

Ableist-microaggressions towards people with disabilities: a systematic review of their impact and manifestations

Microagresiones capacitistas hacia personas con discapacidad: una revisión sistemática de su impacto y manifestaciones

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Abstract

Ableist microaggressions are a phenomenon that breaks into the lives of people with disabilities. They involve subtle comments and behaviours that devalue and perpetuate the perception that disability is inherently negative. Despite its prevalence and significance, it has been explored little in the scientific literature. In this work a systematic review of ableist microaggressions towards people with disabilities has been carried out based on bibliographic research in different databases, following the PRISMA methodology. A total of 41 articles made up the sample of studies that met the inclusion criteria. The results show a close relationship between microaggressions and the resulting negative psychological impact. The visibility of disability emerges as a determining factor in the experience of microaggressions, more so than the type of disability. Gender is also recognized as a key factor, with women with disabilities being especially vulnerable to these forms of discrimination. These ableist attitudes manifest in various areas, underscoring the need to raise awareness and address these stigmatising obstacles to achieve full inclusion of people with disabilities.

Keywords

Ableism, ableist microaggressions, disability, discrimination, rights.

Resumen

Las microagresiones capacitistas son un fenómeno que irrumpe en la vida de las personas con discapacidad. Implican comentarios y comportamientos sutiles que devalúan y perpetúan la percepción de que la discapacidad es inherentemente negativa. A pesar de su prevalencia e importancia, ha sido poco explorado en la literatura científica. En este trabajo se ha llevado a cabo una revisión sistemática de las microagresiones capacitistas hacia personas con discapacidad, basada en una investigación bibliográfica en diferentes bases de datos, siguiendo la metodología PRISMA. Un total de 41 artículos conformaron la muestra de estudios que cumplían con los criterios de inclusión. Los resultados muestran una estrecha relación entre las microagresiones y el impacto psicológico negativo resultante. La visibilidad de la discapacidad emerge como un factor determinante en la experiencia de las microagresiones, más aún que el tipo de discapacidad. El género también se reconoce como un factor clave, siendo las mujeres con discapacidad especialmente vulnerables a estas formas de discriminación. Estas actitudes capacitistas se manifiestan en diversos ámbitos, lo que resalta la necesidad de concienciar y abordar estos obstáculos estigmatizantes para lograr la plena inclusión de las personas con discapacidad.

Palabras clave

Capacitismo, microagresiones capacitistas, discapacidad, discriminación, derechos.



To quote:

Aragón Rodríguez, S., Morán Suárez, M. L., Solís García, P., Fontanil, Y., Gómez Sánchez, L. E. & Alcedo Rodríguez, M. A. Ableist-microaggressions towards people with disabilities: a systematic review of their impact and manifestations. *Revista Española de Discapacidad*, 13(2), 7-27.

Doi: <<https://doi.org/10.5569/2340-5104.13.02.01>>

Fecha de recepción: 11-02-2025
Fecha de aceptación: 25-07-2025



1. Introduction

Disability is a fundamental part of the human experience. It encompasses impairments that affect activities and participation, influenced by personal and environmental factors (WHO, 2000). Around 1.3 billion people, 16 % of the global population, live with significant disabilities, a number rising due to non-communicable diseases and longer life expectancies (WHO, 2023). These individuals, often called the “invisible minority” (Dunn, 2019), have needs and experiences that remain unrecognised, perpetuating their invisibility, discrimination, and inequality compared to the general population (Bogart & Dunn 2019). This situation stems from the frequent adversities faced by people with disabilities, such as ableism, stigma, discrimination, poverty, exclusion from education and employment, and barriers to accessing various supports and resources (WHO, 2023). These challenges violate fundamental rights, impact physical and mental health, and pose greater obstacles to social inclusion than the disabilities themselves (Gómez et al., 2024; Moreno et al., 2022).

Historically, ableism has been used by various social groups to justify their superiority in rights and status over other groups (Wolbring, 2008) and it has been one of the adversities commonly encountered by people with disabilities. Campbell (2001, p. 41) captured its essence as a social construct: a network of beliefs, processes, and practices that define and produce and idealized version of the human body and self. This ideal is seen as the “perfect, typical human species” and is considered the standard for what is essential and fully human. In this framework, disability is portrayed as a deviation from this ideal, thereby being framed as a “diminished state of being”. Being an ‘other’ —different from the hegemonic norm— projects intrinsically negative conceptions and attitudes. At the same time, it disorients and even obscures the social and cultural production of disability. Disability is thus categorized and ordered from the perspective of non-disabled people. As a result, it contributes to the construction of ‘otherness’, understood as synonymous with the undesirable, which gives rise to processes of exclusion and domination (Campbell, 2009).

Ableism towards people with disabilities is a system of oppression, that favours those who conform to normative criteria, leading to discrimination against those deemed “less capable” or “disabled” (Sanmiquel-Molinero, 2020; Wolbring, 2005). It is characterized by its transversality, which implies its manifestation at the individual, group, and structural levels. It can be experienced directly or ambiguously, from microaggressions to acts of hate. The expression of ableism, like sexism, occurs through hostile manifestations (e.g., derogatory language, avoidance, aggression), benevolent manifestations (e.g., pity, paternalism, unwarranted praise), or ambivalent manifestations (Nario-Redmond et al., 2019). This type of ableism is supported by the medical model by emphasising the “fixing” or “curing” of individuals rather than acceptance and access to adaptations and supports (Hutcheon & Wolbring 2012; Wolbring, 2005). However, there are theoretical perspectives that challenge conventional thinking about disability. These perspectives argue that disability/ability and ableism/disablism are deeply rooted and interconnected systems of oppression. They are overlapping and interacting processes that produce unique experiences of discrimination and inequality. Analyzing these dynamics requires an intersectional approach (Campbell, 2009; Goodley, 2014). Such an approach makes it possible to turn toward an understanding of (dis-)abled subjects as cultural appearances (Goodley, 2014).

