

# Microaggressions and Marginality

Manifestation, Dynamics, and Impact

Edited by  
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John Wiley & Sons, Inc.

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Published by John Wiley & Sons, Inc., Hoboken, New Jersey.

Published simultaneously in Canada.

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*Library of Congress Cataloging-in-Publication Data:*

Microaggressions and marginality: manifestation, dynamics, and impact/edited by Derald Wing Sue.  
p. cm.

Includes index.

ISBN 978-0-470-49139-3 (cloth); 9780470627068 (eMobi); 9780470627198 (ePDF); 9780470627204 (ePub)

1. Aggressiveness. 2. Cross-cultural counseling. I. Sue, Derald Wing,

BF575.A3M445 2010

305—dc22

2009050972

Printed in the United States of America

1 0 9 8 7 6 5 4 3 2 1

## CHAPTER 11

# Microaggressive Experiences of People with Disabilities

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**L**IKE MANY MARGINALIZED groups, people with disabilities (PWDs) have endured a long history of violence, oppression, and discrimination. The needs, experiences, hopes, and aspirations of PWDs are relatively unknown, unrecognized, and underestimated (American Psychological Association [APA], 2009). Some believe that discrimination against PWDs is increasing in frequency and intensity, resulting in both physical and psychological harm for this population (Leadership Conference on Civil Rights Education Fund [LCCREF], 2009). Negative attitudes and behaviors against PWDs seem driven by distorted assumptions and beliefs about disability (Wallace, Carter, Nanin, Keller, & Alleyne, 2003). Since it is beyond the scope of this chapter to summarize the historical treatment of PWDs, we recommend some excellent summaries that can be found in the recent publication of the American Psychological Association titled *Draft guidelines for Assessment of and Intervention with Individuals Who Have Disabilities* (APA, 2009) and in reviews by Keller (2004), Wallace et al. (2003), and Snyder and Mitchell (2006). Readers who wish to review a more comprehensive set of resources are directed to seminal works, such as Vash (1981), Goffman (1963), and Zola (1982), and more contemporary writings, such as Braithwaite and Thompson (2000), Fleischer and Zames (2001), Longmore and Umansky (2001), Russell (2002), or the World Institute on Disability web site (<http://www.wid.org>). Those who would prefer to review a more theoretical perspective of disability are referred to Olkin (1999) and Pfeiffer (2001).

The authors of this chapter would like to make a special acknowledgment to Lisa L. Robinson, Jennifer Zadikow, and Emily E. Merola for their contribution to the research study.

These sources provide overwhelming evidence that ableism exists and remains alive and well today. Ableism is the unique form of discrimination experienced by PWDs based on their disabilities. Its expression favors people without disabilities and maintains that disability in and of itself is a negative concept, state, and experience. Implicit within ableism is an able-centric worldview, which endorses the belief that there is a "normal" manner in which to perceive and/or manipulate stimuli and a "normal" manner of accomplishing tasks of daily living. Disability represents a deviation from these norms. While PWDs may experience similar forms of discrimination as other socially devalued groups, we contend that they may be subjected to unique group-specific manifestations as well. In addition to the spectrum of overt acts of discrimination, another vast set of group-specific, subtle, and insidious negative daily experiences are thrust upon PWDs. How might these subtle forms of discrimination be experienced in the everyday lives of PWDs? Consider the following example experienced by the senior author of this chapter.

*/ (Richard Keller, a blind man) was attending a meeting with a work group that has met for more than four years. We know each other very well, and my status as a person with a disability is obvious. Often, I provide some insight into experiences of PWDs to the discussion. In this meeting, a new administrator was invited to meet the group. When he was introduced, I assumed he scanned the table looking for familiar or unfamiliar faces. He was offered introductions but declined, taking it upon himself to call out the names of attendees. When he called out "Richard/" I had the sense that he extended his hand to shake mine, as I felt a strange shift in the overall mood and energy of the group. Intuitively, I had the distinct impression that someone had said in a stage whisper "He's blind." I then continued to take in the unrest and hesitancy in the group. Was I being paranoid? Surely these trusted and familiar colleagues would not have treated me in such a dismissive manner. Of course, they respect my disability and with our history together are well equipped to ask direct questions or make direct statements. Was I being too sensitive or misreading the situation?*

*After a brief pause, the meeting continued, and the administrator presented his materials to the group. At the end of the presentation, while expressing our thanks and wishes to continue to be updated, I reached out my hand to the administrator and shook his hand. Later that day, I called one of my most trusted colleagues, who attended the meeting, and asked him about the awkward moment. I indicated that I thought I heard a stage whisper "He's blind." My friend and colleague chuckled and said that the administrator had attempted to shake my hand and when I didn't respond, he was baffled. At that moment, another person did in fact mouth the words*

*"He's blind/" which resulted in the administrator turning bright red. While this was going on, I questioned myself, and afterward, I wondered if I should use this as a teachable moment for my colleagues. Upon reflection, however, I became angry and frustrated, since I had already spent considerable time and effort guiding these folks to a deeper understanding of the disability movement and the disabled perspective. I felt like a failure.*

*It was helpful to have discussed the situation with my one colleague, and I felt some what better afterward. However, as time passed, I remained angry, embarrassed, and disappointed. I wasn't sure what to do. Again, was I making too much of this situation? Certainly my friends and colleagues would not try to hurt me. So, after about two weeks, I called for a special meeting of the same group. I shared my feelings about my perception of the incident. I indicated that I didn't want an apology and that I wasn't sure of what I hoped would be accomplished but wanted to discuss the matter. We went around the table, and each person tried to share their thoughts and feelings about the event. Some of the people around the table seemed to genuinely want to come to a deeper understanding of what happened and what options might they consider moving forward. Others were silent, while still others took a slightly defensive posture. Near the end of the meeting, I asked the group what would have been so difficult in letting me know at the time that the administrator was trying to shake my hand. No one could answer. There was just no response. I left the second meeting with mixed feelings. I am uncertain whether other attendees did as well. Is disability too embarrassing to talk about in public? After spending so much time with my colleagues, do they not know anything about me or my disability? What about my perceptions of my relationship with them, professionally and personally? What do they now think about me? What about the group as a whole?*

