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Everyday Encounters of Exclusion: An Exploration of Gendered Ableist Microaggressions

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Erasmus Mundus Master's Degree in Psychology of Global Mobility, Inclusion and Diversity in Society

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CIÊNCIAS SOCIAIS
E HUMANAS

Department of Psychology

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To my family: the greatest privilege of my life is knowing that you are always by my side, even across different continents.

Aknowledgments

This research, like everything I accomplish, is the product of the presence in my life of all the people I love. Every step of my academic, professional, and personal journey has been possible because of every single person who supported me and believed in me.

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I want to thank my family, for being present each step of the way. My parents, who always believed in me and allowed me to grow and explore the world and its wonders, even when it meant living far away for so long. They are part of everything I am and I do. To my siblings, for always showing up with love, trusting that I will make it even when I doubt myself. To my cousins, aunts, uncles, who never let me feel alone, who remind me that I am loved, and that I will always have many homes to come back to. To who left this Earth earlier than I would have hoped for, but keeps showing up in the most unexpected ways.

To my dearest friends, Carlotta and Daria, for being such important pillars of my life even though we have lived far away for so long now. I consider myself the luckiest person to have such wonderful women by my side, rooting for me and celebrating every single win, no matter how small.

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never stop being grateful for having them in my life. I cannot way to see how far they will all come, and I hope to be there to celebrate every step of the way!

To my wonderful Brazilian friends: Lara, João, Bel e Bruno, for welcoming me into their lives and being part of one of the most important years of my life. To Thales, whose presence in my life has been magical since the very beginning; he has been one of the greatest gifts of this journey. Writing this dissertation by his side made the process a thousand times more enjoyable, and I will never stop thanking him for the love and care he gives me every single day.

Resumo

As microagressões são formas subtis de discriminação socialmente normalizada, expressas através de ações comuns e breves, podendo ser verbais, comportamentais e ambientais dirigidas a membros de grupos marginalizados. No âmbito dos estudos sobre deficiência, essas são entendidas como expressões quotidianas de capacitismo, que privilegiam a capacidade física e estigmatizam a deficiência. Quando capacitismo e sexismo entrelaçam-se, as mulheres com deficiência podem enfrentar formas agravadas de marginalização — distintas das vivenciadas por mulheres sem deficiência ou por homens com deficiência — as quais permanecem empiricamente subexploradas, particularmente fora de contextos anglo-americanos. O presente estudo qualitativo explora as formas de microagressões experienciadas por mulheres com deficiência física e visível residentes em Portugal. Ancorado na teoria da interseccionalidade, nos estudos críticos sobre deficiência e numa perspetiva feminista, o estudo examina como estas mulheres interpretam as referidas microagressões. Foram realizadas entrevistas individuais semiestruturadas, baseadas na Técnica do Incidente Crítico, com onze mulheres com deficiência física visível residentes em Portugal (M_{age} = 30,73; DP = 12,93). Os dados foram analisados através de uma abordagem de análise temática de codebook e reflexiva, combinando codificação dedutiva baseada numa taxonomia sintetizada com codificação indutiva para categorias emergentes. Este processo originou uma taxonomia de microagressões capacitistas e sexistas, composta por cinco macro-temas, que captam crenças sociais sobre mulheres com deficiência, e dezesseis sub-temas, que refletem como essas crenças se manifestam nas interações quotidianas. Este estudo contribui para as análises interseccionais das microagressões, fornecendo evidências qualitativas de um contexto não anglófono, e pode informar iniciativas sociais, educativas e políticas inclusivas em Portugal.

Palavras-chave: Microagressões, Deficiência, Género, Interseccionalidade, Incidentes Críticos.

Classificação nas categorias definidas pela American Psychological Association
(PsycINFO Classification Categories and Codes):
3000 Social Psychology
    3020 Group & Interpersonal Processes
2900 Social Processes & Social Issues
    2970 Sex & Gender Roles

