

Ableist Microaggressions, Disability Characteristics, and Nondominant Identities



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Microaggressions are commonplace overt and covert forms of discrimination that convey disparaging messages to individuals who hold marginalized identities, including people with disabilities (PWD). Although PWD are a prevalent nondominant identity group in the United States, little is known about the occurrence of ableist microaggressions in this culturally diverse community, including how ableist microaggressions are experienced based on disability characteristics and other nondominant identities. A sample consisting of 201 PWD completed an electronic survey that examined the occurrence of ableist microaggressions based on visibility of disability, type of disability, and nondominant sociocultural identities. We found that PWD have a moderate level of lifetime occurrences with ableist microaggressions, the visibility of disability impacts the occurrence of ableist microaggressions and the types of ableist microaggressions experienced, and sociocultural identities may predict minimization types of ableist microaggressions.

Keywords: microaggressions, disability, nondominant identities, ableist, visibility

People with disabilities (PWD), similar to other minoritized groups, encounter stereotypes, stigma, prejudice, and discrimination. Stereotypes are generalized beliefs about a group with shared characteristics that can result in prejudice (Sue & Spanierman, 2022). Discrimination occurs when individuals or systems act on prejudices by limiting or restricting access to opportunities, resources, and services (Olkin et al., 2019). Discrimination results in *ableism* when it is perpetrated against PWD based on their disability status. *Microaggressions* are one form of discrimination and are defined as intentional or unintentional verbal, non-verbal, and/or environmental slights that convey disparaging messages to individuals based solely on their marginalized group membership status (Sue & Spanierman, 2022).

In recent decades, scholars have examined the occurrence of microaggressions with individuals who hold several different minority group identities and found that microaggressions are present in everyday life for minoritized individuals, negatively impacting their mental health (Capodilupo et al., 2010; Keller & Galgay, 2010; Nadal et al., 2014). Although there are a significant number of studies addressing microaggressions associated with race and ethnicity (Forrest-Bank & Cuellar, 2018; Nadal et al., 2014) and gender and sexual identity (Capodilupo et al., 2010), research regarding microaggressions experienced by PWD is only in its infancy.

In their foundational work, Keller and Galgay (2010) qualitatively explored the existence of microaggressions directed at PWD. Using two focus groups ($N = 12$) with PWD who had a range of visible and hidden disabilities, they identified eight microaggression domains experienced by PWD: (a) denial of identity, (b) denial of privacy, (c) helplessness, (d) secondary gain, (e) spread effect, (f) patronization, (g) second-class citizen, and (h) desexualization. Their work spurred both qualitative and quantitative studies focused on the ableist microaggression experiences within the general

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disability community (Kattari, 2020; Lett et al., 2020) and specific disability communities, including people with mental illness (Gonzales et al., 2015), physical disabilities (Conover et al., 2017a), and intellectual disabilities (Eisenman et al., 2020). Also, researchers have examined ableist microaggressions within specific settings such as schools (Dávila, 2015), the workplace (Lee et al., 2019), and higher education (Lett et al., 2020). Collectively, these results supported the initial eight ableist microaggression domains Keller and Galgay identified and expanded how they were understood.

The multidimensionality of disability has led scholars to examine the influence of disability characteristics—including visibility, severity, type, and age of onset of disability—on the occurrence of ableist microaggressions. Visible or apparent disabilities are defined primarily by the use of an adaptive aid or accommodation such as a cane, crutches, service animal, hearing aid, or wheelchair that results in others immediately labeling the person as disabled; whereas people with hidden, invisible, or non-apparent disabilities are likely to *pass* as nondisabled and must navigate how, when, and to whom to disclose their disability status. Using two different ableist microaggression scales with relatively large samples of PWD, both Conover et al. (2017a) and Kattari (2020) reported that level of visibility of disability impacts the occurrence of ableist microaggressions, with individuals with visible disabilities consistently experiencing more ableist microaggressions than their counterparts. Further examination of these differences resulted in Andreou et al. (2021) reporting that people with visible disabilities encountered more helplessness- and otherization-related ableist microaggressions, while persons with hidden disabilities encountered more minimization-type ableist microaggressions. In contrast, the impact of severity, age of onset, and type of disability on the occurrence of ableist microaggressions have yielded mixed findings, suggesting more research is warranted. For instance, Conover et al. (2017a) found that people with severe and early onset of disability (i.e., 0–40 years) reported greater lifetime experiences of ableist microaggressions, while Andreou et al. (2021) noted no differences based on severity or age of onset. With respect to type of disability, Conover et al. (2017a) reported no differences, while Andreou et al. (2021) found overall differences in the occurrence of ableist microaggressions, as well as type of ableist microaggressions, experienced by people with different types of disabilities.