*When I reached out to the administrator, who had also been embarrassed by the event at the meeting, he expressed deep appreciation. I assured him that I had no hard feelings about what had happened between us; rather, [expressed dissatisfaction with my colleagues and disappointment that they were not able to simply provide me the visual information I was missing in the situation. I wanted to assure him that in general, we are more comfortable in discussing disability at this organization. He seemed to walk away with satisfaction and understanding. But this 30-second example can give some idea of how many people can be affected by an unintentional, subtle act of insensitivity toward PWDs\**

This example illustrates why it is important to explore the existence of covert expressions of discrimination toward PWDs, which have been called microaggressions and supported by research with other minority groups (Sue, Bucceri, Lin, Nadal, & Torino, 2007; Sue, Capodilupo, & Holder, 2008; Sue, Capodilupo, et al., 2007). Microaggressions are "subtle, stunning, often automatic, and non-verbal exchanges which are 'put downs'" (Pierce, Carew,

Pierce-Gonzalez, & Willis, 1978, p. 66). Racial microaggressions have been defined as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults" toward people of color (Sue, Capodilupo, et al., 2007, p. 273). It has been proposed that as classic racism has evolved into a more modern form often referred to as aversive racism, racial microaggressions have developed as a manifestation of this evolution (Sue, Capodilupo, et al, 2007). The changing face of racism has been attributed to less public tolerance for overt displays of prejudice and increasing legislation that prohibits discrimination.

Likewise, since passage of the Americans with Disabilities Act in 1990 and recent amendments in 2008, overt forms of discrimination (ableism) toward PWDs have suffered a similar public decline like racism (Snyder & Mitchell, 2006). The distorted assumptions and beliefs that fuel negative attitudes and behaviors toward PWDs still exist, but they operate in a much more subtle, secretive, and covert manner, often outside the level of awareness of well-intentioned perpetrators. These covert expressions can be called disability microaggressions. To date, there are only anecdotal examples, along with a few more objective and scholarly descriptions of disability microaggressions, that have been described in the literature (Wallace et al., 2003; White & Epston, 1990). What kind of interpersonal complexities exist for both recipient and antagonist when a disability microaggression occurs?

Let us use the preceding example to tease out some of the dynamics, themes, and manifestations of these forms of microaggressions- First, the well-intentioned male colleague who whispered "He's blind" may be operating from an unconscious worldview that PWDs are helpless or of limited cognitive functioning. The impact upon the senior author, after much reflection, was that he was treated like a child. Second, the colleague appears to be vested in avoiding PWDs or wishes that they were invisible. When the senior author attempted to seek out a deeper understanding about the negative experience from others, he encountered defensiveness and in some cases denial. In other words, his experiential reality was being denied and invalidated. Third, it was quite clear that many of his colleagues were uncomfortable with his disability becoming visible and that most chose to ignore the situation. Were it not for the persistence of the senior author, the entire episode would have remained unspoken and out of sight. Indeed, many PWDs often describe how they are ignored and how others prefer not to see or acknowledge them/ as well as the extreme discomfort of able-bodied people when PWDs are in their presence.

Little is known about disability microaggressions. How might these subtle disability insults and invalidations make their appearance in interpersonal and environmental encounters? Why do they occur? What forms do they take? How do disability microaggressions play out between perpetrators and targets? Are there emotional and psychological consequences to the targets? What effects do they have on perpetrators? If disability microaggressions are harmful, what steps must be taken to eradicate them? Our research goal was to address these questions.

## METHODS

This research used a qualitative method to explore the existence of microaggressions directed at PWDs. We sought to identify patterns in the manifestations of these microaggressions and to investigate the impact of these experiences on targets. In order to have a stronger opportunity to compare and contrast our work with findings in other microaggression research, we modeled our methodology after the work of Sue and colleagues (2008) with African Americans and Sue, Bucci, et al. (2007) with Asian Americans. Some adaptations have been made, specifically to maximize the participation of PWDs. A focus group format was chosen, as it provides rich description as well as contextual understanding of how phenomena occur (Sofaer, 1999). In the area of disability research, focus groups have gained popularity, as they provide an open format and flexibility of implementation (Kroll, Barbour, & Harris, 2007). Furthermore, focus groups are particularly useful for populations who typically are bypassed by quantitative studies, and they also provide an opportunity for PWDs to serve as active research partners as opposed to their usual role of research objects (Imrie & Kumar, 1998). Our research aimed to elicit, through supportive social interaction, descriptions of subtle discrimination experienced by PWDs. These descriptions were then analyzed to yield an initial taxonomy of disability microaggressions.

## PARTICIPANTS

Ideal focus group size varies from between 4 to 8 (Kitzinger, 1995) to between 6 to 12 (Morgan, 1997). Focus groups with PWDs may be ideally smaller, depending on the nature of the disability and its impact on the length of time needed for participants to hear, understand, process, and respond fully (Barrett & Kirk, 2000; Seymour, Ingleton, Payne, & Beddow, 2003). The length of time for each group can also be balanced to consider potential fatigue, pain, or discomfort experienced by participants with sensory and/or physical disabilities (Barrett & Kirk, 2000; Kroll et al., 2007). Purposive criteria were used to recruit appropriate participants in a similar manner as other research

on microaggressions (Sue, Bucceri, et al., 2007; Sue et al., 2008). All participants in the two focus groups had to self-identify as an individual with a disability, agree that ableism exists today in the United States, and agree that discrimination toward PWDs takes both overt and covert forms.

A total of 12 self-identified PWDs were recruited from two organizations specializing in serving this population and were sorted into two focus groups. The sample was comprised of five males and seven females; eight White Americans, two Latin Americans, and two African Americans. Participants reported the following types of disabilities: Three reported sensory (visually impaired), seven reported physical, and two reported multiple (physical/sensory and physical/cognitive) disabilities- Four participants reported their disability to be congenital, and eight reported adventitious disabilities. Five participants reported their disability to be invisible, and seven reported their disability as visible. Ten of the participants were in their forties and fifties, while two participants reported to be in their twenties. Of the sample, nine were working professionals, two were full-time graduate students, and one was unemployed.