Abstract

Microaggressions are subtle, commonplace forms of socially normalized discrimination expressed through verbal, behavioral, and environmental indignities directed at members of marginalized groups. Within disability studies, microaggressions are understood as everyday expressions of ableism, which privileges able-bodiedness and stigmatizes disability. When ableism intersects with sexism, women with disabilities may face compounded forms of marginalization distinct from those of able-bodied women or men with disabilities. Despite the uniqueness of these experiences, they remain underexplored empirically, particularly outside Anglo-American contexts. To address this gap, the present qualitative study explores the forms of gendered ableist microaggressions experienced by women with physical and visible disabilities residing in Portugal. Grounded in intersectionality theory, critical disability studies, and a feminist perspective, the study examines how these women describe and interpret gendered ableist microaggressions in their everyday lives. Individual semi-structured interviews grounded in the Critical Incident Technique were conducted with eleven women with visible physical disabilities residing in Portugal (M_{age} = 30.73; SD = 12.93). Data were analyzed integrating codebook and reflexive thematic analysis, combining deductive coding based on a synthesized taxonomy of existing ableist and gender microaggression literature with inductive coding for emerging categories and overarching themes. This process yielded a revised, comprehensive taxonomy of gendered ableist microaggressions, containing five overarching themes, capturing core societal beliefs about women with disabilities, and 16 sub-themes, reflecting how these beliefs manifest in everyday interactions. This study contributes to intersectional analyses of microaggressions, providing qualitative evidence from a non-Anglophone context, and can inform inclusive social, educational, and policy initiatives in Portugal.

Keywords: Microaggressions, Disability, Gender, Intersectionality, Critical Incidents.

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Introduction

Every day, women with disabilities navigate a social world that communicates, through subtle interactions, that they are less capable, less desirable, and less credible than others. These messages more often arrive as a joke, an unsolicited offer of help, a look of surprise, an intrusive question. These are microaggressions: commonplace verbal, behavioral, and environmental indignities that convey hostile or derogatory messages toward people because of their marginalized identity (Sue, 2010). Brief, decentralized, and frequently unnoticed by those who perpetrate them, microaggressions are nonetheless far from trivial. Research consistently documents their negative impact on psychological and physical health, on personal identity, and on the sense of belonging and social inclusion of those who experience them (Keller & Galgay, 2010; Pascoe & Richman, 2009; Sue, 2010).

Microaggressions are not isolated interpersonal incidents but reflections of broader systems of power and social inequality. They emerge from underlying societal beliefs, stereotypes, and assumptions about who belongs and who does not, who is competent and who is not, whose body is normal and whose is deviant; every microaggression both reflects and reinforces the structural conditions that produce it (Cohen & Strand, 2022). It is for this reason that studying microaggressions is a socially and politically necessary endeavor. Identifying, naming, and challenging these everyday acts represents a concrete avenue for disrupting the systems of oppression from which they arise.

Within disability studies, microaggressions are understood as everyday expressions of ableism (Nario-Redmond, 2010), a system of beliefs, practices, and institutional structures that privileges able-bodiedness and stigmatizes disability (Palombi, 2012). Despite the growing recognition of disability as a site of social inequality, ableist microaggressions remain comparatively understudied relative to other forms of subtle discrimination (Cook et al., 2024), and the existing literature is heavily concentrated within North American and Anglo-descendant contexts (Aragón Rodríguez et al., 2025).

A further significant gap concerns the intersection of disability and gender. When ableism intersects with sexism, women with disabilities may experience compounded and qualitatively distinct forms of marginalization that cannot be reduced to the sum of either identity alone (Purdie-Vaughns & Eibach, 2008). Yet, few studies explicitly examine how sexism and ableism interact to produce distinct forms of discrimination, with most research continuing to treat gender and disability as separate rather than interlocking systems of power (Crenshaw, 1989; Deroche et al., 2024; Olkin et al., 2019).

The present study aims to address these gaps by qualitatively exploring the forms of gendered ableist microaggressions experienced by women with physical disabilities residing in Portugal. Portugal represents an unexplored context within this literature, shaped by distinct cultural attitudes toward gender roles, family, religiosity, and social welfare that differ meaningfully from the Anglo-

American settings in which the majority of existing research has been conducted (Aboim & Vasconcelos, 2012; Merlini, 2018; Pinto, 2011; Ribeiro & Aguirre, 2021). Grounded in intersectionality theory (Crenshaw, 1989), critical disability studies, and a feminist perspective, this study seeks to answer the following research question: What forms of gendered ableist microaggressions do women with physical and visible disabilities encounter in their daily lives in Portugal?