The effectiveness of this oppressive system increases as it is internalised by its members, whether by the oppressor or the oppressed (Bell, 2013). Under the umbrella of “isms” such as racism, sexism, and ageism, ableism is one of the most deeply rooted and socially accepted (Wolbring, 2008). Internalising ableism leads people with disabilities to adopt an external perspective on disability, viewing it as a problem to be ignored,

hidden, or overcome, thereby denying their need for support and adaptations for equal participation (Dunn, 2019). Furthermore, the consequences of ableism include deindividuation, stigma promotion, stereotyping, and systematic discrimination and oppression (Dunn, 2019).

Ableism and all the assumptions inherent to this belief system are reflected in the interpersonal interactions of people with disabilities (Keller & Galgay, 2010; Sue, 2010), leading to subtle verbal, behavioural, or environmental slights and insults integrated into daily interactions (Sue et al., 2008). These interactions are known as ableist microaggressions, thus constituting a daily and constant manifestation of ableism (Kattari, 2018).

The literature on microaggressions originated from studies with racialised populations. Pierce et al. (1977) defined microaggressions as “brief verbal or behavioral communications that convey disdain or insult someone based on their membership in a social group” (p. 66). These can be perpetrated by individuals close by, strangers, or professionals. Due to their ambiguous nature, responding to these attitudes is often not possible or effective (Gonzales et al., 2015; Kattari, 2020). Perpetrators of ableist microaggressions are often unaware of the harmful impact they cause and generally think their actions are helpful; there is usually no intention to harm the victim (Keller & Galgay, 2010; Sue et al., 2008). This can continue as long as society does not recognize their existence and the damage they cause. Regardless of the intent, microaggressions perpetuate inequalities and stereotypes that hinder the exercise of rights by people with disabilities and are yet another obstacle to living on equal terms. Moreover, they have a negative impact on the development of personal identity, as the communication of messages of exclusion, inferiority, and abnormality produces feelings of invisibility, invalidation, anger, frustration, shame, and rejection from social interactions (Keller & Galgay, 2010; Sue, 2010).

Despite people with disabilities constituting a large and significant minority group, and many reporting experiences of ableism and ableist microaggressions, the literature has placed little emphasis on researching these phenomena compared to racism and sexism (Bell, 2013; Conover et al., 2017; Kattari, 2015, 2018, 2020; Kattari et al., 2018). While many studies have examined attitudes towards disability and specific stigmas, few have explored the subjective experiences of people with disabilities facing ableism (Nario-Redmond et al., 2019). Additionally, the scarcity of empirically backed studies focused on discrimination against people with disabilities complicates the study of ableist microaggressions (Kattari et al., 2018).

Promoting a more inclusive and equitable society requires awareness and dismantling of broader ableist structures. Given the frequent occurrence of these microaggressions in the lives of people with disabilities and their psychological impact, it is crucial to deepen their study to develop specific strategies and actions in different contexts (e.g., social, educational, healthcare). Therefore, the overall objective of this study was to conduct a systematic review of the existing scientific literature on ableist microaggressions towards people with disabilities. The aim is to consolidate existing research, gain a comprehensive overview of the current state of the field, and identify gaps for the development of future research and actions. Specifically, the study aims to address the following questions: (a) What are the psychological effects of ableist microaggressions on people with disabilities? (b) Do people perceive and experience microaggressions differently based on the type of disability?; (c) Are ableist microaggressions experienced differently based on gender?; (d) How do ableist microaggressions affect access to services and resources, and what are their manifestations in different contexts?

2. Method

2.1. Search strategies

We conducted a systematic review of the scientific literature following the PRISMA guidelines (Moher et al., 2009; Page et al., 2021). The search was performed across various databases, specifically Web of Science (WOS), PsycINFO, Dialnet, Scopus, Scielo, Google Scholar academic search engine, and the social network ResearchGate. The descriptors used to narrow down the results appropriately were as follows: [“ableist microaggressions” OR ableis* stigma OR ableis* discrimination) AND disab*]. The same search strategy was conducted using Spanish descriptors.

