

Racial Microaggressions and Mental Health in Malawi's Private Sector: Predicting Suicidal Ideation and Depression

Alfred Shumba Hara*, Jim Chatambala

Department of Agriscience, Mzuzu University, Malawi

*ORCID ID: [0009-0002-7198-0977](https://orcid.org/0009-0002-7198-0977)

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ABSTRACT

This study examines the impact of racial microaggressions on suicidal ideation and depressive symptoms among Malawian workers in racially stratified workplaces. Utilizing a mixed-methods approach, quantitative data ($n = 384$) from validated psychometric instruments were complemented by 50 semi-structured interviews. Findings indicate significant positive correlations between microaggressions and psychological distress, including suicidal ideation ($\rho = 0.41$), discrimination ($\rho = 0.52$), and anxiety ($\rho = 0.47$). Logistic regression revealed that increased exposure to microaggressions predicts higher odds of suicidal ideation and depression. Qualitative data highlighted emotional breakdown, hopelessness, and dehumanization. The study applies Minority Stress Theory and the Interpersonal-Psychological Theory of Suicide to interpret how persistent racial slights undermine psychological resilience. This research advances the decolonization of psychological scholarship by contextualizing racial trauma within postcolonial African labor systems, demonstrating that racial microaggressions significantly predict adverse mental health outcomes in Malawi's workplaces.

Keywords: Racial Microaggressions, Psychological Distress, Suicidal Ideation, Postcolonial Labor, and Intersectionality

INTRODUCTION

Racial microaggressions, defined as subtle, everyday slights targeting marginalized identities, are prevalent in multicultural workplaces in Lilongwe, Malawi, where many businesses are owned by Asian nationals. These microaggressions, though seemingly trivial individually, lead to significant psychological distress and heightened suicidal ideation through repeated exposure (Pengpid & Peltzer, 2021). In Asian-dominated sectors, microaggressions manifest as dismissive remarks, exclusion, and verbal indignities reflecting institutional prejudices, constituting a subtle form of structural racism (Banda et al., 2021). While overt racism is publicly condemned, covert microaggressions are normalized, cumulatively eroding employees' psychological well-being, with elevated anxiety, perceived discrimination, and suicidal ideation reported. Although research documents the psychological effects of microaggressions in Western contexts, empirical studies in African post-colonial settings remain scarce. The intersecting dynamics of race, class, and labor, where Black African workers are frequently subordinate to Asian employers, warrant closer examination as chronic, subtle discrimination appears to contribute to mental health outcomes and increased suicide risk (Pengpid & Peltzer, 2021; Banda et al., 2021).

Problem Statement:

Racial microaggressions drive mental health challenges such as suicide, anxiety, depression, distress, and discrimination (SADDD) by reinforcing systemic bias (Clark et al., 1999; Nadal et al., 2014; Williams, 2018). Despite global treatment gaps (Patel et al., 2018), empirical data on these impacts remain scarce in Africa, particularly Malawi, where suicide rates are rising (Banda et al., 2021; Mphande, 2023).

Objective

To determine if racial microaggressions in Asian-owned Malawian workplaces are predictive of suicidal ideation and depression.

Research question

To what extent do racial microaggressions predict suicidal ideation and depression symptoms among Malawian workers?

Justification

The rationale for conducting research on microaggressions in Malawi stems from the need to respond to the rising rates of suicide. Additionally, the study addresses a gap in research; despite global recognition of microaggressions as a leading cause of psychological distress and suicidal ideation, a notable absence of systematic investigation within the Malawian context highlights a larger gap in the existing literature. Finally, the study shall serve as a catalyst for practical interventions and policy formulation, offering evidence-based insights to mitigate Suicide, anxiety distress discrimination and suicidal deaths. through transformative approaches

LITERATURE REVIEW

Conceptualizing Racial Microaggressions

The concept of “microaggressions” was first introduced by Chester M. Pierce (1970), who described them as subtle and recurrent “offensive mechanisms” aimed at Black individuals, particularly within academic and professional domains. While some critics, including Lilienfeld (2017) and Campbell and Manning (2014), have cautioned against overpathologizing every perceived slight, more recent scholarship emphasizes the significant cumulative effects of these encounters. Nadal et al. (2019) and Nair and Good (2021) argue that microaggressions, though subtle, often exert a psychological toll comparable to that of overt discrimination.

Microaggressions and Psychological Distress

Racial microaggressions are "brief and commonplace daily verbal, behavioral, or environmental indignities" that communicate hostile, derogatory, or negative racial biases (Sue et al., 2007). Though often subtle or unconscious, actions are deeply rooted in broader systemic inequalities and frequently occur within workplace environments characterized by rigid hierarchies and implicit bias. Common manifestations include exclusionary practices, demeaning language, differential treatment, and invalidation of cultural or personal identity.

Robinson (2023) found that Black women in professional leadership roles experienced elevated anxiety, emotional exhaustion, and diminished self-worth due to persistent microaggressions. Clement (2024) identified gendered racial microaggressions as contributors to adverse health outcomes, highlighting their capacity to disrupt not only professional well-being but overall life satisfaction.