#### RESEARCHERS

The researchers for the study were 12 master's-level graduate students in the Department of Counseling and Clinical Psychology taking a graduate research seminar on PWDs and ableism taught by the senior author at a private university in the eastern United States. Students were required to examine their potential assumptions and biases related to disability issues in order to assure minimal impact on the data collection, analysis, and the overall integrity of the research (Kroll et al., 2007). This was done through extensive reading in disability studies and guided discussions facilitated by the senior author. The research team was comprised of two males and ten females; eight White Americans, one African American, one Latin American, and two Asian Americans (one non-native). Five members of the research team self-identified as PWDs (including the senior author), and eight did not. The senior author is an assistant professor of psychology and education with a Ph.D. in counseling psychology. He has been involved with the disability rights movement for over 20 years. For the past 15 years, he has conducted disability-related research with a focus on social justice, self-disclosure, and life outcomes for PWDs, with particular attention to discrimination, ableism, and solutions to combat their presence.

#### MEASURES

Two means of collecting data were employed. First, a brief demographic questionnaire seeking information about race, ethnicity, age, gender,



employment status, disability type, onset, and visibility was completed by all participants. Only three of the participants required reasonable accommodations to complete this task. Second, a semistructured interview protocol was developed based on an overview of current microaggression research (Sue, Bucceri, et al., 2007; Sue, Capodilupo, et al., 2007; Sue et al., 2008) and a review of the literature on a variety of forms of discrimination and inequity experienced by PWDs (Keller, 2004; Keller & King, 2008). The questions were open-ended in format in order to allow participants to respond in as flexible a manner as possible with real-life experiences and provide detail about the underlying message they attribute to the experience, as well as their perception of the perpetrator's intention. In addition, we hoped to provide an opportunity and an environment permitting participants to describe the impact these experiences have on their lives and the various strategies they use to deal with them. There were no requests for reasonable accommodations for equal participation within the focus groups.

#### PROCEDURE

Participants were recruited from two organizations that provide services to PWDs. The corresponding receptionist at each organization asked consumers to consider volunteering as they contacted the organization in the course of normal business. A list of potential research participants was compiled and provided to the research team along with contact information. Two focus groups were scheduled, and potential volunteers were contacted to match their availability with the corresponding dates and times. No compensation was provided to participants. Each focus group was approximately one-and-a-half hours in length and took place in a closed private room at each of the organizations. Two members of the research team who identified as individuals with disabilities were selected to facilitate the focus groups. At the beginning of each of the focus groups, a general description of the research was provided to participants, and the facilitators identified themselves as PWDs. We believed it was important for the facilitators to disclose their disability status to engender a supportive atmosphere where participants were more likely to feel comfortable disclosing sensitive, emotionally laden material about their subtle negative experiences surrounding their disability.

The two facilitators rehearsed the script with the research team under the guidance of the senior researcher to ensure maximum fluidity, effective facilitation, and anticipation of difficult dialogues. Participants were advised of their rights and responsibilities. Following, an informed consent was obtained. Both focus groups were audiotaped, and verbatim transcripts were produced, concealing the identities of participants. At the conclusion

of each focus group, participants were debriefed and provided with a list of resources about disabilities and potential sources of emotional, psychological, and community support. Once the facilitators were assured of the accuracy of the transcript, the audiotapes were destroyed. In addition, after each focus group, the facilitators engaged in a debriefing session, which was also audiotaped. These transcripts, along with the transcripts of the focus groups, were brought to the research team.

Five members of the research team, including the facilitators, were selected to make up the coding team and reviewed the two focus group transcripts, identifying instances where microaggressions may have taken place. The content surrounding these instances was analyzed qualitatively. The goal of the team was to identify what type of microaggressions PWDs experience, the related theme, and the overall impact of these experiences on participants. Each member of the team analyzed the transcripts individually to conceptually organize the focus group data. The content from the focus group transcripts were then analyzed qualitatively in order to identify and label the microaggressions, locate quintessential examples of each, and catalogue the cognitive and emotional responses of targets, as well as to connect each microaggression to underlying messages received by the target.

The initial conceptualization of the data was presented to the senior author and an advanced doctoral student who comprised the auditing team. The auditing team reviewed the initial work and provided feedback in order to reach consensus on the accuracy of the microaggressions found. The process for establishing consensus was a modified consensual qualitative research (CQR) method for focus groups (Hill, Thompson, & Williams, 1997). Sue, Bucci, and colleagues (2007) and Sue and colleagues (2008) have suggested this procedure in microaggression research, with the unit of study as the focus group rather than the individual. Once initial consensus was reached between the coding team and the auditing team, individual coding team members were asked to group together, categorize, and label similar microaggressions into domains and to identify the central concept of each domain. The coding team met together again with the goal of reaching consensus on their domains. These findings were brought back to the auditing team for feedback until consensus was reached. The auditing team focused on looking for similarities and differences in each individual's coding, with an eye toward minimizing group thinking and finalizing results and related structure.

## RESULTS

Findings from the two focus groups yielded several patterns of microaggressions experienced by the participants based on their disability status. As shown in Table 11.1, these patterns were then broken down into eight

Table 11.1  
Examples of Disability Microaggressions in Everyday Life

Theme	Example	Message
<i>Denial of personal identity:</i> occurs when any aspect of a person's identity other than disability is ignored or denied	J can't believe you are married."	There is no part of your life that is normal or like mine. The only thing I see when I look at you is your disability.
<i>Denial of disability experience:</i> occurs when disability-related experiences are minimized or denied	"Come on now, we all have some disability."	Your thoughts and feelings are probably not real and are certainly not important to me.
<i>Denial of privacy:</i> occurs when personal information is required about a disability	Someone asks what happened to you.	You are not allowed to maintain disability information privately.
<i>Helplessness:</i> occurs when people frantically try to help PWDs	Someone helps you onto a bus or train, even when you need no help.	You can't do anything by yourself because you have a disability.
	Someone feels incapable of rescuing you from your disability.	Having a disability is a catastrophe. I would rather be dead than be you.
<i>Secondary gain:</i> occurs when a person expects to feel good or be praised for doing something for a PWD	"We're going to raise enough money tonight to get Johnny that new wheelchair."	I feel good and get recognition for being nice to you.
<i>Spread effect:</i> occurs when other expectations about a person are assumed to be due to one specific disability	'Those deaf people are retarded."	Your disability invalidates you in all areas of life.
	"Your other senses must be better than mine."	You must be special in some way. You're not normal. You have "spidey sense."
<i>Infantilization:</i> occurs when a PWD is treated (like a child	'Let me do that for you.	You are not really capable. I know better than you how to do this.
<i>Patronization:</i> occurs when a PWD is praised for almost anything	'You people are so inspiring.	You are so special for living with that.