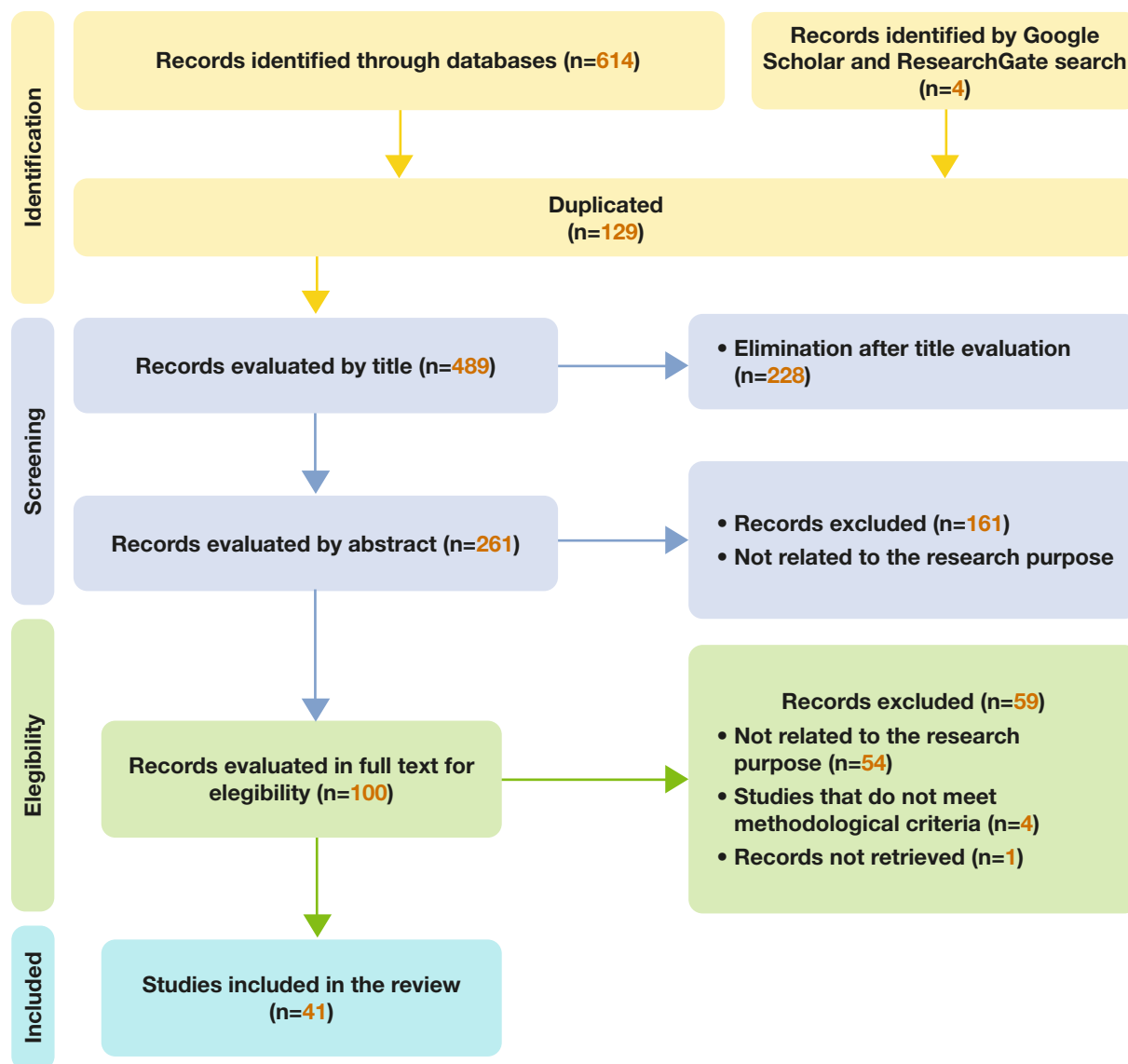
2.2. Inclusion and exclusion criteria

The review included scientific articles that met the following inclusion criteria: (a) articles published between 2020 and October 2024, inclusive; (b) published in English or Spanish; and (c) addressing the concept of ableist microaggressions towards people with disabilities. Articles that did not meet minimal descriptive or methodological criteria (i.e., description of participants, specification of assessment instruments or techniques used, and description of programs employed) were excluded. The review also excluded theoretical papers, conference papers, and presentations at congresses.

2.3. Article selection

The initial pool of 618 was narrowed down to 489 after removing duplicates. A screening process based on title and abstract led to the full-text review of 100 articles to assess their eligibility. Ultimately, 41 articles were included in the review (marked with an asterisk [*] in the bibliographic references section). The entire selection and exclusion process is summarized in the flow diagram shown in figure 1.

Figure 1. Flow diagram of the systematic review process



Source: own elaboration based on Page et al. (2021).

3. Results

3.1. Characteristics of selected studies

This systematic review analysed 41 articles published between 2020 and 2024, addressing ableist microaggressions towards people with disabilities. The reviewed works appeared in 24 scientific journals, with *Disability & Society* ($n = 4$) and *Rehabilitation Psychology* ($n = 2$) being the primary sources. The authors who contributed the most to this topic were Moral ($n = 4$), along with López-Pérez & Girela-Rejón ($n = 2$). Geographically, 23 studies were from the United States, four from Spain, three from Canada, and the remainder from Australia, Greece, Iceland, Ireland, New Zealand, Philippines and Sweden. Table 1 details the characteristics of the selected articles.

Table 1. Characteristics of studies included in the systematic review

Authors (Year)	Country	Design	N and Gender	Age (years)	Type of disability	Theme
Andreou et al. (2021)	Greece	Cross-sectional Quantitative	N= 89 M 40.4 % F 59.6 %	18-50	Chronic 31.5 % Auditory 24.7 % Visual 15.7 % Other 6.7 %	Microaggressions by type of disability and psychological impact
Ancha (2022)	Philippines	Cross- sectional Qualitative	N = 14	>18	Mobility disabilities	Microaggressions against women with disabilities
Aydemir-Döke & Herbert (2021)	USA	Cross-sectional Quantitative	N=254 M 45.7 % F 52.8 % O 0.8 %	>18	Mental health 26.4 % Physical 21.3 % Chronic 14.6 % ADHD 12.6 % Autism 5.5 % Auditory 4.3 % Learning 3.5 % Visual 2.8 % Brain injury 2 % Other 3.5 %	Development of questionnaire
Bahner et al. (2023)	Sweden	Cross-sectional Qualitative	Not specified	24-63	Intellectual	Psychological impact
Bottema-Beutel et al. (2024)	USA	Cross-sectional Qualitative	-	-	-	Microaggressions in educational settings
Calder- Dawe et al. (2020)	New Zealand	Prospective Qualitative	N=35	12-25	Visual 32.2 % Auditory 28.5 % Physical 37.1 %	Microaggressions by type of disability
Coalson et al. (2022)	USA	Cross-sectional Qualitative	N=7 M 85.7 % F 14.2 %	23 - 38	Not specified	Psychological impact across different domains