Microaggressions undermine employee morale and overall productivity. Sixty-six percent of individuals from marginalized backgrounds experienced racial discrimination in the workplace (Catalyst, 2023). Such experiences strongly associate with heightened levels of burnout, disengagement, absenteeism, and staff turnover (Salari, 2024; Catalyst, 2023; Feitosa, 2025).

Psychological effects of microaggressions are intensified by systemic exclusion from economic and institutional access (Patil & Sharma, 2020). Banda (2023) linked racial microaggressions in Asian-owned businesses to wage disparities, informal contracts, and language-based discrimination, especially against women and less-educated workers. Similarly, Wanggren et al. (2022) found that people with disabilities face persistent workplace exclusion due to cultural stigma and inadequate accommodations, despite inclusive policies.

Maliwichi et al. (2024) reported elevated rates of depression, anxiety, and trauma among frontline healthcare workers during COVID-19, linked to workplace stigma and discrimination.

Suicidal Ideation and Chronic Exposure

Harmer (2024) posits an overview of suicidal ideation, describing it as a continuum ranging from passive death wishes to active planning and intent, and highlighting its strong association with mood disorders and its role as a clinical risk factor for suicide attempts and fatalities. Existing literature underscores the link between persistent exposure to racial microaggressions and the emergence of suicidal thoughts. O’Keefe et al. (2015) posits that racial microaggressions were indirectly associated with suicidal thoughts through the mediating effect of depression among African American populations. Joiner’s (2007) Interpersonal-Psychological Theory of Suicide provides a framework for interpreting the patterns, highlighting how perceived burdensomeness and thwarted belongingness, both exacerbated by repeated experiences of racial invalidation increase suicide risk.

Expanding on Chester M. Pierce’s (1970) initial framework for understanding microaggressions, Sue et al. (2019) classified them into three categories: microassaults, microinsults, and microinvalidations. Both Sue et al. (2019) and Torres-Harding et al. (2020) emphasize that each category can lead to substantial psychological impacts, including heightened anxiety, hopelessness, and an elevated risk of suicidality. Polanco-Roman et al. (2019) and Nadal (2014a) demonstrated through longitudinal research that microaggressions were significant predictors of suicidal ideation among Black adolescents, even when depressive symptoms were accounted for. Major depressive disorder, a serious mental health condition, disrupts mood, thinking, and behavior, and often characterized by symptoms such as persistent sadness, fatigue, sleep disturbances, and suicidal thoughts (American Psychiatric Association, 2022).

Keum, Wong, and Salim-Eissa (2023) found that Asian American women subjected to gendered racial microaggressions were more likely to experience suicidal ideation, especially when coupled with internalized racism. In Canada, Auguste, Cruise, and Jimenez (2024) reported that 25.7% of Black youth aged 15–40 experienced suicidal ideation, with microaggressions serving as moderators between trauma and psychological distress.

In sub-Saharan Africa, Robinson et al. (2020) and Faidas et al. (2024) observed that racial slights among economically marginalized youth and HIV-positive adolescents respectively heightened risks of suicidal ideation, stress and emotional withdrawal. Hernandez and Villodas (2019) described this cumulative stress as "racial battle fatigue," which includes symptoms such as chronic exhaustion, hypervigilance, and mental depletion.

Intersectional and Historical Dimensions

Racial microaggressions become more pronounced when analyzed through the concept of intersectionality. Crenshaw’s (1991) theory demonstrates that overlapping identities such as race, gender, and class heighten the risk of discrimination and marginalization. African American women living with HIV are particularly vulnerable (Thompson & Dale, 2022).

In Malawi, postcolonial labor structures contribute to ongoing racial tensions in the workplace. Studies by Bandawe (2010) and Shah (2022) argue that top-down leadership models often reinforce patriarchal and racial hierarchies, contradicting indigenous values of Ubuntu that prioritize self-esteem and communal respect. Acts such as mocking language, dismissing culture, and exclusion from decision-making processes are common microaggressions rooted in colonial legacies (Coplan, 2008; Ernst, 2019).

Vaughan (2012) observes that colonial frameworks transformed the understanding of suicide in Africa, often overlooking indigenous perspectives on mental distress. These colonial paradigms continue to influence how psychological trauma and emotional pain are interpreted, frequently marginalizing the lived experiences of racially oppressed individuals. Consequently, racial microaggressions remain entrenched within institutional cultures, contributing to persistent psychological harm and suicidal behavior.

Colonial and Postcolonial Racial Hierarchies in Malawi

Racial microaggressions in Malawian workplaces are rooted in colonial and postcolonial histories. Early missionary efforts reinforced racial ideologies positioning whites as superior, embedding these beliefs in institutions (Ross, 2023). Post-independence, colonial power structures persisted, often marginalizing local populations through political control and labor supervision (Banda, 2020). Malawian literature reflects the social suffering caused by ongoing racism and class discrimination (Kalua, 2016; Mapanje, 1981). These dynamics exemplify systemic racism embedded institutional biases affecting access and outcomes across society (Banaji, Fiske, & Massey, 2021). Thus, racial microaggressions reflect enduring frameworks of racial and socio-political control sustained beyond colonialism. Notably, despite the 2025 Malawi Employment Act revision, microaggressions remain legally unaddressed (Employment Act, 2025).