Although some scholars have considered PWD's intersecting cultural identities in their research studies, including sexual minorities (e.g., Conover & Israel, 2019; Hunt et al., 2006), gender identities (measured as male and female; Conover et al., 2017a), women with visible and invisible disabilities (Olkin et al., 2019), and racial or ethnic minorities (Conover et al., 2017a; Dávila, 2015), few studies have added to our understanding of ableist microaggressions across intersecting sociocultural identities. For example, Conover and Israel (2019) found that PWD who were also sexual minorities encountered ableist microaggressions in sexual minority communities, while Conover et al. (2017a) discovered that gender (as measured by male and female) and race (as measured by White or Person of Color) did not impact the occurrence of ableist microaggressions; these results contrast Dávila (2015), who found that Latinx PWD encountered microaggressions that aligned with both racial and disability microaggressions.

Although scholars have provided valuable data about ableist microaggressions they have not considered the full range of sociocultural identities PWD hold or the differences in the types of ableist microaggressions (i.e., helplessness, minimization, denial of personhood, and otherization) PWD experience combined with their nondominant sociocultural identities. The purpose of this study was to examine the occurrence and types of ableist microaggressions PWD experience and whether their nondominant sociocultural identities impact their experiences of ableist microaggressions. Our intention was to reveal critical information counselors can use to better serve their clients who have disabilities and experience ableist microaggressions.

Methodology

For this quantitative study, we utilized surveys and online data collection to investigate our three research questions that aligned with the study purpose.

Research Question 1: What are the participants' experiences of ableist microaggressions based on the Ableist Microaggressions Scale (AMS; Conover et al., 2017b) scores and subscale scores?

Research Question 2: Do AMS scores and AMS subscales (i.e., Helplessness, Minimization, Denial of Personhood, and Otherization) have a relationship with the type of disability and the visibility of the disability?

Research Question 3: Are other nondominant sociocultural identity factors associated with or predictive of AMS scores and AMS subscales?

We anticipated participants would report differences in the occurrence and types of ableist microaggressions they experienced based on visibility of disability and disability type and that having nondominant identities would influence the occurrence of ableist microaggressions. More specifically, we expected people with visible disabilities to report higher occurrences of ableist microaggressions than their counterparts and that disability visibility would influence the type of ableist microaggressions. We anticipated variations based on disability type regarding frequency and type of ableist microaggressions. Finally, we expected PWD nondominant sociocultural identities to be associated with the occurrence of ableist microaggressions.

Procedures

This study was approved by the first author's IRB. We recruited participants through targeted disability organizations (e.g., Council of State Administrators of Vocational Rehabilitation, Wisconsin's Centers for Independent Living, Alabama Department of Rehabilitation Services) and social media platforms, many of which were specifically for PWD (e.g., Blind Pen Pals, VR Professionals, Cerebral Palsy Support, and Spinal Cord Injury Peer Mentor Program Facebook groups). Additionally, we sent email invitations to professional and personal contacts and posted on listservs of various professional organizations that serve PWD. The email invitation and posting included a brief description of the research study; inclusion criteria; an informed consent document; and a URL link to the secure, confidential survey via Qualtrics. To proceed to the study questionnaires, participants had to meet the following criteria: 1) at least 18 years old, 2) have a high school diploma or GED, and 3) have a diagnosed disability. The online survey portal was divided into six parts: informed consent, consent, screening questions, demographics, AMS questions, and two optional open-ended questions regarding their personal microaggression experiences and their interest in participating in future related studies. This study was Section 508 compliant and accessible to participants with disabilities. In total, 254 participants responded to the online survey; 53 participants were excluded because of vastly incomplete or unusable data, resulting in a final sample of 201 participants.