(continued)

**Table 11-1**  
(Continued)

Theme	Example	Message
<i>Second-class citizen:</i> occurs when a PWD's right to equality is denied because they are considered to be bothersome, expensive, and a waste of time, effort, and resources	People work hard not to make eye contact or to physically avoid a PWD.	PWDs are disgusting and should be avoided.
	A person in a wheelchair waits 15 minutes outside a restaurant for access through the kitchen. She then complains to the manager.	Those people expect too much and are so difficult to work with. They have no patience.
	At a staff meeting, the question is raised about improving accessibility to the restaurant, and the official plan is that changes will be made when more PWDs come to eat.	Your rights to equality are not important to me.
<i>Desexualization:</i> occurs when the sexuality and sexual being is denied	"I would never date someone who uses a wheelchair."	PWDs are not my equal, not attractive, and not worthy of being with me.

domains and can be used as a framework for interpreting the microaggression experiences of PWDs.

There were a few microaggression incidents described by participants that could not be classified within the eight domains and/or group consensus could not be reached in order to justify creating additional domains. As a result, these microaggressions were included as auxiliary findings- The remainder of this section provides examples of the eight domains, the underlying messages received by targets, and the likely intent of the perpetrator.

#### DOMAIN 1: DENIAL OF IDENTITY

This domain was endorsed by both focus groups. This microaggression was found to have two variations.

*Denial of Personal Identity* The first variation is when some salient aspect of the target's identity other than their disability is disregarded. This disregarded aspect of their personal identity remains invisible, leading to an overemphasis on their disability. An example of this might be a reaction of surprise about the target's career or some other affiliation. An excerpt from our research follows: "I've spoken at three different schools in the past month, and the thing that I mostly start out with is that people have said, 'What do you like to be called—disabled, handicapped, challenged?' I'm like, just call

me Susan; that's all I want to be—just Susan/' The underlying message received by the target is that the only important aspect of their identity to the perpetrator is their disability. Membership to other sometimes prized identity statuses is not expected or believed. The target is left feeling that their potential talents, skills, expertise, awards, or memberships are not valued and are discounted.

*Denial of Experience* The second variety of this microaggression is the "denial of disability-related experiences." The participants described several expressions of this microaggression. One expression is the denial or minimization of a negative or discriminatory experience. An example follows: "I couldn't tell you how defeated and deflated I felt. The handicapped-accessible room in Rome was not the way it should have been, and I had a really good time in Florence where the room was accessible, and then to have my friends tell me when I got home—this is almost as hurtful—'Well Susan, don't you think you're being a little overly sensitive?'" Targets also describe encounters where the perpetrator indicates that they understand the experience or some part of it, somehow identify with the experience, or know the solution to the situation. These microaggressions serve to invalidate the experiences of discrimination and suggest that PWDs don't face inequities and that ableism doesn't exist, particularly since the passage of the Americans with Disabilities Act: "One guy told me, 'Why don't you just get over it and get some glasses?'" Or, "The other thing I hate is when people come up to me and say 'I know how you feel/ Someone could have the exact same disability as I do and still not know how I feel.'"

Finally, the last expression of this microaggression is experienced by outright denial of the target's disability. Amazingly, this seems *to* occur not only for people with invisible disabilities but also for people with obvious visible disabilities: "Because I don't have an outward disability, people don't necessarily believe me. I've had to deal with that all my life, and I've had to give proof." Or, "When I went to public schools in second grade, they denied I was even disabled—which, don't get me wrong, I'm clearly physically disabled; my disabilities aren't hidden, but they denied I was disabled- They sent me to their doctors in the Medical College of Georgia to examine me; the doctors are like, of course you're disabled, what else do you think!"

The underlying message received by the target is that their experience is not important, not real, or not worth acknowledging. The target experiences these microaggressions as conscious or unconscious attempts to deny their negative disability-related experience- This is construed as an effort by the perpetrator to deny individual responsibility or to deny the responsibility of society or the dominant culture for any difficulties that PWDs experience

while encountering barriers to equality. In other cases, the perpetrators are construed as attempting to distance themselves from the oppressive dominant culture through an effort to portray understanding or identification in some manner with the target.

#### DOMAIN 2: DENIAL OF PRIVACY

This domain was also endorsed by both focus groups and is evidenced when the perpetrator demands, explicitly or subtly, personal information from the target. The target experiences the microaggression as often abrupt without hesitation and consideration for their comfort. These demands seem to transcend appropriate social norms and ignore the impact that levels of intimacy play in the self-disclosure process (Braithwaite, 1991; Chaikin & Derlega, 1974), lacking attention to the impact of differences in communication in public/private settings. An example follows: "In a crowded elevator . . . everybody is a little bit self-conscious and not talking, and some guy says to me, 'So, what happened to you?' really loud, so everyone in the car hears it." For targets with invisible disabilities, the request may not be for information about their disabilities but rather for them to simply identify themselves as people with disabilities in order to explain why they might do something differently; for example: "People are like 'Just read this/ but I don't want to out myself; I don't think it's my responsibility/'

These denials of privacy seem to mirror the literature findings on difficulties between people with and without disabilities in the communication process (Kleck, 1968; Kleck, Ono, & Hastorf, 1966; Thompson, 1982; Wallace et al., 2003). Overwhelmingly, targets attributed the perpetrators' behaviors to be motivated by their own discomfort and ambiguity about disability. Other targets described their belief that this microaggression is a misguided attempt by the perpetrators to improve their interactions with the targets by getting answers to the questions that are pressing on their own minds or by indicating that they are not ableists. However, targets did not see these "well-intentioned" efforts as harmless but as examples of the insensitivity of the perpetrators, their lack of attention to boundaries, and their lack of concern for the cost (Braithwaite, 1985) to the target in losing control of their personal information. The target feels forced to take responsibility for managing the uncomfortable feelings of the perpetrator and to bear the burden of correcting problems brought about by the dominant culture. The underlying message received by the target is that a person with a disability is not entitled to the right of privacy, especially as it relates to their disability.