Workplace Hierarchies, Suicide Risk, and Structural Injustice

Hollingsworth et al. (2017) further reinforce the connection between racial microaggressions and suicidality, finding that such experiences often lead to feelings of burdensomeness and hopelessness, particularly in hierarchical organizations lacking effective grievance procedures. In such contexts, individuals are not only exposed to interpersonal discrimination but are also denied institutional support, compounding their vulnerability to mental health deterioration and suicide risk

Theoretical Frameworks

The study draws upon four interconnected theoretical frameworks: Critical Race Theory, which examines systemic racial power imbalances; Minority Stress Theory, explaining chronic psychological strain in marginalized groups; Interpersonal-Psychological Theory of Suicide, linking social alienation and perceived burdensomeness to suicidal ideation; and Intersectionality Theory, highlighting how overlapping identities like race, gender, and class increase vulnerability. Together, these frameworks elucidate the psychological impact of racial microaggressions in Malawian workplaces.

Critical Race Theory in Workplace Context

Postcolonial and Critical Race Theory perspectives reveal how contemporary workplace discrimination reflects deeper structural inequalities rooted in colonial histories (Awad, 2024; Maggio & Shepard, 2021; Ncube, 2019). Race remains embedded in legal frameworks governing labor relations, with racially stratified employment patterns persisting despite formal equality legislation (Ncube, 2019; Smith & Adebola, 2023). In postcolonial African contexts, workplace regimes continue reflecting colonial racial hierarchies, with limited educational attainment correlating with increased exposure to microaggressions and marginalization (Twala & Johnson, 2020; Moyo, 2009).

Minority Stress Theory (Meyer, 2003)

Minority Stress Theory (Meyer, 2003) explains that individuals from marginalized groups face chronic psychosocial stressors linked to their minority status. These include distal stressors, such as external discrimination and harassment, and proximal stressors, involving internal processes like internalized stigma and vigilance. Distal stressors often lead to proximal stress responses, which negatively affect mental health (Caraballo, 2019). Research by Sun et al. (2021) supports this framework, highlighting cultural influences on minority stress expression in collectivist societies.

Interpersonal-Psychological Theory of Suicide (Joiner, 2007)

Joiner's (2007) Interpersonal-Psychological Theory of Suicide (IPTs) explains suicidal desire as arising from thwarted belongingness feelings of social exclusion and perceived burdensomeness, the belief of being a liability to others. Studies confirm that racial microaggressions intensify these states, thereby increasing suicidal ideation among marginalized populations (O'Keefe et al., 2015; Chavez et al., 2025; Johnson & Lee, 2025). Recent scholarship advocates for integrating IPTs with intersectionality theory to account for sociocultural stressors like racial discrimination and economic hardship, which modulate suicide risk pathways

(Smith et al., 2023; Nguyen & Carter, 2023). This expanded framework better captures the complex dynamics influencing suicidality in racialized groups, as evidenced by differentiated trajectories among Black male adolescents exposed to intersecting oppressions.

Intersectionality Theory (Crenshaw, 1991)

Intersectionality, first introduced by Crenshaw (1991), provides a framework to analyze how overlapping identities such as race, gender, and socioeconomic status interact to create unique forms of discrimination and oppression. Research shows microaggressions vary across these intersecting identities; for instance, Black women experience gendered racial microaggressions distinct from other groups (Lewis et al., 2023; Nadal et al., 2018). Similarly, studies in engineering education identify identity subgroups encountering different types and intensities of microaggressions (Harper et al., 2020; Kim & Rios, 2021). Thus, intersectionality elucidates how converging systems of power intensify psychological harm among multiply marginalized individuals.

Global and African Empirical Support

In the U.S., gendered racial microaggressions have been linked to increased suicidal ideation among minority workers (Keum et al., 2022) and depressive symptoms among Asian Americans (Kuroki, 2018). Biological effects of racial discrimination are also documented, such as telomere shortening indicating accelerated aging (Chae et al., 2020). African studies reveal similar patterns; for example, racially motivated slights among marginalized youth are associated with emotional withdrawal and suicidal ideation (Robinson et al., 2020). Conversely, structural racism rooted in colonial history continues to manifest as subtle workplace discrimination, exacerbating psychological distress among historically disadvantaged groups (Ngcobo, 2017).

METHODOLOGY

a) Quantitative and Qualitative Approaches

On Quantitative phase: Cross-sectional surveys were administered to 384 participants. Sample size was determined using Yamane's (1967) formula. Stratified systematic sampling ensured representation across different workplace types. Data were collected using structured questionnaires with Likert-scale items. Statistical analyses including descriptive statistics, Spearman's correlations, and logistic regression were conducted using SPSS version 28.

Qualitative phase: Semi-structured interviews were conducted with 50 purposively selected participants drawn from the survey cohort. Initial purposive sampling aimed to ensure diversity in gender, age, job role, and workplace context, targeting individuals likely to have experienced racial microaggressions. Snowball sampling extended recruitment through referrals to capture a wider range of perspectives. Thematic analysis was conducted with NVivo 14 to identify recurrent themes.

b) Validation and Reliability of Survey Instruments

The structured questionnaire used in this study was adapted from internationally validated instruments designed to assess racial microaggressions, psychological distress, and suicidal ideation. Key instruments included the Revised Racial and Ethnic Microaggressions Scale Checklist Version (REMS; Nadal, 2011; Forrest-Bank et al., 2015), the Patient Health Questionnaire (PHQ-8; Kroenke et al., 2009) for depressive symptoms, and items from the Columbia Suicide Severity Rating Scale (C-SSRS) to assess suicidal ideation.. All constructs were assessed using indirect, reactive, and proactive aggression a 4-point Likert-type response format, tailored for local comprehension.