Data Collection

Demographic Questionnaire

We used a self-report demographic questionnaire to collect information about age, sex, gender identity, sexual orientation, racial/ethnic identity, religion/spiritual identity, education, employment status, and source of income (see Table 1). In light of the diversity within the disability community and to allow for within-group comparisons, we asked for type of disability (i.e., physical, sensory, psychiatric, and neurodevelopmental) and visibility of disability (i.e., visible/apparent, invisible/hidden, or both). Participants reported their highest level of education and their job responsibilities as they apply to their training, education, and skills. Because income level is subjective in terms of individual needs and geographic U.S. region, and PWD often have more than one income source, we asked participants to name their sources of income instead of a dollar amount.

Ableist Microaggressions Scale

The AMS (Conover et al., 2017b) is a 20-item self-report measure of PWD's lifetime experiences with disability-related microaggressions. The AMS has four subscales: Helplessness, Minimization, Denial of Personhood, and Otherization. Item examples include: "People offer me unsolicited, unwanted, or unneeded help because I have a disability" (Helplessness); "People are unwilling to accept I have a disability because I appear able-bodied" (Minimization); "People don't see me as a whole person because I have a disability" (Denial of Personhood); and "People suggest that living with a disability would not be a worthwhile existence" (Otherization). Participants were instructed to think only about their personal ableist microaggression experiences when responding to the AMS items.

Responses were rated on a 6-point Likert-type scale, ranging from 1 (*never*) to 6 (*very frequently*), and three items included a *not applicable* response option, as these items may not be relevant for individuals with invisible/hidden disabilities. Possible total scores range from 17 to 120, with higher scores indicating greater levels of lifetime experiences with ableist microaggressions. The overall internal consistency reliability was .92 (Conover et al., 2017a) and .95 (Conover & Israel, 2019), and the internal consistency reliability scores for the AMS subscales were .85 for Helplessness, .65 for Minimization, .90 for Denial of Personhood, and .84 for Otherization (Conover et al., 2017a). Cronbach's alpha for the AMS in this sample was .90.

Data Analysis

All statistical analyses were performed using IBM SPSS Statistics Standard V27. To answer Research Question 1, we ran descriptive statistics for all measured variables of AMS scales and subscales (see Table 2). For Research Question 2, we conducted factorial analysis of variance (ANOVA) and multivariate analysis of variance (MANOVA) to understand whether the AMS scores and subscale scores differed based on the type of disability and the visibility of the disability as independent factors. To answer Research Question 3, we utilized multiple regression analyses to investigate the predictive variables of participants' sociocultural identities and AMS scores and subscale scores.

Table 1*Demographic Characteristics of Participants (N = 201)*

Variable	<i>n</i>	%
Disability Type ^a		
Physical	100	49.8
Sensory	89	44.3
Psychiatric/Mental	61	30.3
Neurodevelopmental	43	21.4
Disability Type		
Physical only	55	26.8
Sensory only	55	26.8
Psychiatric/Mental only	12	5.9
Neurodevelopmental only	11	5.4
Two or more disabilities	68	33.2
Disability Visibility		
Visible/apparent	62	30.8
Invisible/hidden	84	41.8
Both visible and invisible	55	27.4
Age		
18–29	33	16.4
30–39	44	21.9
40–49	57	28.4
50–59	39	19.4
60–69	20	10.0
70+	8	4.0
Biological Sex		
Female	158	78.6
Male	43	21.4
Gender Identity		
Woman	150	74.6
Man	43	21.4
Gender queer	5	2.5
Self-identify in another way	3	1.5
Affectual/Sexual Orientation		
Heterosexual	155	77.1
Bisexual	20	10.0
Gay	5	2.5
Lesbian	3	1.5
Pansexual	5	2.5
Queer	7	3.5
Self-identify in another way	6	3.0
Racial/Ethnic Identity		
African American/Black	15	7.5
Asian or Pacific Islander American	5	2.5