DOMAIN 3: HELPLESSNESS

Our third domain is perhaps the most complicated in its manifestation and potential impact for both target and perpetrator. The expectation of helplessness was overwhelmingly a universal experience for almost all research participants in both focus groups. Here again, there seems to be more than one expression of the microaggression. Most of the reports we heard centered on the expectation that PWDs need help most of the time. Theoretically, this seems to be related to the low expectations (Hafferty, 1994) of PWDs held by the dominant culture. An example follows: "On any given day, someone will race across the parking lot, and I won't even be looking for help. I'll be putting my chair in my car, and [I hear,] 'Can I help you, can I help you?'"

Another expression of this microaggression appears to be more closely linked to the potential projection of the perpetrator. Research participants described their sense that perpetrators may look at a person with a disability, be reminded of their own mortality, and be forced to consider the possibility of experiencing disability in their lifetime and thus be driven into action of *some* kind. As a result, participants believed that some perpetrators project a catastrophic representation of disability due to their lack of knowledge and understanding about living with a disability. An example follows: "One of the things that my boyfriend is dealing with right now is that he can't help me; he can't save me from this. Eventually, I will go blind, so that makes him uncomfortable. He can't do anything about it, and he feels he needs to."

The underlying messages received by the targets seem clear. First, the presence of a disability is equal to a state of helplessness in a wide range of settings and tasks. A PWD cannot do anything without help from another person. While targets seemed to acknowledge these misguided offers of assistance to most likely represent a genuine intent to be helpful on the part of the perpetrator, the aggregate impact of continuous unsolicited, unwanted, and unneeded offers of help was reported to be overwhelmingly negative, intense, and long lasting. The second message is that a disability is a catastrophic event that continues throughout one's life. As a result, the time, effort, and resources devoted to rehabilitation, auxiliary-skills training, and adaptive technology are discounted as a source of real improvement in the life of a PWD. Targets interpreted these experiences as evidence of perpetrators' underlying belief that living with a disability is a torturous experience hardly worth enduring. Targets further related these experiences to the recent eugenics movement exemplified through the actions of Dr. Kevorkian, clearly sending the message that it is better to be dead than to be a PWD. Research participants alluded to the "Not Dead Yet" movement ("Ableism," 2009) by the disability rights community in reaction to the eugenics position.

## DOMAIN 4: SECONDARY GAUNT

This microaggression was found in both groups and occurs when the perpetrator interacts with, relates to, or serves a PWD with the hidden agenda of personally gaining intrinsically or extrinsically for their effort. One variation was described by research participants as an expectation by the perpetrator to be recognized or praised in some way for their interaction with a PWD. An example: "I started kindergarten in 1972; it was one of the few schools that would take me. Later on, it became apparent to me I was sort of a trophy for them. They helped me out; 'Look, aren't we great, look what we did.' They partnered with IBM to make me a keyboard- I didn't want to type; I wanted to be just like everybody else." A second variation described by research participants is the perpetrator's hope to feel better about herself or himself through her or his experience with a PWD. Participants felt that the perpetrator will sometimes compare herself or himself socially to a PWD and offer sympathy to her or him as a response to her or his disability status. At the same time, the perpetrator enhances her or his own sense of self through the comparison. In effect, perpetrators make their own grass greener by viewing someone else's grass as not green, as in: "Many times, you'll become a pity case. 'Oh, that's so terrible, that must be so horrible/ It's extremely demeaning, because they're making it seem like they are better than you are.'" The underlying message received by targets is that for perpetrators, PWDs represent an opportunity for social exploitation. The yield might be social credit of some sort or enhanced sense of self worth. Participants indicated that genuine interactions of this sort are valued and appreciated. However, they indicated that when they feel the interaction to be less than genuine, they feel used and taken advantage of. Participants discussed social examples such as political campaigns and fund-raising efforts. The development over time of the disfavor that the "Jerry Lewis Telethon" has received from people within the disability rights movement is a classic illustration of this phenomenon ("Telethon 2000," 2000).

## DOMAIN 5: SPREAD EFFECT

This microaggression was endorsed by both groups and occurs when an ascription of ability is made due to the presence of a disability. Participants conjectured that the related assumption is that a limitation in one functional area leads to limitations in other functional areas. Participants described interactions that include instances where people speak loudly when communicating with a blind person, as if the blindness has led to limitations in hearing. An example: "I had a women come up to me—I was a kid—and she says, 'Can you talk?' and then I just wanted to say, I'm a leprechaun, I'm after me lucky charms/"



Within this microaggression, participants also discussed instances where they felt that perpetrators ascribed either high or low intelligence to them due to the presence of their disability, as in the following example: "I don't know why at 12 I wasn't diagnosed as legally blind, but through that time, it was just so difficult with my family, because some of the teachers and other people who were trying to help me were saying to tell me that I was mentally retarded, that there was something wrong with the way I was thinking/' The underlying message received by the target is that his or her disability predicts functional ability and intelligence in a wide range of areas, usually in the low direction. In this microaggression, the potential impact of the disability is dramatically inflated and extends far beyond the logical nexus between impairment and functional limitation. While both expressions of this microaggression were found to occur more often in the negative direction, they might also predict unusually enhanced cognitive or other abilities. Such distortions, according to participants, have probably led to many of the myths about people with sensory and other disabilities, culminating in extreme expressions such as the *Rain Man* film character and the concept of the idiot savant. Finally, the idea that one disability leads to numerous functional limitations reinforces the overwhelmingly negative perception about disability held by the dominant society in general.

#### DOMAIN 6: PATRONIZATION

Both groups described these experiences. This microaggression takes place most often when perpetrators speak to or act toward targets as if they were children, a concept commonly referred to as infantilization. An example follows: "I don't look like a normal adult; people may have a hard time taking me seriously and [treat] me more childlike." The underlying message received by targets is first and foremost that PWDs are overall less capable than people without disabilities. The perception of the target is that the perpetrator feels driven to "do it for you," "explain it to you/' and "make the decision for you." The target is left with feelings of humiliation and invalidation. Targets experiencing infantilization interpret the perpetrators' conduct to demonstrate equating ability with maturity. As a result, the presence of a disability reduces the perceived maturity of the target. A very different expression of patronization is the false admiration of a PWD. This most often happens when a PWD is praised for almost anything simply because the disability exists, such as in the following example: "I get, 'Oh, you're such an inspiration/ I'm like, for what? Because I get up in the morning?'" The underlying message described by participants related to false admiration is that a PWD should be praised or admired for enduring the torturous experience of living with a disability. Targets of this microaggression construed perpetrators' intent to

be helpful and positive, however misguided. Participants discussed appreciation for praise when well deserved but not simply for living with a disability.