Authors (Year)	Country	Design	N and Gender	Age (years)	Type of disability	Theme
Conover et al. (2021)	USA	Cross-sectional Qualitative	N= 307 M 46.9 % F 51.7 % O 1.3 %	20 - 75	Physical 33.3 % Multiple 22.7 % Auditory 15.6 % Chronic 14.9 % Visual 10.6 % Brain injury 2.1 % Other 0.7 %	Psychological impact
Dawsey (2023)	USA	Retrospective Quantitative and Qualitative	N=7 M 42.9 % F 42.9 %	18 - 62	Physical disability	Psychological impact
Durocher (2022)	USA	Cross-sectional Qualitative	N=6 M 16.7 % F 83.3 %	Not specified	Not specified	Microaggressions in educational settings
Eisenman et al. (2020)	USA	Cross-sectional Qualitative	N=9 M 77.7 % F 22.2 %	Not specified	Intellectual	Microaggressions in educational settings
Friedman et al. (2024)	USA	Cross-sectional Qualitative	N=324 M 17 % F 81.6 % O 1.5 %	Not specified	Not specified	Microaggressions in various settings
Hicksted (2023)	USA	Cross-sectional Quantitative	N=837 M 38.7 % F 59.4 % O 1.9 %	19-74	Autism Physical Sensory	Microaggressions in the workplace
Humphreys (2023)	USA	Cross-sectional Quantitative and Qualitative	N= 8 M 25 % F 62.5 % O 12.5 %	15-20	Mental health 12.5 % Learning 25 % Intellectual 12.5 % Autism 12.5 % Chronic 37.5 %	Microaggressions in educational settings
Idle et al. (2024)	Australia	Systematic Review				Psychological impact and microaggressions in various settings
Jóhannsdóttir et al. (2022)	Islandia	Cross-sectional Qualitative	N=21 M 47.6 % F 52.3 %	18-35	Physical Sensory Intellectual Psychosocial	Psychological impact
Jones (2022)	USA	Cross-sectional Quantitative	N=177	Not specified	Physical	Psychological impact
Kattari (2020)	USA	Cross-sectional Quantitative	N=311 M 7.4 % F 68.5 % O 18.1 %	19-68	Intellectual 1.6 % Learning 2.6 % Physical 35.5 % Mental health 13.9 % Multiple 46.5 %	Psychological impact
Lash & Helme (2020)	USA	Cross-sectional Qualitative	N=30 M 60 % F 40 %	18-79	Auditory	Psychological impact

Authors (Year)	Country	Design	N and Gender	Age (years)	Type of disability	Theme
Lett et al. (2020)	Canada	Cross-sectional Quantitative	N=111 M 19.8 % F 73 % O 5.4 %	18-47	Mental health 40.5 % Intellectual 35.1 % Physical 18 % Multiple 4.5 %	Psychological impact and microaggressions in educational settings
Li et al. (2023)	Canada	Systematic Review				Psychological impact and microaggressions in various settings
López-Pérez & Girela-Rejón (2023a)	Spain	Cross-sectional Quantitative	N=63 M 27 % F 66 % O 6.3 %	18-68	Physical 31.7 % Psychiatric 25.4 % Multiple 17.4 % Intellectual 7.9 % Organic 4.8 % Sensory 8 % Other 4.8 %	Microaggressions by type of disability
Lindsay & Fuentes (2022)	Canada	Systematic Review				Psychological impact and microaggressions in educational settings
Meade (2022)	USA	Cross-sectional Quantitative	N=267	18-65	Physical and intellectual disability	Psychological impact
Meade & Lund (2024)	USA	Cross-sectional Quantitative	N=267 M 18.7 % F 71.9 % O 9.4 %	18-65	Physical and intellectual disability	Psychological impact
Merced et al. (2022)	USA	Cross-sectional Qualitative				Clinical utility and psychometric properties of AMS
Miller & Smith (2021)	USA	Cross-sectional Quantitative	N=25 M 32 % F 48 % O 20 %	Not specified	Mental health 76 % Chronic 36 % ADHD 16 % Autism 16 % Learning 12 % Physical 8 % Visual 8 % Auditory 4 %	Psychological impact
Moral et al. (2020)	Spain	Cross-sectional Quantitative	N=681 M 37.9 % F 61 % O 1 %	16-74	Auditory 14.1 % Brain injury 9.3 % Chronic 22.2 % Physical 49.3 % Intellectual 12.5 % Psychiatric 12.8 % Autism 5.9 % Visual 11.6 % Other 5.4 %	Microaggressions by type of disability