A rigorous adaptation process was undertaken to establish content validity and contextual relevance within the Malawian sociocultural and occupational landscape. This involved expert consultation, pilot testing, and psychometric evaluation. First, local experts including clinical psychologists, and human resource practitioners reviewed the instrument to certify cultural sensitivity, semantic clarity, and contextual appropriateness. Next, the questionnaire was piloted with a sample of 30 Malawian workers drawn from demographically similar

workplace environments not included in the main study. Participants provided feedback on item clarity, relevance, and response feasibility.

Following the pilot, Cronbach's alpha was computed for each scale to assess internal consistency. All scales demonstrated acceptable to excellent reliability ($\alpha > 0.80$), confirming that the instruments were suitable for the study population.

TABLE 1: Reliability Coefficients for Psychological Measure

| Scale / Measure | Number of Items | Response Options | Cronbach's Alpha (α) |
|-------------------------------|-----------------|--|-------------------------------|
| Racial Microaggressions Scale | 15 | 5-point Likert scale (1 = Never to 5 = Very Often) | .85 |
| Anxiety Scale | 10 | 4-point scale (1 = Not at all to 4 = Very much) | .82 |
| Discrimination Scale | 8 | 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) | .83 |
| Suicidal Ideation Scale | 5 | Dichotomous (Yes / No) | .81 |

Table 1 illustrate a summary of the psychometric scales employed, including response formats and reliability coefficients (Cronbach's alpha). Note: Cronbach's alpha values indicate internal consistency reliability

Based on pilot feedback, minor adjustments were made to wording and response structure to enhance interpretability and reduce ambiguity.

This validation protocol confirmed that the survey tools maintained their construct validity, internal consistency, and cultural alignment, making them appropriate for capturing nuanced experiences of racial microaggressions and related psychological outcomes.

c) Methodological and Ethical Considerations

The study presents the findings despite several methodological limitations. Snowball sampling, while effective in accessing marginalized populations, may have introduced sampling bias by over-representing socially connected individuals and under-representing isolated groups. The reliance on self-report measures raises the potential for social desirability bias, especially concerning sensitive issues such as suicidal ideation and discrimination.

Ethical standards were upheld. Informed consent was obtained from all participants, and the protocol received approval from a local ethical review board. Participants exhibiting emotional distress or suicidal ideation during data collection were offered psychological support and referrals to appropriate mental health services. Anonymity and confidentiality were maintained, with secure data storage in compliance with ethical requirements.

RESULTS

The quantitative component of the study examine the predictive relationship between racial microaggressions and mental health outcomes specifically anxiety, discrimination, distress, and suicidal ideation

Figures and tables

TABLE 2: Combined Demographic Distribution

| Category | Subgroup | Freq. | Valid % |
|---------------|--------------|-------|---------|
| Age Group | 18–25 | 66 | 17.7% |
| | 19–25 | 3 | 0.8% |
| | 26–35 | 166 | 44.6% |
| | 36–45 | 97 | 26.1% |
| | 46+ | 38 | 10.7% |
| | Missing | 8 | – |
| Qualification | None | 224 | 59.9% |
| | JCE | 84 | 22.3% |
| | MSCE | 60 | 16.0% |
| | Professional | 6 | 1.6% |
| | Missing | 6 | – |

As shown in Table 2, most participants were aged 26–35 (43.7%) and lacked formal qualifications (58.9%), with a majority having 1–5 years of employment (85.3%), and valid responses were high across all categories ($\geq 97.9\%$). Note. Percentages are rounded to one decimal place. “JCE” refers to Junior Certificate of Education; “MSCE” refers to Malawi School Certificate of Education.

TABLE 3: Mental Health Correlation Matrix

| Variable | 1 | 2 | 3 | 4 |
|----------------------|--------|--------|--------|--------|
| 1. Microaggressions | 1.00 | 0.47** | 0.52** | 0.41** |
| 2. Anxiety | 0.47** | 1.00 | 0.44** | 0.49** |
| 3. Discrimination | 0.52** | 0.44** | 1.00 | 0.46** |
| 4. Suicidal Ideation | 0.41** | 0.49** | 0.46** | 1.00 |

Table 3 demonstrates that all coefficients are both positive and significant, indicating that greater exposure to microaggressions associates with heightened psychological distress. Microaggressions show a moderate correlation with anxiety ($\rho = 0.47$), suggesting that anxiety symptoms increase as individuals experience more microaggressions. The correlation with perceived discrimination is stronger ($\rho = 0.52$), implying that frequent microaggressions intensify perceptions of systemic discrimination. A moderate correlation with suicidal ideation ($\rho = 0.41$) highlights a concerning link between discriminatory experiences and thoughts of self-harm. Additionally, anxiety and suicidal ideation are strongly correlated ($\rho = 0.49$), indicating that increased anxiety closely links to higher levels of suicidal thoughts.