Variable	<i>n</i>	%
Euro American/White	153	76.1
Jewish	6	3.0
Latino/a or Hispanic	8	4.0
Native American	1	.5
Middle Eastern	3	1.5
Biracial	2	1.0
Multiracial	2	1.0
Self-identify in another way	6	3.0
Religious/Spiritual Identity		
Agnostic	34	16.9
Atheist	20	10.0
Buddhist	2	1.0
Christian: Catholic	32	15.9
Christian: Protestant	72	35.8
Jewish	6	3.0
Muslim	2	1.0
Self-identify in another way	33	16.4
Education		
High school diploma/GED	15	7.5
Some college, but no degree	27	13.4
Associate or trade school degree	19	9.5
Bachelor's degree	44	21.9
Master's degree	72	35.8
PhD, EdD, JD, MD, etc.	24	11.9
Employment Status		
Full time	94	46.8
Part time	30	14.9
Unemployed	34	16.9
Student	22	10.9
Retired	21	10.4
Training/Education/Skills Compared to Job Responsibilities		
On par	85	42.3
Exceeding	54	26.9
Lower	4	2.0
Not applicable	58	28.9
Source of Income		
Job	120	59.7
SSI	27	13.4
SSDI	37	18.4
Retirement/pension	22	10.9
Unemployment benefits	2	1.0
Other income sources	43	21.4

Note. SSI = Supplemental Security Income; SSDI = Supplemental Security Disability Income.

^a Participants had the option to indicate more than one response; therefore, totals are greater than 100%.

Table 2*Descriptive Statistics for AMS Items by Subscale*

		<i>M</i>	<i>SD</i>
Total AMS score		61.01	20.60
Overall AMS item		3.05	1.03
Subscale: Helplessness		3.30	1.34
H1.	People feel they need to do something to help me because I have a disability.	3.29	1.61
H2.	People express admiration for me or describe me as inspirational simply because I live with a disability.	3.65	1.80
H3.	People express pity for me because I have a disability.	3.11	1.59
H4.	People do not expect me to have a job or volunteer activities because I have a disability.	2.95	1.82
H5.	People offer me unsolicited, unwanted, or unneeded help because I have a disability.	3.47	1.76
Subscale: Minimization		3.60	1.56
M6.	People are unwilling to accept I have a disability because I appear able-bodied. ^a	3.63	2.01
M7.	People minimize my disability or suggest it could be worse.	3.62	1.81
M8.	People act as if accommodations for my disability are unnecessary. ^a	3.56	1.76
Subscale: Denial of Personhood		3.07	1.47
D9.	People don't see me as a whole person because I have a disability.	3.32	1.66
D10.	People act as if I am nothing more than my disability.	2.66	1.52
D11.	People speak to me as if I am a child or do not take me seriously because I have a disability.	3.16	1.74
D12.	People assume I have low intelligence because I have a disability.	3.08	1.84
D13.	Because I have a disability, people attempt to make decisions for me that I can make for myself.	3.11	1.70
Subscale: Otherization		2.63	1.22
O14.	People think I should not date or pursue sexual relationships because I have a disability.	2.09	1.54
O15.	People indicate they would not date a person with a disability.	2.93	1.73
O16.	People suggest that I cannot or should not have children because I have a disability.	2.37	1.60
O17.	People stare at me because I have a disability. ^a	3.18	1.93
O18.	Because I have a disability, people seem surprised to see me outside my home.	2.42	1.65
O19.	Because I have a disability, people assume I have an extraordinary gift or talent.	2.49	1.72
O20.	People suggest that living with a disability would not be a worthwhile existence.	2.91	1.74

Note. AMS = Ableist Microaggressions Scale; H = Helplessness; M = Minimization; D = Denial of Personhood; O = Otherization; *M* = Mean; *SD* = Standard Deviation

^a Item includes "not applicable" response option.