Authors (Year)	Country	Design	N and Gender	Age (years)	Type of disability	Theme
Moral (2021)	Spain	Cross-sectional Quantitative	N=681 M 37.9 % F 61 % O 1 %	16-74	Auditory 14.1 % Brain injury 9.3 % Chronic 22.2 % Physical 49.3 % Intellectual 12.5 % Psychiatric 12.8 % Autism 5.9 % Visual 11.6 % Other 5.4 %	Psychological impact by type of disability
Moral (2022)	Spain	Cross-sectional Quantitative	N=681 M 37.9 % F 61 % O 1 %	16-74	Auditory 14.1 % Brain injury 9.3 % Chronic 22.2 % Physical 49.3 % Intellectual 12.5 % Psychiatric 12.8 % Autism 5.9 % Visual 11.6 % Other 5.4 %	Microaggressions by type of disability
Moral et al. (2022)	Spain	Retrospective Qualitative				Microaggressions by type of disability
Morean (2022)	USA	Cross-sectional Quantitative	N=132 M 43.2 % F 48.6 %	18-82 years	Not specified	Psychological impact
Mueller (2021)	USA	Cross-sectional Qualitative	N=9 M 22.2 % F 66.6 %	Not specified	Intellectual 22.2 % Visual 22.2 % Physical 55.5 %	Psychological impact and microaggressions in educational settings
Olmo et al. (2020)	Spain	Cross-sectional Qualitative	N=4 M 25 % F 75 %	Not specified	Intellectual	Psychological impact and microaggressions in educational settings
Reber et al. (2022)	USA	Cross-sectional Qualitative	N=50 M 52 % F 48 %	23-75	Physical	Psychological impact
Sanmiquel-Molinero & Pujol-Tarrés (2020)	Spain	Cross-sectional Qualitative	N=4 M 50 % F 50 %	33-57	Physical	Microaggressions in various settings
Talapatra & Snider (2023)	USA	Cross-sectional Qualitative				Microaggressions in educational settings
Timmons et al. (2023)	Ireland	Cross-sectional Quantitative	N=2000 M 48.9 % F 51.1 %	18-65		Microaggressions by type of disability and setting
Wechuli (2023)	USA	Retrospective Qualitative				Psychological impact

Note. M: male; F: female.

Source: own elaboration.

In terms of participant characteristics, the studies included men (38.21 %) and women (58.17 %), as well as individuals identifying as non-binary or other genders (2.21 %). Overall, there was a higher representation of women, with 75 % of studies including more women than men. Most articles focused on adulthood and covered a wide age range. Participants' ages ranged from 12 to 82 years old, with a mean age of 41.8 years. The analysed studies covered a broad spectrum of disability types, with the most predominant being physical disability (represented in 74 % of studies), visual impairment (33.3 %), mental health issues (33.3 %), hearing impairment (29.6 %) and intellectual disability (51.8 %). Less represented disabilities included brain injury (18.5 %), chronic illness (29.6 %), autism spectrum disorder (25.9 %), multiple disabilities (14.8 %), learning and language disorders (14.8 %), and organic disability (3.7 %). Additionally, three articles focused on ableist microaggressions from the perspective of normative individuals or professionals working with people with disabilities.

3.2. Ableist microaggressions and psychological impact

The reviewed literature consistently highlights the correlation between ableist microaggressions and negative psychological impacts on individuals with disabilities. These psychological consequences include depression, anxiety, reduced behavioural control, and substance abuse, among others (Dawsey, 2023; Kattari, 2020; Morean, 2022). Additionally, the literature emphasizes how these ableist attitudes can adversely affect academic performance and self-esteem among university students (Lett et al., 2020; López-Pérez & Girela-Rejón, 2023a; Wells, 2013).

Overall, participants reported high levels of ableist microaggressions. Notably, variations emerged in the mental health impact based on the type of disability. Specifically, people with physical disabilities reported the highest scores in mental health assessments, indicating greater psychological distress (Conover et al., 2021; Kattari, 2020). Furthermore, evidence suggests that the severity and visibility of disability are significantly correlated with higher levels of depression (Conover et al., 2021).

There is robust evidence that the continuous stream of microaggressions from family, friends, acquaintances, and strangers is detrimental to recipients, causing psychological pain that can become chronic (Dawsey, 2023). In daily interactions, participants reported receiving messages of exclusion, inferiority and abnormality (Coalson et al., 2022; Idle et al., 2024; Lett et al., 2020). These findings align with other studies which suggest that individuals often remain unaware of their own ableist beliefs and, consequently, the discomfort and psychological impact they cause to recipients of such messages (Jóhannsdóttir et al., 2022)

Internalised ableism, experienced from an early age, has lasting adverse effects on the health and well-being of people with disabilities (Jóhannsdóttir et al., 2022). Daily exposure to microaggressions significantly impacts identity formation, leading to a self-perception characterized by difference and resignation, often pathologizing disability (Olmo et al., 2020). This acceptance of ableist values and beliefs further stigmatizes disability, making it a marker of something 'abnormal' and 'undesirable' (Idle et al., 2024). Internalised ableism makes disability a marker of something "abnormal" and "undesirable," heightening awareness of differences and their negative societal portrayal (Jóhannsdóttir et al., 2022). Challenging societal norms, prejudice, and stigma places a burden on individuals, resulting in exhaustion, anxiety, depression, and isolation (Coalson et al., 2022; Kattari, 2020; Mueller, 2021). Shame also plays a significant role in the internalisation of ableism (Meade, 2022; Meade & Lund, 2024). Consistent treatment as inferior triggers feelings of unworthiness regarding love and belonging. Furthermore, shame is strongly linked to mental health issues and the negative body image reported by many participants (Jóhannsdóttir et al., 2022).

Some authors have explored the possibility of positive outcomes from microaggressions, but the data do not demonstrate a significant correlation between receiving ableist microaggressions and psychological enrichment or personal growth (Dawsey, 2023; Morean, 2022). Qualitative studies, on the other hand, revealed that participants with specific personality traits—such as a mathematical and scientific mindset, organizational skills, methodicalness, self-awareness, and self-discipline—contribute to their capacity for psychological development (Dawsey, 2023).