#### DOMAIN 7: SECOND-CLASS CITIZENSHIP

This microaggression was almost universally endorsed by participants in both groups and occurs when the rights of PWDs for equal access are construed by perpetrators as unreasonable, unjustified, and bothersome. In each of the three expressions, the perpetrator fails to respect the rights of the target. We have labeled the three expressions as avoidance, burden, and environmental.

The first expression is illustrated through avoidance of a PWD or the lack of recognition of their existence. Here are some examples: "I remember when I was first disabled, they would always ask whoever I was with, 'What does he want to eat?'" Or, "People literally will not look at you. You are there, and they are going by you, and they are looking wherever they want to look so that they don't even have to nod heads with you or even acknowledge your presence."

The second expression suggests that the person with the disability represents a burden and requires too much time, effort, or resources. Here is an example: "When I actually had worked at a job previous to here, it was like, 'Oh, the disabled person/ They had to make a ramp and they had to do all this stuff for me, and I felt like everyone was always looking at me like, 'We're going to have to change because of her/'"

The third expression of this microaggression is environmental in nature and exists due to decisions by the dominant culture to allow structures that prevent equal access for PWDs or provide for separate access. An example follows: "I remember going to a really nice restaurant down in Manhattan. Everybody is eating, the place is full, and I just simply asked, 'Which way to the restroom?' and they were like, 'You need a restroom? Downstairs/ And then they said to me so-matter-of-factly, 'Well, if you cross over, if you go across whatever avenue, you can use the bathroom there,' and I was like, 'Okay, I'll be back by dessert/'"

The overall underlying message received by targets related to all three expressions of this microaggression is that PWDs are likely to be a drain on people without disabilities on an individual, group, and societal basis. Theoretically, the avoidance expression appears to be related to the moral model of disability (Olkin, 1999), where the person with the disability carries a stigma of moral transgression. The underlying related message received by targets is that PWDs are less worthy, and it is better to avoid them. Considering, responding to, and accommodating PWDs is thought to require time,

effort, and of course, money. Participants discussed how this may lead to organizational efforts to hold out as long as possible on making legally mandated physical plant changes. The discussion continued to include how this can be further justified by organizations simply resting in a position that no PWDs go there or ask for that. The message targets receive is that their concerns and desire for equal access is only important when the threat of litigation is present.

#### DOMAIN 8: DESexualization

Both groups endorsed this microaggression, which occurs when a PWD is denied as a sexual being. All aspects of the sexuality and sexual identity of the person are ignored or denied, as in the examples that follow: "My looks are so much different than a normal, traditional guy—the big, brawny, mod el-type guy. I can't fit that, you know, and so women don't see me as someone who is a possible mate or whatever." Or, "I never dated. I didn't date in high school; I didn't go to the prom\* I really thought I was going to go to a coed college, but somehow I got talked into by my guidance counselor that I should look into the women's colleges. So, I did; I went to Smith." The underlying message received by targets is that they are not sexual beings and should neither seek nor be sought after as sexual partners. Targets construe perpetrators' motivation to be based on the assumption that PWDs are not capable of sexual activity or desire. Targets further hypothesized that perpetrators' fear of having children with disabilities is an underlying basis for this microaggression.

*Auxiliary Findings* We found two underdeveloped domains. The first we call exoticization, which is assigning hypersexualized status to a person based solely on his or her disability. One report indicated that a perpetrator dated disabled individuals only and reflected a romantic interest in the target purely on the basis of the presence of the disability. The second we call spiritual intervention, which is the experience of having a perpetrator stop the target and sometimes "lay hands on" and pray over the target. Both of these experiences were reported to carry with them a depersonalizing characteristic.

## DISCUSSION

The purpose of our study was to explore the existence of disability microaggressions and to construct an initial taxonomy. We also hoped to begin to understand their dynamics through the underlying messages received by targets and the perceived intentions of perpetrators. Finally, we hoped to

collect some of the strategies people use to minimize the impact of these microaggressions. While the eight microaggressions we identified were universally endorsed in both groups, caution needs to be taken in generalizing our results to all PWDs, owing to several factors. First, we only interviewed 12 initial participants. Our sample, while diverse with respect to a variety of disabilities, did not include people with all disabilities; for example, deaf or hard-of-hearing individuals. The sample failed to collect data from participants in a wide range of ages. Whereas most PWDs are unemployed (Bureau of Labor Statistics [BLS], 2009; Office of Disability Employment Policy [ODEP], 2001), our sample contained only one unemployed person. Finally, our sample contained a majority of participants who identify with the disability rights movement, which might not be the case for PWDs in general.

Our study does provide strong evidence that disability microaggressions exist and are harmful to targets and cause psychological pain, sometimes of long endurance. Targets reported reactions of frustration, anger, rage, embarrassment, insult, and invalidation from the continuous stream of microaggressions that they experienced from family, friends, acquaintances, and strangers. Many participants commented that they felt unimportant, invisible, and misunderstood. They described a variety of dilemmas they experienced in reaction to and as a result of the microaggressions. They also described concerns for proposed dilemmas that they anticipate perpetrators experience as well. While we accomplished many of our goals, the area that we understand least at this time deals with the strategies PWDs use to deal with the disability microaggressions. We only have some hints directly from the participants and a hypothesis based on observing the focus groups. Many participants used humor and sarcasm while recounting these experiences. We hypothesize that these techniques serve to diminish or reduce the negative psychological and emotional impact of the microaggression on targets. But our observation during both groups leads us to believe that the group dynamic of universality (Yalom & Leszcz, 2001) might be another key factor that mitigates the harmful effects of microaggressions. In both groups, as we observed participants increasingly identifying with the experiences of other participants and seemingly becoming less isolated in their own experience, the overall energy within the group increased. By the end of the groups, there was a very high level of energy and a sense of group cohesion. Simply relating to the experiences in common with others may have been therapeutic.

In most of the microaggression experiences, participants felt that perpetrators genuinely intended to "do good" or be helpful in some way. However, regardless of the potential intention, the microaggression was experienced negatively and brought along additional psychological wear, as the dubious intention contributed to the processing energy required by targets to work through the event. Participants also described these negative experiences as

evidence of the ableist worldview of both perpetrators and the dominant ableist society. Some participants described having their own ableist worldviews prior to becoming PWDs, which added to their psychological and emotional discomfort. Participants concluded that the ableist worldview was one that promoted a lack of respect and value for PWDs.