Beyond its empirical contribution, the study makes an original methodological contribution through the development of a unified taxonomy of gendered ableist microaggressions, which integrates existing ableist and gender microaggression frameworks into a single coherent analytical tool. Data were collected through eleven individual semi-structured interviews grounded in the Critical Incident Technique (Flanagan, 1954) and analyzed using a hybrid approach of codebook and reflexive thematic analysis (Braun & Clarke, 2023). The findings are intended to advance intersectional understanding of microaggressions, enrich the limited body of qualitative evidence from non-Anglophone contexts, and serve as a foundation for training resources and policy initiatives aimed at raising awareness of gendered ableist discrimination in Portugal.

Chapter 1. Literature Review

1.1 Microaggressions at the Intersection of Disability and Gender

1.1.1 Perceived Discrimination and Microaggressions

Discrimination is a phenomenon rooted in social structures of power, legitimized by ideological systems, and manifested at different levels — such as interpersonal, institutional, and structural — through behaviors that aim to maintain the status and privileges of dominant groups at the cost of others (Burns, 2005; Krieger, 1999).

Perceived discrimination refers to the subjective belief of being a target of discrimination, which occurs when individuals attribute experiences of unfair treatment to prejudice toward their group membership (de Freitas et al., 2018; Major et al., 2002; Piccinelli, 2024). Beyond the direct harm of unfair treatment, perceived discrimination carries additional consequences for well-being because it communicates something about the individual's place in society, signaling that they are less valued, less equal, or less deserving of respect than others (Schmitt et al., 2014). There is cumulative evidence that perceived discrimination is negatively associated with individuals' psychological and physical health, including hypertension, negative affect, and increased risk of disease through heightened stress responses and allostatic load (Pascoe & Richman, 2009).

Over the years, due to the spread of antiprejudice norms, blatant expressions of discrimination have become increasingly less socially accepted, giving way to more subtle forms that are harder to identify, challenge, and address (Duckitt, 2010). Subtle discrimination has been defined as negative or ambivalent treatment experienced on the basis of one’s minority status, that is not necessarily conscious and likely conveys ambiguous intent (Jones et al., 2017). Importantly, research has shown that the psychological effects of perceiving subtle discrimination are at least as negative as those of blatant discrimination, suggesting that subtle forms of prejudice deserve equal consideration and attention (Jones et al., 2017; Van Laer & Janssens, 2011).

It is within this context that microaggressions have emerged as a critical concept in the study of subtle forms of discrimination experienced by individuals belonging to marginalized social groups. The term was originally coined by Chester Pierce in the 1970s to describe the subtle, cumulative ways in which Black people were put down by their White counterparts, emphasizing that it is not the gross and obvious acts but rather the subtle, cumulative mini-assaults that constitute the substance of everyday racism (Pierce et al., 1978). Over time, the scope of the concept expanded: Sue (2010) defines microaggressions as commonplace verbal, behavioral, or environmental indignities that convey hostile or derogatory messages toward people because of their marginalized identity. If left unexamined and unchallenged, these behaviors perpetuate inequalities and stereotypes that hinder the exercise of rights by marginalized individuals (Kattari, 2015; Sue et al., 2007). Regardless of the perpetrator’s intent, microaggressions 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).

Microaggressions do not arise in a vacuum. At the cognitive level, discrimination is deeply connected to stereotypes, defined as qualities perceived to be shared by a group based solely on social category membership (Ashmore & Del Boca, 1981). While stereotypes serve a psychological function in simplifying social information, they are inherently faulty and may develop to reflect and maintain the social roles occupied by different groups (Nario-Redmond, 2010).

Microaggressions are the everyday vehicle through which these beliefs are communicated and enacted, functioning as reminders of individuals' subordinate position within social hierarchies (Cohen & Strand, 2022; Sue, 2010): the macro shapes the micro, and the micro reinforces the macro in turn (Cohen & Strand, 2022; see Figure 1.1, Piccinelli et al., 2024). Each microaggression carries an implicit message rooted in existing stereotypes, signaling to the target where they stand in the social order and what is expected of them. Across the literature, these messages have been organized into recurring thematic categories cutting across marginalized populations. For instance, second-class citizenship — one of the most consistently identified themes — captures experiences in which individuals are treated as a "lesser being," undeserving of equal treatment — a pattern documented across racial, gender, and disability microaggression research (Nadal, 2011; Sue et al., 2007). Yet while microaggression research has expanded across marginalized groups, the study of ableist microaggressions specifically remains comparatively underdeveloped (Cook et al., 2024).