TABLE 4: Distress by Quartile and Associated Odds Ratios

| Exposure Quartile | Odds Ratio (OR) | 95% Confidence Interval | p-value |
|--------------------|-----------------|-------------------------|---------|
| Lowest (Reference) | 1.00 | — | — |
| Second | 1.25 | 0.85 – 1.85 | .24 |
| Third | 1.60 | 1.10 – 2.35 | .02 |
| Highest | 2.00 | 1.35 – 2.97 | .001 |

As shown in table 4, Individuals in the highest quartile of microaggression exposure had twice the odds of clinically significant anxiety symptoms compared to the lowest quartile (OR = 2.00, 95% CI [1.35–2.97], $p = .001$). The confidence interval excludes 1.0, and the p -value confirms statistical and practical significance. The results show that greater exposure to racial microaggressions strongly increases anxiety risk, supporting its role as a psychosocial stressor affecting mental health.

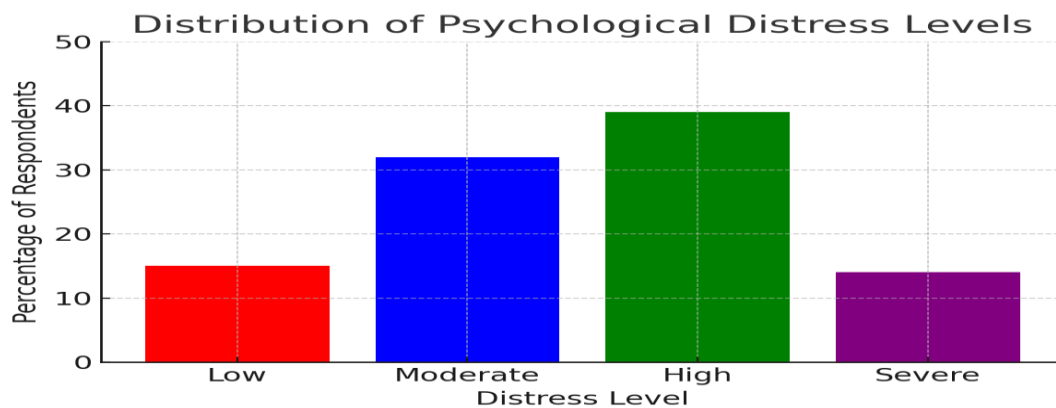


Fig. 1: Distribution of Distress Levels

Figure 1 shows that approximately 70% of participants reported moderate ($\approx 32\%$) or high ($\approx 38\%$) levels of psychological distress, indicating widespread strain. Smaller proportions reported ($\approx 16\%$) or low ($\approx 14\%$) distress, with the presence of distress highlighting probability for anxiety, depression, and suicidal ideation.

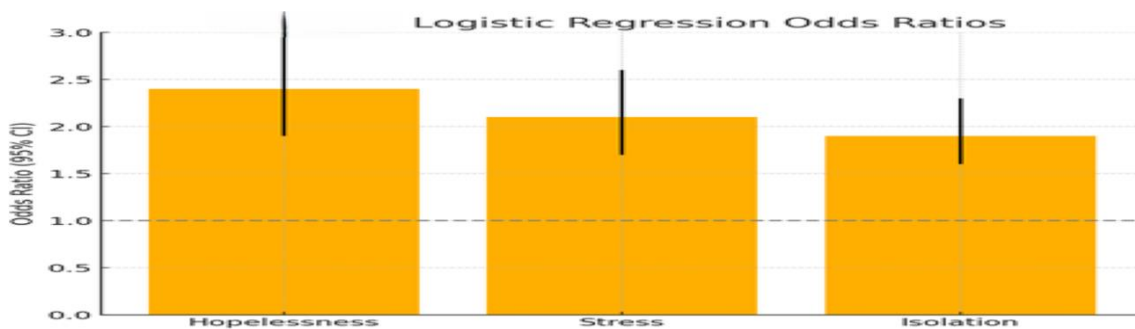


Figure 2: Microaggression Exposure

Table 2 shows that workers in the highest quartile of microaggression exposure were twice as likely to experience clinically significant anxiety compared to those in the lowest quartile (OR = 2.00, 95% CI [1.35–2.97], $p = .001$), underscoring the substantial psychological toll of racial microaggressions.

Correspondingly, Figure 2 presents a logistic regression model assessing the predictive strength of three core psychosocial variables such as hopelessness, stress, and isolation. The resulting odds ratios indicate the following associations:

1) Hopelessness

Hopelessness was a strong and independent predictor of mental health risk. An OR of 2.5 suggests that individuals with high levels of hopelessness were over twice as likely to report suicidal ideation or depressive symptoms.

2) Stress

Elevated stress levels were associated with increased psychological risk. For example, a hypothetical OR of 1.8 indicates that a one-unit rise in stress corresponds to an 80% higher likelihood of experiencing anxiety or emotional exhaustion.

3) Isolation

The relationship between isolation and psychological outcomes was nuance. An OR above 1 (e.g., OR = 1.4) indicates increased vulnerability to harm, while an OR near or below 1.0 reflects minimal or potentially protective effects.