These additional levels of experience and interpretation seem to serve to complicate the microaggression exponentially. The initial level reported in the results section, including the experience's negative emotional/psychological components along with the target's attempts to grapple with what is meant and with the intention of the perpetrator, is certainly complex. Now, add the additional mental and emotional energy expended to test your own reality—asking yourself, did that happen?—and the dilemma grows. Not only is the targets' clear understanding of the experience called into question, but they must grapple with how best to respond while already emotionally aroused and vulnerable. Which choices will be most suitable in a specific situation? How can the target balance their response between self-preservation and educating perpetrators, or at the least, not confirming distorted assumptions or stereotypes? The following interpretation intends to illuminate these complexities within the context of other microaggression research.

We found two microaggressions in common with previous research *on* racial microaggressions conducted by Sue, Capodilupo, and colleagues (2007); Sue, Bucerri, and colleagues (2007); and Sue and colleagues (2008). The first is second-class citizenship, which seems to be similarly experienced across groups through a denial of rights and respect. One dilemma that PWDs face in relation to this microaggression is that over time, they may collude with it and agree that in fact they do need too much time, effort, and resources. The related feelings might lead PWDs to take effort to limit their interactions with people without disabilities, which can result in increased social isolation. Other expressions of this microaggression may lead to feelings of worthlessness and reduction in self-esteem. A person is at risk of eventually feeling they are not worthy of social relationships-

Participants conjectured that perpetrators may have a false sense of justification, with thoughts such as "I wish I could help you, but I really don't have the time or money." It was also believed that perpetrators of the avoidance expression of this microaggression may experience mixed feelings. On the one hand, they feel justified, as if it is their right to choose who they want to talk with or socialize with, and on the other hand, it is possible for them to leave such situations feeling disappointed\* After all, it does not cost anything just to say hello. Lastly, the environmental expression of this microaggression may leave perpetrators again feeling falsely justified- Why spend so many resources *on* so few people? It is just a good business decision.

The second microaggression in common with racial microaggression research we called denial of identity, which seems closely related to findings of denial of individual racism. These microaggressions have a commonality of the perpetrator's denial of the discriminatory experiences of the target. In our domain, this microaggression included, on occasion, the denial of other aspects of the PWDs' identities. The PWD experiences invisibility and invalidation. Among the dilemmas they may face is the possibility that they might question their understanding of the situation and at times blame themselves for the event. They may lose hope or experience a rupture in the relationship with the perpetrator.

Participants thought that perpetrators may move ahead with feelings of discomfort, or they may further misinterpret the thoughts and feelings of the PWD, complicating future encounters with other PWDs. It was conjectured that if perpetrators take the time to process these experiences further, they may also struggle with discomfort, having uncovered their unwitting injury to the PWD and their contribution to the dominant society's oppression.

We also found two microaggressions that are partially related to racial microaggressions. The first was contained in our domain we called spread effect, with a special expression of ascription of intelligence that is closely related to racial microaggression findings. While PWDs most often reported ascription of low intelligence, similar to the findings of Sue and colleagues (2008), a few participants reported ascription of high intelligence, as Sue, Bucceri, and colleagues (2007) found. The dilemma that PWDs face when they experience a spread effect microaggression is that their abilities, talents, and contributions are likely to be underestimated. This is in extreme opposition to their own experience of living with a disability. Targets reported feelings of disappointment and frustration, eventually leading to self-doubt. The true value or sense of accomplishment one derives as a result of an achievement might be reexamined and devalued. According to participants, perpetrators who are confronted -while committing this microaggression are likely to challenge the question. They might become defensive and walk away from the interaction with a feeling of disbelief. They certainly may be less likely to reach out to PWDs in the future and may be increasingly hesitant to do so, owing to the unpredictability of PWDs. Participants conjectured that when perpetrators ascribe high intelligence or other ability to PWDs and are challenged, they are likely to react in disbelief or shock. It was postulated that such perpetrators would think thoughts such as "Those people can't even take a compliment"

The second microaggression we called desexualization, which seems to be the polar opposite of the exoticization found by Sue, Bucceri, and colleagues (2007) in Asian American microaggressions. Their commonality is the assignment of a level of sexual desirability based solely on membership to the minority group. Our desexualization microaggression assigns a

low level of sexual desirability to PWDs. The dilemma for PWDs is that this microaggression flies in the face of the reality of them as a sexual being. Except for a few cases where unusually poor health is part of the disability, PWDs are likely to experience the same distribution of sexual desire as does the population of people without disabilities- Participants conjecture that their expected available partners are only other PWDs. Related feelings were reported to include embarrassment, frustration, and rejection. Some PWDs who strive to fulfill their desires might experience humiliation and feel hopeless and worthless.

Participants report that perpetrators who are challenged are completely unaware of the harm they are inflicting. If pressed, they might retreat and claim that they are entitled to have their own preferences and desires. They may not be aware of the deep-seated nature of their own ableist beliefs.

Perhaps most interestingly, we found several microaggressions currently unique to PWDs, which we describe in the following sections.

#### DENIAL OF PRIVACY

The dilemma for the target is whether to provide the information about their disability, and if so, how. People with disabilities are aware of the expectation that they bear the burden of making people without disabilities more comfortable with them. At the same time, PWDs know that always responding to the request for information contributes to their lack of control about their personal information- These dilemmas may lead to feelings of uncertainty or embarrassment and the reliving of the patient role and may be experienced as dehumanizing.

Participants expressed concerns that perpetrators can leave the situation with a variety of confusing dilemmas. If the target responds and provides the disability-related information, the perpetrator may walk away erroneously thinking they have come to know that individual better and with feelings of satisfaction, when in actuality they have insulted the PWD and have again focused on the disability as the only important characteristic of the individual. On the other hand, if the PWD decides not to respond and will not provide the requested information, the perpetrator confirms the stereotypes that PWDs are angry, socially inferior, and possibly uncooperative. The perpetrator also reconfirms that disability is a tabooed subject.