Results

For Research Question 1, there was substantial variability in participants' responses to individual AMS items (see Table 2). Participants had an overall total AMS mean score of 61.01 ($SD = 20.60$). The response mean score was 3.05 ($SD = 1.03$). The response means for the AMS items ranged from a high value of 3.65 ($SD = 1.80$) to a low value of 2.09 ($SD = 1.54$). In the Minimization subscale, the response mean was 3.60 ($SD = 1.56$) and ranged from a high value of 3.63 ($SD = 2.01$) for "People are unwilling to accept I have a disability because I appear able-bodied" to a low value of 3.56 ($SD = 1.76$) for "People act as if accommodations for my disability are unnecessary." For the Helplessness subscale, the response mean was 3.30 ($SD = 1.34$) and ranged from a high value of 3.65 ($SD = 1.80$) for "People express admiration for me or describe me as inspirational simply because I live with a disability" to a low value of 2.95 ($SD = 1.82$) for "People do not expect me to have a job or volunteer activities because I have a disability." In the Denial of Personhood subscale ($M = 3.07$; $SD = 1.47$) the responses ranged from $M = 3.32$ ($SD = 1.66$) for "People don't see me as a whole person because I have a disability" to $M = 2.66$ ($SD = 1.52$) for "People act as if I am nothing more than my disability." For Otherization, the response mean was lower than the other subscales ($M = 2.63$; $SD = 1.22$) and ranged from a high value of 3.18 ($SD = 1.93$) for "People stare at me because I have a disability" to a low value of 2.42 ($SD = 1.65$) for "Because I have a disability, people seem surprised to see me outside my home."

For Research Question 2, we conducted a factorial ANOVA to understand the relationship between AMS scores, type of disability, and visibility of disability. Main effect results revealed that ableist microaggression experiences were significantly different for the visibility of disability factor—that is, whether the participant had visible, hidden, or both visible and hidden disabilities, $F(2, 189) = 6.12$, $p = .003$, partial $\eta^2 = .061$; however, ableist microaggression experiences were not significantly different based on disability type, $F(4, 189) = 2.26$, $p = .064$, partial $\eta^2 = .046$. The Scheffe post hoc test revealed visibility categories were significantly different. The invisible/hidden disability group significantly differed in ableist microaggression experiences from the visible/apparent disability group and the visible and hidden group. The invisible/hidden group ($M = 2.57$, $SD = 0.11$) scored significantly lower in their AMS compared with the visible/apparent disability group ($M = 3.31$, $SD = 0.14$) and visible and hidden disability group ($M = 3.41$, $SD = 0.26$). Calculated effect size revealed a small proportion of AMS variance was accounted for by visibility of disability, while interactions between type of disability were not significant, $F(5, 189) = 1.69$, $p = .138$, partial $\eta^2 = .043$.

We utilized a MANOVA to determine the effect of disability types and visibility of disability using four dependent variables that represented the AMS subscales (i.e., Helplessness, Minimization, Denial of Personhood, and Otherization). The Box's Test was significant ($p = .01$), indicating that homogeneity of variance was not fulfilled, so we used Pillai's trace test statistic to interpret the results. The results revealed that visibility of disability, Pillai's $V = .323$, $F(8, 374) = 8.99$, $p < .001$, $\eta^2 = .161$, significantly affected the combination of the AMS subscales. The factor interaction indicated no statistical significance, $F(20, 756) = .94$, $p = .535$, $\eta^2 = .024$, nor was there statistical significance for the main effect of types of disability, Pillai's $V = .097$, $F(16, 756) = 1.17$, $p = .285$, $\eta^2 = .024$.

The multivariate effect sizes were very small based on univariate ANOVA and Scheffe post hoc tests. ANOVA results indicated that visibility of disability significantly differed for all AMS subscales: Helplessness, $F(2, 189) = 17.25$, $p < .001$, $\eta^2 = .154$; Minimization, $F(2, 189) = 16.02$, $p < .001$, $\eta^2 = .145$; Denial of Personhood, $F(2, 189) = 4.74$, $p = .01$, $\eta^2 = .048$; and Otherization, $F(2, 189) = 11.99$, $p < .001$, $\eta^2 = .113$. Participants with visible disabilities experienced more Helplessness and Otherization

microaggression types, while participants with invisible disabilities experienced more Minimization microaggressions. Participants with both visible and invisible disabilities experienced Denial of Personhood microaggressions more frequently. Table 3 presents the adjusted and unadjusted group means for AMS subscales by type of disability and visibility of disability.