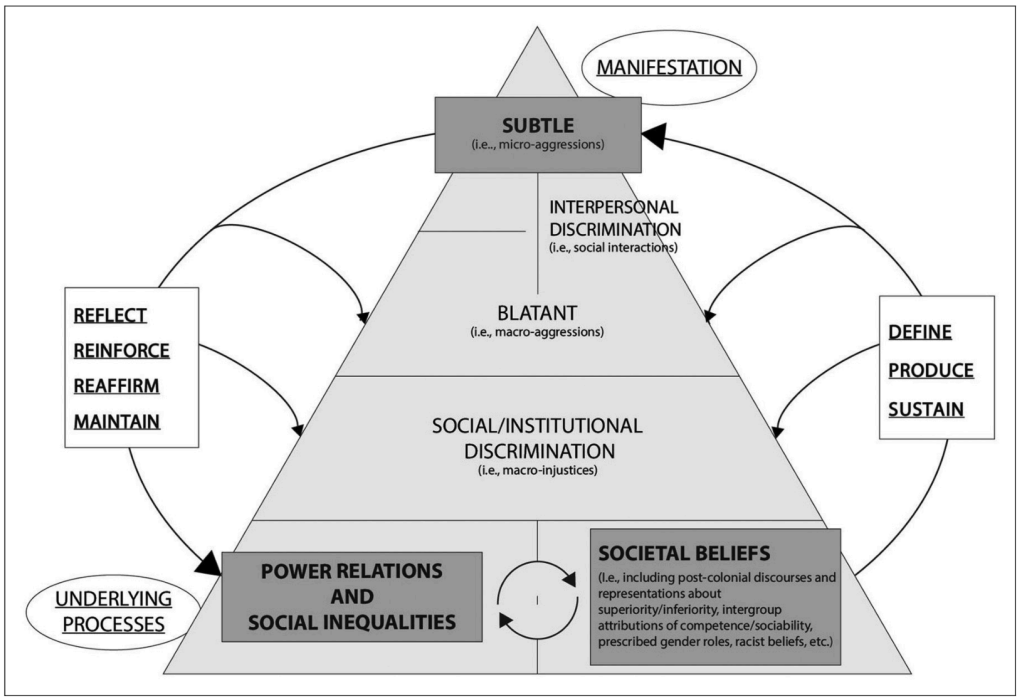

Figure 1.1

Multilevel Process Model of Discrimination (Piccinelli et al., 2024; reproduced with permission of the authors)

1.1.2 Ableist Microaggressions and the Role of Disability Visibility

When directed toward people with disabilities, microaggressions become expressions of a broader system of oppression known as *ableism*, defined as a system of beliefs, practices, and institutional structures that privilege able-bodiedness and stigmatize disability (Palombi, 2012). Implicit within ableism is an able-centric worldview that endorses the belief that there is a normal manner in which to perceive stimuli and accomplish tasks of daily living, with disability representing a deviation from these norms (Keller & Galgay, 2010).

Ableism and all the assumptions inherent to this belief system are reflected in the interpersonal interactions of people with disabilities, leading to subtle verbal, behavioral, or environmental slights and insults integrated into daily interactions, known as ableist microaggressions (Kattari et al., 2018; Sue et al., 2008). Understanding ableist microaggressions requires situating them within a broader theoretical framework that challenges medical and individual explanations of disability.

Critical disability studies frame disability as a social construct shaped by social norms, environmental barriers, and cultural expectations of normalcy (Garland-Thomson, 2013; Titchkosky, 2011). This perspective aligns with the *Social Model of Disability*, which distinguishes between individual impairments and the disabling effects of social structures, arguing that it is not the physical impairment itself that disables individuals, but rather the institutional, cultural, and attitudinal barriers that restrict participation and reinforce exclusion (Oliver, 1996; Shakespeare, 2006).

One of the earliest qualitative investigations of ableist microaggressions was conducted by Keller and Galgay (2010), who identified eight domains — including *denial of identity*, *helplessness* and *patronization* — presented in Table 1.1. More recently, quantitative research has explored the prevalence and predictors of ableist microaggressions across different disability characteristics, finding that individuals with visible disabilities report higher frequencies of microaggressions than those with invisible disabilities, though the nature of these experiences differs significantly (Deroche et al., 2024). Individuals with readily visible impairments are typically evaluated against a package of culturally dominant ableist representations that rely on visual cues — bodily morphology and signifiers such as canes or wheelchairs — to sort bodies into two rigid categories: visibly normal and visibly disabled (Calder-Dawe et al., 2020). Those read as disabled are, in turn, often assumed to possess qualities stereotypically associated with disablement within this broader ableist representational regime, including frailty, asexuality, low intelligence, and immobility (Keller & Galgay, 2010; McLaughlin & Coleman-Fountain, 2018).