People with disabilities exhibited various coping behaviours in response to ableist comments, such as self-defence, educational approaches, and humour—using jokes to acknowledge or discuss their disability (Lash & Helme, 2020). It is also common for them to excuse the person making the comments and actively strive to minimize the impact of the microaggression (Coalson et al., 2022).

3.3. Ableist microaggressions based on the type of disability

One of the themes analysed across multiple studies was the potential relationship between the frequency of receiving ableist microaggressions and the type of disability. The classification system proposed by Conover et al. (2021), based on Keller and Galgay's (2010) model of eight domains, was widely utilised. Thus, the microaggressions were categorised into four factors: helplessness (i.e., scenarios where individuals with disabilities are perceived as incapable, dependent, and constantly in need of help), minimisation (i.e., situations where it is assumed that people with disabilities exaggerate their needs), denial of personhood (i.e., infantilisation, objectification, and denial of identity, interpreting their intellectual capacity as diminished), and othering (such as desexualisation attitudes and questioning of supports or aids, often seen as irrational or unjustified). Findings from several studies consistently show higher scores on the minimisation factor (Andreou et al., 2021; López-Pérez & Girela-Rejón, 2023b; Moral, 2021).

The analysis of these results reflects some ambiguity, as significant differences were found between various disability groups in certain factors. However, the type of disability showed a weak effect size in relation to the frequency of ableist microaggressions (Moral, 2021). According to Moral (2021), most identified differences occurred between physical and mental disabilities; minimisation was the most frequent microaggression towards individuals with hearing impairments, chronic illness, autism spectrum disorder, psychological distress, and other disabilities; helplessness was most common towards individuals with physical disabilities and visual impairments; denial of personhood was the most common microaggression towards people with brain injuries; and othering was most frequent towards individuals with intellectual disabilities.

However, there was a strong relationship between the visibility of disability and the microaggressions experienced (Andreou et al., 2021; Calder-Dawe et al., 2020; López-Pérez & Girela-Rejón, 2023a; Moral et al., 2020). Individuals with visible disabilities experienced significantly higher levels of ableist microaggressions compared to groups who identify their disability as semi-visible or invisible (Moral et al., 2020). In the case of individuals with visibly evident disabilities, microaggressions experienced corresponded to helplessness, linked to situations where unsolicited help was offered or where there was an expectation of secondary gain (Calder-Dawe et al., 2020). These actions placed them in a position of helplessness and condescension, thus denying their identity.

Studies focusing on people with physical disabilities reported significant correlations between the frequency of ableist experiences and both the degree of impairment and the use of supports, which are closely related to the visibility of the disability (Moral, 2021). This supports the theory that the more obvious the deviation

and difference from the normative body, the more susceptible one is to receiving this type of violence (Kattari et al., 2018).

In the case of people with visual disabilities, helplessness was the most frequently experienced, correlating with the use of technical supports commonly employed by these individuals. Conversely, auditory disabilities often go unnoticed by those who do not directly interact with individuals affected by them. However, the use of sign language, interpreters, hearing aids, or cochlear implants tends to break this supposed invisibility (Moral, 2021).

The invisibility of disability and not using supports are associated with lower scores on all factors except minimisation, where the scores increase exponentially (Andreou et al., 2021; Moral, 2021; Moral et al., 2020). These microaggressions manifest by denying one's disability or downplaying the importance of discrimination experiences (López-Pérez & Girela-Rejón, 2023a) and are evident in questioning the need for specific support and repeatedly demanding explanations. These findings are particularly relevant in individuals with autism spectrum disorder, chronic illness, and mental health issues where the disability is not obvious or may go unnoticed (Moral, 2021). Additionally, it was found that having multiple disabilities had a significant albeit weak effect on the frequency of ableist microaggressions (López-Pérez & Girela-Rejón, 2023a; Moral, 2021).

The experience of microaggressions also varies depending on the visibility of the disability. In the case of visible disabilities, diagnostic practices shaped by ableist stereotypes are commonplace in their lives (Calder-Dalwe et al., 2020). These practices start with the so-called "diagnostic gaze," which involves interrogative and invasive stares from strangers aiming to know and classify the "disabled" body. They continue with a "diagnostic exchange," consisting of invasive questions and comments accompanied by advice, offering treatments and cures. Finally, it concludes with "diagnostic judgment," where the perception of disability leads to inferring a generalised unspecified incapacity.

Individuals with non-visible or imperceptible disabilities enjoy some benefits from not being subjected to constant diagnostic scrutiny but often struggle to be believed or receive the necessary assistance. They described various strategies to demonstrate their disabilities, proving their conditions by highlighting parts of their bodies that reveal differences and making their disability visible to exercise their rights and access accommodations (Calder-Dawe et al., 2020).

3.4. Gender and the experience of ableist microaggressions

Gender has been identified as a significant factor influencing the overall experience of ableist microaggressions, indicating that women with disabilities are more vulnerable to such micro-aggressive encounters (Ancha, 2022; Aydemir-Döke and Herbert, 2021; Meade & Lund, 2024; Olkin et al., 2019; Timmons et al., 2023). Women with disabilities, particularly physical ones, are judged more harshly than men in key contexts such as romantic relationships and educational settings, reflecting the persistence of gender stereotypes (Timmons et al., 2023).

The most notable microaggressions experienced by these women include the denial of their identity, by questioning their ability to be mothers or to work; desexualization, by assuming they have no sexual or emotional life; and invasion of their privacy, for example, touching their wheelchairs without consent (Timmons et al., 2023; Calder-Dawe et al., 2020).