Table 3

Adjusted and Unadjusted Means for AMS Subscales by Disability Types and Visibility of Disability

Subscale	Helplessness		Minimization		Denial of Personhood		Otherization	
	ADJ M	UA M	ADJ M	UA M	ADJ M	UA M	ADJ M	UA M
Disability Types								
Physical only	3.09	3.38	3.00	2.80	2.66	2.85	2.45	2.69
Sensory only	3.57	3.64	3.49	3.41	3.48	3.46	2.77	2.82
Psychiatric/Mental only	2.17	2.17	4.47	4.47	2.25	2.25	1.76	1.76
Neurodevelopment only	2.95	2.25	3.70	3.73	3.05	2.11	2.77	1.88
2 or more disabilities	3.41	3.31	3.85	4.23	3.21	3.23	2.75	2.69
Visibility								
Visible/apparent	4.02	4.07	2.56	2.51	3.29	3.30	3.15	3.19
Invisible/hidden	2.41	2.51	4.17	4.30	2.40	2.51	1.95	2.01
Both visible and invisible	3.54	3.63	3.59	3.76	3.64	3.65	3.01	2.93

Note. AMS = Ableist Microaggressions Scale; ADJ = Adjusted Mean; UA = Unadjusted Mean.

For Research Question 3, predictors were transformed and collapsed into dummy variables so they were useful for data analysis. Standard multiple regressions were conducted to determine the accuracy of the sociocultural identities (i.e., age, sex, gender identity, sexual orientation, racial/ethnic identity, religion/spiritual identity, education, and employment status) to predict AMS scores. Regression results indicated that the overall model does not significantly predict AMS scores, $R^2 = .052$, $R^2_{adj} = .019$, $F(14, 186) = .73$, $p = .74$. Although the results did not predict AMS scores overall, they significantly predicted Minimization scores, $R^2 = .157$, $R^2_{adj} = .093$, $F(14, 186) = 2.47$, $p = .003$. This model accounts for 9% of variance in the Minimization score. We found that race/ethnicity ($\beta = -.51$, $p = .04$), education level ($\beta = -.69$, $p = .03$), and employment status ($\beta = 1.18$, $p = .03$) significantly predicted AMS Minimization scores.

Discussion

Our findings both support and extend our understanding of the occurrence of ableist microaggressions and the types experienced by PWD who have different disability characteristics and who have a range of sociocultural identities. Participants in our study reported, on average, higher lifetime occurrences of ableist microaggressions ($M = 3.05$) than what Conover et al. (2017a)

found ($M = 1.70$). These differences may be due, in part, to an increased recognition and awareness of ableist microaggressions. The high average scores reported in each subscale are consistent with the Helplessness, Minimization, Denial of Personhood, and Otherization scores reported by other researchers (Gonzales et al., 2015; Keller & Galgay, 2010; Olkin et al., 2019).

In our study, visibility of disability differentially impacted the overall occurrence and types of ableist microaggressions PWD experienced. Like in previous studies (Andreou et al., 2021; Conover et al., 2017a; Kattari, 2020), participants in our study with visible disabilities reported higher occurrences of ableist microaggressions than people with hidden disabilities or those with both visible and hidden disabilities, and they reported more Helplessness and Otherization types of microaggressions. It is plausible that people with visible disabilities experience Helplessness and Otherization ableist microaggressions more frequently because of the dominant culture's perception that disability is catastrophic and results in functional limitations beyond their disability, presuming that PWD need unsolicited help from able-bodied individuals and that PWD are burdensome (Keller & Galgay, 2010; Olkin et al., 2019). Like Andreou et al. (2021) found, participants with hidden disabilities indicated fewer overall ableist microaggression experiences, but they reported higher Minimization microaggressions than their counterparts. Because people with hidden disabilities generally do not fit the stereotypical representation of a person with a disability, they may pass as nondisabled and must prove their disability status. This is consistent with findings that individuals living with concealable chronic and mental illnesses encounter experiences in which the existence or severity of their symptoms are denied by others (Gonzales et al., 2015; Olkin et al., 2019). Unique to our study is the result that participants who identified as having both visible and hidden disabilities experienced more Denial of Personhood microaggressions, indicating PWD being reduced to their disability status (Conover et al., 2017a) and/or PWD's other sociocultural identities being ignored or denied (Keller & Galgay, 2010).

