiddo” their contribution to further conversations is discredited. One would never value the opinion of a “kid” in the same way one would value the opinion of an adult. Conversations about substance following this form of address are likely to have less questions raised by the junior person, and more “authority” demonstrated by the senior person. There is not an equal and open playing field in the discussion which is an unstated goal of using such terms. And if people don’t feel empowered in a discussion, eventually they may choose to leave the conversation and relationship altogether.

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for **EVERYONE’S VOICE**
to be heard.

What happens if people are addressed respectfully, using their name, and when appropriate, title? What happens if words that diminish the value of others, and therefore their contributions, are not used, and microaggressions meant to reinforce a differential in power are insightfully avoided? The ability of a junior member of the team to question their senior, and also have their voice heard can clearly save lives. This is what has been learned and reinforced in the airline industry to avoid plane crashes. The team working and listening to each other together is better than any one voice alone. It may be that the junior resident is the only one in a crash situation who is in the position to recognize a dropping oxygenation in a patient, and if they have been trained to not share their voice, the patient can die.

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Opening the conversation in a respectful way acknowledging the participation of the individuals involved leads to a more free and transparent exchange of information. This demonstrates a desire to hear the other person's words and shows value for their input. As an example, if it is a conversation between doctor and patient it allows for open discussion where a patient feels the value of their questions and equal participation in the ensuing discussion. The power differential between a doctor and patient can leave the patient intimidated if it is not clearly demonstrated that the patient is a valued part of the conversation. If they are intimidated, they might not ask the questions they need to ask to make sure that any disasters in their care might be avoided. Empowering patients to bring forward their point of view and questions, leaves all participants richer for the discussion.

So, in addition to "using their words" I found it important to teach my children to treat others respectfully and to listen carefully to others words. It was important to let everyone realize they had a voice and that

their voice is valuable. Many times, my children have brought up points in discussions that had escaped my consideration, but the respectful approach we used allowed those points to be considered in the discussion and issues that would have been of concern later in the process were avoided. I try to use this method with my residents and patients and have found it has opened discussions that might have otherwise been shut down, allowing patients to ask questions they might not otherwise have been comfortable asking. It is important for everyone's voice to be heard. ●

References

1. Druck J, Perry M, Heron S Martin ML. Chapter 3: Microaggressions in: Diversity and Inclusion in Quality Patient Care. Second edition. Eds: Martin M, Heron S, Moreno-Walton L, Strickland M. Springer. Cham Switzerland.

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