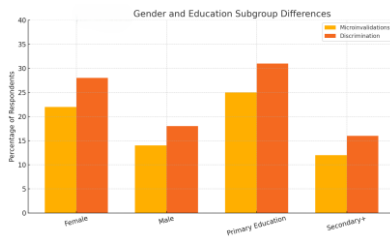


Figure 3 Microaggression Exposure Grouped by Gender and Education Level

As shown in figure 3 on Gender Differences: Female respondents reported higher levels of microinvalidations ($\approx 22\%$) and discrimination ($\approx 28\%$) than males, who reported 14% and 18% respectively. Women face more frequent subtle and overt workplace bias due to intersecting gender and racial hierarchies.

Education Differences: Participants with primary education experienced the highest microinvalidations ($\approx 25\%$) and discrimination ($\approx 31\%$), while those with secondary or higher education reported lower rates ($\approx 12\%$ microinvalidations; 16% discrimination). Lower education correlates with greater vulnerability to exclusion and bias, linked to limited workplace power and status.

Overall, women consistently reported more microaggressions, reflecting gendered biases such as dismissal and being overlooked. Lower educational attainment also increased exposure, reinforcing class- and race-based marginalization in the workplace.

Themes

The qualitative analysis explored workers' lived experiences of racial microaggressions in diverse workplaces. Thematic analysis identified key categories; microinsults, microinvalidations, and microassaults with subthemes reflecting participants' experiences. These themes illustrate the cumulative psychological impact of repeated racial hostility, supported by detailed participant narratives coded in NVivo.

Microassaults

Dehumanization: Participants report being subjected to derogatory racial slurs and insults, such as being called “monkey” or compared to Satan, conveying racial inferiority and reinforcing systemic power hierarchies. Statements linking Black identity to poverty serve to demean and psychologically harm (e.g., “You will die poor”).

Personal Attacks: Verbal assaults target individual worth and physical appearance through insults like “Your head is like a potato” and “You are useless,” often used publicly to shame and humiliate workers.

Sexual Objectification: Racialized and gendered abuses include unwanted touching and exploitation of Black female bodies, highlighting power imbalances and workplace harassment.

Microinsults

Attacks on Intelligence and Reasoning Ability: Comments such as “You have no wisdom” (iwe Malawi, Ulibe nzeru) imply mental inferiority, subtly reinforcing colonial stereotypes of Black incompetence.

Hopelessness and Social Exclusion: Statements that render individuals invisible or unworthy “They make you feel like your life is nothing, like you’re not human” reflect systemic exclusion and reinforce feelings of inferiority.

Internalized Shame, Isolation, and Chronic Sadness: Prolonged exposure to microinsults leads to self-blame and emotional withdrawal, as illustrated by sentiments like “You end up feeling like it’s your fault” and adopting silence to cope with ongoing pain.

Microinvalidations

Grief and Emotional Distress Invalidation: Participants reported instances where personal grief, such as a brother's death, was dismissed as an excuse, leading to silent suffering. Another account detailed denial of medical care, resulting in further harm and punitive job actions.

Suicidal Triggers: Unplaced jokes, name-calling, and mockery created emotional breakdowns and suicidal ideation, particularly when experienced publicly.

Job Disposability: Comments like “You are free to leave; we will replace you” “*Nyamuka, pita, ife tilemba wina. Alipo ambiri Malawi*” perception of workers as replaceable,

TABLE: 5 Joint Display of Qualitative Themes and Statistical Results

| Qualitative Theme | Quantitative Finding | Interpretation |
|------------------------------|---|--|
| Dehumanize | Microaggressions ↔ Anxiety: $r = 0.47^{**}$ | Associated with increased anxiety. |
| Hopelessness | Microaggressions ↔ Suicidal Ideation: $r = 0.41^{**}$ | Contribute to feelings of hopelessness and suicidal ideation |
| Emotional Breakdown | Individuals in highest exposure quartile: OR = 2.00 for anxiety, 95% CI [1.35–2.97], $p = .001$ | Doubles the odds of anxiety symptoms. |
| Institutional Discrimination | Microaggressions ↔ Perceived Discrimination: $r = 0.52^{**}$ | Increases perceived discrimination and distress. |
| Supervisory Neglect | Discrimination ↔ Suicidal Ideation: $r = 0.46^{**}$ | Correlates with higher suicide risk. |

Table 5 visually and narratively aligns recurring qualitative themes with significant statistical associations between racial microaggressions and mental health outcomes.

DISCUSSION

Racial Microaggressions as Predictors of Psychological Distress

In line with Sue et al. (2007), the study confirms that cumulative exposure to subtle and repeated racial slights results in long-term psychological strain. The correlation analysis revealed moderate to strong positive associations between microaggressions and anxiety ($\rho = 0.47$), perceived discrimination ($\rho = 0.52$), and suicidal ideation ($\rho = 0.41$). These results align with those from Thomas (2023) and Nadal et al. (2014), reinforcing the global relevance of microaggressions' psychological harm.

The patterns are theoretically supported by Minority Stress Theory (Meyer, 2003), which views microaggressions as persistent social stressors disproportionately affecting marginalized groups. Joiner’s Interpersonal-Psychological the Interpersonal Theory of Suicide (2007) posits that daily aggressions sustain suicidal ideation via perceived burdensomeness and thwarted belongingness. Collectively, these frameworks

delineate the pathways by which chronic racial microaggressions lead to acute psychological outcomes, including depression and suicidal ideation.