PWD with different types of disabilities did not differ in the overall occurrence of and types of ableist microaggressions they experienced. Partly, our results concur with Conover et al. (2017a), who noted no differences in the occurrence of ableist microaggressions among people with different types of physical disabilities. In contrast, Andreou et al. (2021) reported that people with medical conditions/chronic illnesses indicated fewer ableist microaggressions than their counterparts and that disability type was related to Helplessness, Minimization, and Otherization. The variability across these studies may be due to real differences or the ways in which scholars classified disability types.

The sociocultural identities we examined did not predict the lifetime experiences of ableist microaggressions, aligning with prior researchers' results (Conover et al., 2017a). However, unique to our study is that we found that race/ethnicity, education level, and employment status are predictive of Minimization ableist microaggressions for people of color (POC), those with graduate degrees, and PWD who are employed full time. We proffer these results may be understood from the standpoint that microaggressions toward PWD are pervasive and may intersect with other nondominant identities (Sue & Spanierman, 2022). It is not surprising that participants with nondominant racial identities had higher Minimization scores given that POC frequently report being dismissed and ignored within U.S. culture (Nadal et al., 2014); based on our study results, this holds true for POC with disabilities. Additionally, because society typically views people with graduate degrees and those who work full time as more capable, PWD who fit these categories may be more likely to experience microaggressions that minimize the existence or severity of their disabilities because they are perceived as more capable based on education and employment.

Implications

Given the ubiquitous nature of ableist microaggressions experienced in the disability community, it is vital for counselors to recognize, acknowledge, validate, and be culturally aware of and sensitive to the presence of microaggressions in the lives of PWD, and in turn, consider that socioemotional problems may be a product of microaggressions rather than attributes related to their disability (Chapin et al., 2018; Sue & Spanierman, 2022). However, counselors must understand that PWD may not use the terms *microaggressions*, *ableist*, or *ableism* explicitly, so they need to listen and attend to client stories that communicate such experiences and determine whether or not these experiences are part of their symptomology. Grounded in the AMS domains evident in the study results, we proffer that clients may share stories that communicate instances in which PWD experience:

- Helplessness: PWD are given unsolicited assistance, restricted in performing daily activities, denied their independence, or not directly communicated with by others.
- Minimization: PWD are required to continuously prove, substantiate, or explain the existence of their disability.
- Denial of Personhood: PWD must endure others' singular focus on their disability or disregard of their additional sociocultural identities.
- Otherization: PWD experience others denying, questioning, or expressing irritation regarding accommodation requests or must deal with people assuming that impairment in one area results in impairment in other areas.

Failure to appropriately attend to these inequities experienced by PWD or to engage in cultural humility can lead to early termination, impede the working alliance, and/or result in additional psychological harm (Sue & Spanierman, 2022).

Because counselors are products of their environments, they are at risk of developing unconscious biases toward PWD with visible and hidden disabilities, and left unchecked, they can unintentionally communicate these biases within the counseling process. Biased beliefs can unwittingly drive actions that can damage the counseling relationship and result in microaggressions, including seemingly well-intended, innocuous actions like holding a door (i.e., Helplessness) or unilaterally determining a treatment plan without client input (i.e., Otherization). Such actions can usurp the autonomy of clients with disabilities and result in denying clients their basic ethical rights. Additionally, counselors may inadvertently overlook disability identity when they do not include ability/disability status or questions about disability or chronic illness as part of their intake and assessment procedures (i.e., Denial of Personhood; Cook et al., 2020). Without this knowledge, they may mistakenly minimize a client's hidden, undisclosed disability because they were unaware of it (i.e., Minimization), yet our results support that this may occur with apparent/disclosed disabilities, too. Consequently, we recommend counselors provide intake questions that give clients the opportunity to identify their disabilities, to include additional self-determined relevant information about their disability, and to express how they would like the counselor to refer to their disability. Furthermore, counselors must follow up about intake form information during the clinical interview (Cook et al., 2020).