In addition to the original typology, three new forms of ableist microaggressions were identified: hypersexualization, which involves expectations that women with disabilities should conform to beauty standards and be in a relationship if they are considered attractive; assumptions about genetic inheritance, expressed through offensive remarks suggesting they should not have children for fear of “passing on” their disability; and family overprotection, which limits their autonomy and decision-making ability under the guise of care (Ancha, 2022).

Other studies, however, conclude that the data did not show significant differences in the frequency men and women experience microaggressions (Hicksted, 2023; Moral, 2021; Moral, 2022; Moral et al., 2020).

3.5. Microaggressions in various contexts

The reviewed literature explored organisational harm through workplace culture and the attitudes of workers towards people with disabilities. Clear examples of microaggressions in organisational settings were found, along with emotional and psychological abuse stemming from formal and informal norms that hindered the participation of people with disabilities. These were compounded by policy failures and a lack of staff training and organisational management to respect the rights of these individuals (Calder-Dawe et al., 2020).

Among the attitudes that shaped this organisational harm in healthcare settings were erroneous clinical diagnoses, professionals’ lack of knowledge about the individual’s condition stigma and inadequacy in providing proper care and attention, medication withholding, restrictive practices, negligence, condescension, and infantilisation (Friedman et al., 2024; Idle et al., 2024). All these microaggressions in interpersonal relationships functioned as part of the political/organisational system and socio-cultural norms (Miller & Smith, 2021).

Regarding microaggressions in the workplace, they included questioning a person’s ability to perform their job, often stemming from the “extension effect,” which assumes that an individual’s disability affects other areas or skills or even attributes additional disabilities such as intellectual ones (Kattari, 2020). There was also notable doubt cast upon their rights and self-determination. Common experiences included marginalisation and harassment, equating disability with incompetence or helplessness. Clearly, all these attitudes had a direct impact on people with disabilities, fostering distrust towards the organisation and negatively affecting their quality of work life and self-esteem (Idle et al., 2024).

In the current educational climate, which largely follows a medical paradigm, capacitist microaggressions are also prevalent. Adherence to the medical model leads to the use of diagnostic language in educational institutions, and this type of language used can perpetuate ideologies about people with disabilities, significantly impacting their lives (Bottema-Beutel et al., 2024). Students with any form of “anomaly or difficulty” during the teaching-learning process are often singled out (Olmo et al., 2020). In educational settings, microaggressions towards students with disabilities included normalised stigma, where teachers and peers engage in mocking, hurtful comments, and insults passed off as “jokes”. Students reported feeling treated differently and facing barriers to accessing necessary accommodations, with teachers sometimes questioning these needs as “special privileges”. Condescending treatment and denial of opportunities to demonstrate competence and independence further marginalise students with disabilities. This perpetuates discriminatory structures when educators fail to dismantle them (Humphreys, 2023).

In addition, insufficient allocation of financial resources and inaccessibility to public spaces, recreational and cultural activities, and transportation prevented people with disabilities from participating in daily activities (Moral et al., 2022). This lack of access does not ensure that everyone has equal opportunities to participate in all aspects of life to the fullest extent of their abilities and desires.

4. Discussion

People with disabilities form a diverse and heterogeneous group, each individual and disability is unique, but they often share the common experience of discrimination throughout their lives. One of the most common manifestations of discrimination is ableist microaggressions, which reflect a devaluing mindset entrenched in society towards disability.

The prefix “micro” does not reflect the significant psychological impact of ableism on people with disabilities. The reviewed literature shows a strong correlation between ableist microaggressions and psychological distress, including depression, anxiety, behavioural dysregulation, substance abuse, poorer academic performance, and low self-esteem (Dawsey, 2023; Kattari, 2020; Lett et al., 2020; Morean, 2022), echoing findings from Keller & Galgay (2010). Individuals with physical disabilities often experience higher levels of psychological distress compared to other types of disabilities, highlighting the relevance of disability severity and visibility (Conover et al., 2021; Kattari, 2020). Persistent exposure to microaggressions can lead to the internalisation of ableism (Jóhannsdóttir et al., 2022), contributing to negative self-perception (Olmo et al., 2020). Despite challenges, many people with disabilities demonstrate a variety of coping behaviours, such as self-defence, educating others, using humour, and actively minimising the impact of microaggressions (Coalson et al., 2022; Lash & Helme, 2020).

The type of disability, a widely used category in most studies in the field, has not been established as a strong predictor in the context of ableist microaggressions, but disability visibility has been confirmed as a determinant in the experience of these microaggressions, which is also supported by previous literature (Conover et al., 2017; Kattari et al., 2018; Nario-Redmond et al., 2019). Individuals with visible disabilities experience significantly higher levels of microaggressions, primarily related to denial of their identity and unsolicited offers of help. Differences identified in the frequency and typology of received microaggressions appear to be related to a binary interpretation of social reality (Moral, 2021).

In the context of disability, this binary classification refers to bodily normativity. This bias, used to place people within a continuum, overlooks the complexity of disability across various domains. This categorical and dichotomous interpretation divides the population between those considered normative and those who are not, requiring immediate evidence of disability to categorize individuals (Kattari et al., 2018a; Moral et al., 2020). Individuals with invisible disabilities may initially avoid normativity judgments but face the consequences once their disability is revealed. For those within the normative group, disclosing a disability can create cognitive dissonance, sometimes leading to denial or minimisation of the disability (Calder-Dawe, 2020; Lett et al., 2020; Moral, 2021).