Quantitative Confirmation and Predictive Strength

Logistic regression results underscore the predictive strength of microaggressions in explaining clinical anxiety. Individuals in the highest quartile of exposure had twice the odds of experiencing significant anxiety symptoms compared to those in the lowest quartile (OR = 2.00, 95% CI [1.35–2.97], $p = .001$). These results validate both the statistical and practical significance of microaggressions as drivers of psychological harm.

Additional regression analyses revealed that hopelessness (OR > 2.0) significantly increased the risk of suicidal ideation, while stress (OR \approx 1.8) predicted elevated anxiety and emotional exhaustion. Although isolation showed mixed effects, it emerged as a compounding risk factor in cases where it stemmed from exclusion. These findings affirm that depression and suicidal ideation are intertwined with chronic workplace stressors.

Thematic Insights: Lived Experiences of Racial Harm

Qualitative analysis added interpretive depth, revealing five core subthemes: Dehumanization, Emotional Distress, Emotional Overload, Hopelessness and Exclusion, and Suicidal Triggers. These themes humanize the findings.

1) Dehumanization

Participants frequently reported being subjected to demeaning and racialized language, such as "monkey" or "the country is yours but money belongs to us," reinforcing inferiority and disposability. Such expressions reflect both interpersonal prejudice and structural racism rooted in colonial legacies, echoing CRT tenets.

Emotional Distress: Grief invalidation, workplace exploitation, and public humiliation were common. One participant recalled being denied funeral leave: "If you attend, don't come back." These experiences align with Minority Stress Theory, demonstrating how microinvalidations lead to chronic emotional exhaustion.

Emotional Overload: Many reported panic attacks, emotional numbness, and internalized shame following repeated exposure to hostility. One remarked: "Every morning I ask myself why I must face this rude boss again." Psychosocial Strain Theory (Zhang, 2019) captures this emotional breakdown resulting from humiliation and status erosion.

2) Hopelessness and Social Exclusion

Narratives included being excluded from meetings and publicly dismissed: "Leave, you dog." The actions erode self-worth and illustrate the biopsychosocial stressors theorized by Carter (2007), linking exclusion to depressive symptoms.

3) Suicidal Ideation Triggers

Cumulative stressors led many to consider suicide. One said: "When they insult me in front of customers, I just want to run away and end everything." This reflects Sue et al.'s (2008) concept of "death by a thousand cuts," showing how microaggressions accumulate into serious psychological trauma.

4) Intersectionality and Structural Dimensions

The effects of racial microaggressions were uneven across groups. Women reported more microinvalidations, and those with only primary education faced higher levels of exclusion and discrimination. The differences reflect overlapping systems of race, gender, and class, as explained by Critical Race and Intersectionality Theory.

Mapanje's (1981) poetry still speaks to ongoing experiences of surveillance, silencing, and dehumanization from colonial times to today. Patterns remain visible in Malawi's workplaces, where women and less-educated workers are particularly marginalized.

Before colonial rule, Malawian societies valued community, respect, and shared responsibility through the philosophy of Ubuntu. Work was grounded in inclusion and social connection rather than economic hierarchy. Colonialism disrupted these values, severing the link between labor and human dignity.

The Ubuntu-informed understanding of human self-respect stands in contrast to exploitative colonial labor ideologies and offers a culturally appropriate basis for restorative workplace mental health strategies. Chirwa and Kayira (2022) found that embracing Ubuntu principles in Malawian schools improved conflict resolution, communal belonging, and emotional resilience suggesting potential applicability in work environments.

In South Africa, Ndlovu and Makhubele (2021) observed that racial microaggressions in post-apartheid universities led to depression and social withdrawal among Black students, echoing the distress patterns. Similarly, Kwizera and Musoke (2023) in Uganda found that racialized exclusion in NGOs resulted in anxiety and emotional exhaustion among local employees, particularly women.

Isolation and Educational Disparities as Predictors of Psychological Risk

Isolation presented as both a psychosocial risk and a coping strategy. While $OR > 1.0$ (e.g., $OR = 1.4$) indicates elevated mental health risk, some respondents used isolation to temporarily withdraw from hostile environments. Zhang's (2019) Psychosocial Strain Theory clarifies that isolation functions as a risk when it reflects exclusion, not voluntary solitude.

Educational disparities further amplified psychological risk. Participants were aged 26–35 (43.7%), had no formal education (58.9%), and limited work experience (85.3%). Primary education reported higher microinvalidations (25%) and discrimination (31%) than secondary or tertiary education (12% and 16%, respectively). Educational attainment emerged as a predictor of exposure to racial microaggressions, with lower education linked to reduced workplace power and increased vulnerability.

The trend reflects broader postcolonial labor hierarchies that devalue workers with limited formal education. These findings resonate with global theories of racial capitalism and structural inequality (Bonilla-Silva, 2010; Freire, 1970), similar patterns across different settings highlight the need to confront microaggressions as both personal harm and systemic injustice.