PWD with multiple intersecting nondominant sociocultural identities experience the inherent complexities associated with possessing overt cultural identities (e.g., POC) and concealed cultural identities (e.g., sexual/affectual orientation). It is essential for counselors to explore clients' identities that are most important to them (i.e., identity salience; Hunt et al., 2006) and their experiences of

privilege and marginalization. Accordingly, counselors must work to understand the privileged and marginalized statuses related to all of their identities and specifically related to ability/disability in order to broach effectively. To do so, counselors must examine their attitudes, beliefs, and assumptions about PWD to combat unconscious biases that could influence their behavior or interpretations in the counseling relationship (Chapin et al., 2018). To do so, Deroche et al. (2020) recommended reading autobiographies or blogs written by PWD (e.g., Heumann & Joiner, 2021), listening to or watching Ted Talks given by PWD (e.g., Young, 2014), following or joining social media pages specific to disability or PWD, and/or reading scholarly literature centered on the lives of PWD. Additionally, we recommend counselors engage in culturally responsive care, including use of disability-inclusive language (Kattari, 2020); discuss specific accessibility and accommodation needs (Chapin et al., 2018); assess office accessibility; and create disability-friendly policies (Chapin et al., 2018; Olkin et al., 2019).

Counselor educators and supervisors are responsible for preparing students and supervisees to work with PWD. Consequently, professional counselors need more than one day slated for disability topics in their multicultural counseling course. Most importantly, professional counselors need to know that PWD have historically been and are continually on the frontlines advocating for their civil rights and promoting social justice and equality. Although it is likely impossible for most programs to add another course to their curriculum, it is reasonable and doable to integrate disability into established courses as they have for other cultural topics and for supervisors to make intentional efforts to address ability/disability within clinical supervision. Strategies include creating case studies that portray PWD or disability identity (see Smart, 2012 for examples); developing activities, assignments, or projects that require counselor trainees to explore negative attitudinal barriers and social inequities experienced by PWD (Deroche et al., 2020); discussing how disability impacts family roles, responsibilities, and dynamics; using cultural broaching in the classroom and in supervision (Day-Vines et al., 2021); and designing program policies and materials that reduce attitudinal and access-related barriers for students and supervisees with disabilities.

Limitations and Future Research

The study results must be understood in the context of its limitations. Self-selection bias may have influenced who decided to participate in the study. Although we included a definition and examples of ableist microaggressions in our informed consent document, PWD who were more familiar with or had an interest in this topic may have chosen to participate compared to PWD who were less familiar or knowledgeable about ableist microaggressions. Our use of the AMS (Conover et al., 2017b) introduces limitations associated with its psychometric properties, as no normative data is available. Additionally, the AMS purports to measure the lifetime occurrence of ableist microaggressions, requiring participants to retrospectively report information from years prior; retrospective recall of ableist microaggressions may result in inaccurate data (Kattari, 2019). Although there is benefit to understanding the long-term effects of ableist microaggressions, we suggest that researchers pursue longitudinal studies rather than utilizing a one-time measure that relies on participants' recollections.

Although our sample included people with a range of disability types and visibility of disability, the majority identified as White, heterosexual women who are employed and who had some level of higher education experience. The racial (Goyat et al., 2016), educational (Paul et al., 2021), and employment (U.S. Bureau of Labor Statistics, 2023) inequities reported in the disability community are not representative of our sample. We suggest that future studies intentionally sample individuals who are more representative of the disability community. Finally, counseling researchers must continue to investigate how ableist microaggressions manifest in the counseling relationship, best

practices for helping clients heal from microaggressive experiences, and appropriate supervision and educational interventions to prepare counselors and counselors-in-training to work with PWD who have experienced ableist microaggressions.

Conclusion

The results of our study add to the paucity of research specific to ableist microaggressions, particularly with respect to visibility of disability and other nondominant sociocultural identities of PWD. Like other studies, we found high average scores in all domains, and that visibility of disability resulted in higher AMS scores and impacted the type of ableist microaggressions experienced. Although the sociocultural identities we examined did not predict the lifetime experiences of ableist microaggressions, we found race/ethnicity, education level, and employment status are predictive of Minimization ableist microaggressions for POC, those with graduate degrees, and PWD who are employed full time. We offered that all counseling professionals—counselors, counselors-in-training, counselor educators, and supervisors—must attend to disability microaggressions regularly within their professional roles and specifically, we urged researchers to increase their attention to ableist microaggression research. Together, we can reduce ableist microaggressions and eventually increase access for PWD within professional counseling.

Conflict of Interest and Funding Disclosure

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