The findings suggest that ableism is not neutral but rather intersects with gender norms that reinforce discrimination against women with disabilities (Ancha, 2022; Aydemir-Döke and Herbert, 2021; Meade &

Lund, 2024; Olkin et al., 2019; Timmons et al., 2023). Examples include questioning their ability to be mothers, assuming they lack a sexual or emotional life, or making comments like “you’re too pretty to be disabled” (Ancha, 2022; Timmons et al., 2023; Calder-Dawe et al., 2020). Other studies, however, conclude that the data did not show significant differences in the frequency men and women experience microaggressions (Hicksted, 2023; Moral, 2021; Moral, 2022; Moral et al., 2020). This can be explained by the intersectional erasure, which proposes that when an individual is part of a deeply stigmatized group, that primary stigma becomes the dominant factor, causing other aspects like gender to have less influence as distinguishing factors in certain discriminatory experiences (Moral et al., 2020; Eisenman et al., 2020). Likewise, from this intersectional perspective, it is also noted that the type of disability may play a more significant role than gender in shaping the experiences of ableism lived by people with disabilities (Wang et al., 2019).

Therefore, disability visibility and gender, along with other factors that may influence the experience of ableist discrimination, such as age, multiple disabilities, severity of impairment, or use of supports, could replace variables traditionally considered in disability studies, such as typology. Analysing these aspects would be interesting for potential future research directions.

Another conclusion that this review allows us to reach is that ableism is rooted in a system of inequality governed by norms closely tied to extensive medicalisation. This framework implies that anything diverging from the normative body is labelled as abnormal, disabled, or sick, often deemed in need of correction or cure. Microaggressions are daily reminders of the stigmatized condition of disability. When discrimination is systematized, it leads to oppression. Ableism is the systemization of oppression against people with disabilities (Olkin et al., 2019).

However, it is also important to acknowledge that this review is not without limitations. Firstly, the studies analysed are those identified in the mentioned databases, potentially excluding other articles not captured in the search process. Moreover, given the limited research on ableism, the findings should be interpreted cautiously and avoid overgeneralisation to some extent. Furthermore, it is crucial to acknowledge that, although articles not meeting minimal descriptive or methodological criteria were excluded following PRISMA guidelines, this selection does not replace a formal and systematic assessment of the risk of bias in each study, which could affect the overall robustness of the review. For future research directions, conducting quantitative studies with larger samples selected through random sampling would be beneficial. Additionally, integrating qualitative content would be essential to provide a deeper exploration of the experiences addressed in these studies. This approach could offer richer insights into the nuanced aspects of ableist microaggressions and their impacts on individuals with disabilities. Furthermore, the first author selected the articles according to the inclusion and exclusion criteria. Thus, inter-rater agreement could not be obtained. Also, most studies have primarily focused on populations with higher levels of education, highlighting the need to broaden research on ableist microaggressions to encompass people with disabilities across diverse educational backgrounds. In terms of variables studied, it would be valuable to incorporate additional factors such as disability visibility, use of supports, and severity, thus moving beyond the limitations of traditional variables like typology. Finally, future studies should place a stronger emphasis on intersectionality, considering how variables such as sex, gender, sexual orientation, race, or age interact with disability (Fernández-Álvarez et al., 2024; González et al., 2023; Gutiérrez et al., 2024). These intersecting identities may compound experiences of discrimination and increase the likelihood of individuals becoming targets of ableist microaggressions. Integrating intersectional perspectives can provide a more comprehensive understanding of the complexities involved in the experiences of people with disabilities in various social contexts.

The results presented so far show that despite political focus and public demand to ensure rights and inclusion for people with disabilities, policies appear to have had little impact on their actual daily experiences (Sullivan, 2021). In the words of Kattari et al. (2018, p. 478), “ableism is an insidious part of culture and society.” Ableist microaggressions permeate all aspects of lives (e.g., healthcare, employment, education, leisure). These attitudes manifest as doubts about performance ability, marginalisation, and harassment. It is crucial for professionals supporting people with disabilities to be aware of the significance of ableism and the impact of these microaggressions on their lives. Treatment should include culturally responsive care, the use of inclusive language regarding disability, acknowledgement of the impact of ableism, and avoiding framing disability as inherently problematic (Kattari et al., 2018).

The current educational system inherently creates an inherent power imbalance between students with disabilities and those without disabilities, resulting in the separation and segregation of these two populations within schools (Kirby, 2017). Therefore, it is crucial to develop educational programs and policy initiatives for equality that address primary attitudes that develop during school years and move beyond binary interpretations of disability.

Additionally, it is essential to consider the role of media and culture in disseminating different conceptual frameworks about disability, including the social or the rights models. These media platforms also have the potential to advance more inclusive approaches, such as the Shared Citizenship Paradigm (Verdugo et al., 2023), by accurately portraying the diverse realities of the disability community and supporting the advocacy efforts of disability rights movements. This includes addressing aspects that significantly impact their quality of life (Gómez et al., 2024; Morán et al., 2023).

The importance of studying ableist microaggressions lies in their ability to reveal the subtleties and depths of the discrimination faced by people with disabilities in their daily lives. This systematic review makes a valuable contribution to the scientific literature by thoroughly collecting and analyzing existing research on this phenomenon. This work not only highlights areas that require further study but also provides a solid foundation for future interventions and actions. In conclusion, this systematic review is a valuable resource for researchers, educators, professionals, and the general population to promote equity and inclusion for people with disabilities.

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