Cross-contextual congruence highlights the urgency of confronting microaggressions as both interpersonal harm and structural injustice. In Malawi, racial microaggressions operate within a complex matrix of social exclusion, educational inequality, and economic vulnerability shaped by colonial legacies. These findings underscore the need for systemic interventions that integrate mental health advocacy, anti-racism policies, and educational reform, particularly in contexts where historical labor dynamics continue to influence present-day inequalities.

Theoretical Contribution

The study offers four key advances. First, it re-situates Minority Stress Theory in post-colonial African workplaces, showing that routine racial microaggressions induce chronic strain where institutional safeguards are weak. Second, it refines the Interpersonal-Psychological Theory of Suicide by linking racially driven perceptions of burdensomeness and thwarted belongingness to higher suicidal ideation risk. Third, it empirically supports Psychosocial Strain Theory, demonstrating that unresolved humiliation, low status, and emotional overload precipitate psychological collapse. The study integrates Critical Race and Intersectionality frameworks to examine how race, gender, and education intersect to intensify exclusion and mental distress in Malawi's stratified Labour market, thereby broadening these theories beyond Western contexts.

Synthesis

Using a mixed-methods design, the study demonstrates that racial microaggressions are robust predictors of mental-health risk. Qualitative narratives of dehumanization and hopelessness align with quantitative results: microaggressions correlate with anxiety ($r = 0.47$, $p < .01$), and high-exposure workers show twice the odds of clinically significant anxiety (OR = 2.0, 95 % CI [1.35–2.97]). By embedding global theories in Malawi's post-colonial Labour context and drawing on Ubuntu and regional scholarship, the research clarifies how structural, historically rooted racism not isolated incidents drives psychological distress.

Limitations

The study used a hybrid random snowball sampling design, which improved access to hard-to-reach workers but reduced representativeness and heightened selection bias. Fear of employer reprisal deterred some employees from participating, likely skewing the sample toward less vulnerable voices. Malawi's migrant Labour force is dominated by Chinese and Indian nationals, further constraining subgroup diversity and limiting generalizability to other minority groups. Data quality was affected by partial surveys, premature drop-outs, and occasional requests for monetary compensation, introducing additional non-response and attrition biases.

Implications for Policy and Practice

Racial microaggressions in workplaces are not isolated occurrences but constitute a broader, structurally embedded pattern of racialized interactions. These experiences correlate with elevated levels of psychological distress, including symptoms of anxiety, depression, and suicidal ideation. The following implications are proposed to inform workplace policy, mental health practice, and legal reform, grounded in the study's findings and supported by existing literature.

Policy Integration

Lee et al. (2024) posit that workplace policies be revised to include clear and specific language recognizing racial microaggressions as forms of psychological harm. Scholars have argued that anti-discrimination provisions must extend beyond general affirmations to explicitly define subtle behaviors such as exclusion, stereotyping, and dismissive remarks as subject to organizational regulation (Sue et al., 2007; Williams & Mohammed, 2013).

Mental Health Interventions

Culturally sensitive, trauma-informed approaches are increasingly recognized as integral to employee wellness programs. Routine clinical assessment of racialized experiences by mental health practitioners warranted, given documented associations with emotional distress and suicidal ideation (Bradford, 2017; Auguste et al., 2021). Additionally, evidence supports the effectiveness of resilience-focused interventions in enhancing coping strategies and mitigating the effects of minority stress (Torres & Burrow, 2011).

Legal and Labor Policy Reform

The findings suggest the need for national labor frameworks to formally recognize racial microaggressions as a form of psychological violence. Legal definitions of workplace harassment should be expanded to encompass indirect and covert forms of discrimination. While individual-level interventions remain important, sustainable change requires regulatory frameworks that confront institutional norms and power asymmetries perpetuating racial harm (Embrick & Henfield, 2022; Jones & Smith, 2024).

Public Education and Awareness

Public awareness of racial microaggressions nurtures cultural change. Research-informed campaigns addressing discrimination's psychological impacts effectively normalize racial dialogue, reduce stigma, and

promote inclusivity in institutions. Corrigan and Shapiro (2010) posit that aligning public health strategies with educational efforts is essential to address health disparities arising from social stressors

Employer Training and Leadership Development

Employer training and leadership development programs addressing unconscious bias, racial microaggressions, and leadership's role in creating inclusive environments are important. Evaluating the effectiveness of such initiatives and embedding them within organizational development enhances their impact. Bystander intervention training equips employees to respond effectively to incidents of racial harm (Kim et al., 2024; Martinez & Patel, 2023).

CONCLUSION

The study provides empirical evidence demonstrating that racial microaggressions contribute to psychological outcomes within Malawi's postcolonial and racially stratified labor system. Both quantitative and qualitative findings confirm that recurrent microaggressions significantly associate with anxiety and suicidal ideation.

The results identify critical areas for organizational policy reform and the establishment of culturally responsive clinical support systems. Longitudinal and intervention-based research remains essential to delineate causal pathways and evaluate the effectiveness of targeted mental health strategies. Further exploration of how race intersects with gender, class, and education deepens understanding of the structural and interpersonal forces shaping workplace experiences.

Racial microaggressions impose a measurable psychological toll on Malawian workers, underscoring the need for sustained scholarly engagement and data-driven institutional responses.

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