#### HELPLESSNESS

The major dilemma associated with this microaggression is how to negotiate the complexity of the concept of help and PWDs. People with disabilities facing an overwhelming number of offers of unwanted help may experience

frustration, anger, and uncertainty. They also are aware of the expectations of society around their emotion regulation (Olkin, 1999) and do not want to contribute to additional misunderstanding and stereotyping. There are drawbacks to each potential response. If a PWD responds to an unneeded and unsolicited offer of help harshly or by ignoring it, these responses can feed into existing negative stereotypes, such as the unappreciative, angry disabled person. In addition, a PWD who responds abruptly or forcefully realizes that this encounter might contribute to the perpetrator shying away from future encounters with other PWDs. On the other hand, if the PWD chooses or is forced to accept the help, they may feel demoralized, powerless, and submissive. Finally, if the PWD finds herself or himself continuously having to politely decline unsolicited offers of help, they are vulnerable to feeling intolerant of and offended by these offers. The overwhelming passion with which participants described these experiences is indicative of the permeation of the dominant able-centric worldview saturating PWDs with its distorted assumption of their perpetual helplessness. With respect to the notion that they would possibly be better off dead, participants expressed the concern that they could relive feelings that they have already worked through, including internalized and externalized anger or self-doubt.

Participants were especially concerned about the perpetrator leaving the experience questioning the interaction. Here is where it gets complicated. All humans on occasion need some help; PWDs are no exception. However, the notion that one needs help in most situations and across a wide range of domains is damaging to self-esteem. Uncertainty of how best to respond is also psychologically taxing. The solution to this dilemma is not to decrease interactions between people with and without disabilities, nor is it to eliminate offers of help. The solution is to find a situation-specific balance between offering help continuously and not offering help at all.

Perhaps the presentation of a similar situation without the disability factor will allow readers to feel resonance with the dilemma. Place yourself in a restaurant with a relatively new yet intense love interest. The two of you have just sat down, and the attentive waiter brings menus. The waiter indicates that he will return in a few minutes to take your order. The two of you glance at the menus, and then your eyes lock in a loving stare, and all other reality becomes suspended. A few minutes later the waiter returns, and the lovers are embarrassed that they are not yet ready to order. The waiter again indicates that he will return. As you discuss potential meals, you both remember the last weekend trip with those wonderful steaks and again drift into a romantic stupor. The waiter returns and you quickly order dinner. As the waiter leaves, you begin to discuss potential weekend plans similar to that last wonderful trip. Before you know it, dinner arrives. You begin to eat and speak softly but lovingly with each other. The committed



waiter returns to ask if you need additional drinks. You respond no. He then comes and asks if you need freshly ground pepper. You again respond in the negative. The dedicated waiter again returns to ask if you want more drinks, and so on. At this point, you begin to question the degree to which the waiter is engaged in your dining experience. Why can't he leave us alone? Is he hitting on my lover? Doesn't he have anything else to do? Am I being paranoid? Is he acting normally? Am I making more of this than is appropriate? It is our hope to help readers understand that it is certainly necessary to engage with a waiter in order to successfully have dinner in a restaurant. However, the level of engagement between you and the waiter can have satisfying or dissatisfying results. The degree to which you can have a satisfying or dissatisfying engagement with the waiter is similar to how a PWD can have a satisfying or dissatisfying experience with a person without a disability offering help.

#### SECONDARY GAIN

Here again, the interpretation is complex. Certainly there are many people who take up social causes in a genuine manner. Often, these humanitarian efforts lead to improvements in the lives of PWDs. However, there are other groups and individuals who take similar actions, in part for their own self-interest. People with disabilities are aware of this duality between the true altruist and the opportunist. When a PWD encounters the opportunist, they might experience the interaction as a microaggression of secondary gain. The target of such microaggressions feels used, cheap, and like a pawn *in* the game of social chess. Participants reported that these experiences lead to feelings of disillusionment about people who engage in altruistic acts. A dilemma for PWDs may arise as they begin to question the authenticity of the actions of people without disabilities in general. In addition, participants described damage to their self-esteem and distortions in their social awareness.

Participants felt that the perpetrator may leave the experience temporarily feeling superior or honored by the praise from others congratulating her or hint for her or his selfless act. Perpetrators may believe that they are actually engaged in altruistic behavior, owing to their distorted beliefs about disability. According to participants, when they confront such individuals, the response is usually defensiveness or disbelief.

#### PATRONIZATION

One dilemma that PWDs experience related to this microaggression is how to operate as an adult in a society with an ingrained attitude based on the

medical model of disability (Olkin, 1999) that supports a paternalistic view of PWDs and that appears to be impervious to change. As a result, PWDs face the question of why they must earn what seems to be given to others by default. How can they be taken seriously? What steps can they take to be afforded the respect and responsibility adults receive in America? With respect to the other form of patronization, participants reported that continuously receiving false admiration through unjustified praise serves to undermine their belief in themselves and trust in the validity of their accomplishments- This in turn may reduce their future efficacy in similar situations. Participants described feelings of embarrassment, belittlement, and inferiority and were concerned that perpetrators might feel misunderstood. Perpetrators are likely to erroneously assume that they were indeed being nice, giving praise, or expressing concern and had no idea that targets were hurt, offended, and insulted.

## CONCLUSION

We join Olkin and Pledger (2003) in strongly encouraging psychologists to expand current multicultural theory to include disability as an equally salient aspect of diversity. Such an expansion would support the development of a unified model of disability identity as well as ableism as its theoretical counterpart. In addition, as we continue to move toward understanding multiple cultural affiliations, the inclusion of disability in the discourse seems vital. Future research on microaggressions should seek to confirm, disconfirm, or extend our findings and to ensure the comprehensiveness and accuracy of the reported domains in this study. We found microaggressions that seem unique to PWDs and others that are in common with microaggressions experienced by other minority groups. We entrust future researchers to consider the possibility that there exists a universe of microaggressions, some of which are population dependent and some of which are not. We strongly encourage the exploration of this universe. In addition, researchers should continue to expand the study of disability-awareness techniques, focusing on the development of more appropriate and effective interventions. This research could contribute to a reduction in the frequency and pervasiveness of microaggressions perpetrated by people without disabilities. Finally, researchers are encouraged to explore interventions that assist PWDs in managing the negative psychological and emotional effects of microaggressions they experience. Many of the participants of our research indicated the mere discussion of these experiences as helpful, most likely due to feelings of universality, which could be a starting point for such research.

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