Visible disabilities are also associated with experiences of helplessness, linked to situations where unsolicited help is offered or where there is an expectation of secondary gain, placing people with disabilities in a position of condescension that denies their identity (Aragón Rodríguez et al., 2025; Moral et al., 2020). Conversely, individuals with non-visible or imperceptible disabilities are not subjected to constant diagnostic scrutiny but often struggle to be believed or receive necessary assistance (Andreou et al., 2021; Moral et al., 2020). Some describe strategies to demonstrate their disabilities, making their condition visible in order to exercise their rights and access accommodations

(Calder-Dawe et al., 2020). Visibility thus operates simultaneously as validation and stigma: while it may provide recognition of one's disability identity, it also increases exposure to discrimination, whereas invisibility often leads to skepticism and delegitimization (Deroche et al., 2024; Zitzelsberger, 2005).

Despite this growing body of work, the literature on ableist microaggressions remains heavily concentrated within North American and Anglo-descendant contexts: a recent systematic review analyzed 41 papers on ableist microaggressions and found that 22 originated from the United States and 27 collectively from Anglo-descendant countries, reflecting a marked concentration of knowledge production within a narrow cultural and linguistic tradition (Aragón Rodríguez et al., 2025). This geographical imbalance is particularly concerning given that cultural norms surrounding gender, disability, and social interaction vary widely across societies (Best & Williams, 2001; Cislaghi & Heise, 2020; Groce, 1999; Meyer, 2010; Shuttleworth & Kasnitz, 2005; Whyte & Ingstad, 1995), making it unclear to what extent findings from North American contexts can be generalized to other cultural settings.

A further gap concerns intersectionality: while some studies acknowledge the role of intersecting identities (Deroche et al., 2024; Olkin et al., 2019), most continue to treat gender and disability as separate analytical categories rather than interlocking systems of power, falling short of the intersectional framework called for by Crenshaw (1989) and others.

1.1.3 Disability and Gender: An Intersectional Perspective

The concept of intersectionality (Crenshaw, 1989) provides a framework for understanding how multiple systems of oppression intersect to produce experiences of marginalization that cannot be reduced to the sum of their parts. It offers the analytical lens through which gender and disability are understood as interlocking systems of oppression, shaping experiences of exclusion qualitatively distinct from those produced by either identity alone. One consequence of this interlocking marginalization is *intersectional invisibility*, whereby individuals belonging to multiple marginalized groups are rendered invisible within social movements and academic discourses (Purdie-Vaughns & Eibach, 2008); women with disabilities may thus experience marginalization both within feminist spaces that assume able-bodiedness and within disability spaces that often center men's experiences (Olkin et al., 2019). Cultural analyses lend further support to this account, highlighting how gender and disability are both socially constructed categories whose norms interact in ways that place women with disabilities outside the boundaries of both (Garland-Thomson, 2013; Titchkosky, 2011): societal expectations surrounding productivity, beauty, and independence define what it means to be able or feminine, and women with disabilities often fall outside both sets of norms simultaneously, rendering them at once hypervisible, as deviant bodies, and invisible, as excluded from normative femininity (Olkin et al., 2019).

Empirical evidence supports this role of gender in shaping the experience of ableist microaggressions. A recent study (Olkin et al., 2019) extended Keller and Galgay's (2010) previous

non-intersectional analysis to women with both visible and invisible disabilities, confirming most previously identified domains while identifying two additional, gender-specific forms: *disbelief of symptoms by medical professionals*, in which women's reported symptoms were undermined, and discounting of disability based on physical appearance, such as being told one looks too healthy to be disabled.

Theme	Description	Articles	Message
Denial of person's identity	Occurs when any aspect of a person's identity other than their disability is ignored, dismissed, or treated as irrelevant.	Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019	There is no part of a PWD or of their life that is like mine. Their only relevant characteristic is their disability.
Denial of disability experience	Occurs when a person's disability-related experiences are minimized, questioned, or denied by others.	Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019	PWDs' perceptions and feelings are not real, or if they are they are exaggerated, impossible to understand.
Denial of privacy	Occurs when unsolicited or intrusive questions about a person's disability are asked, violating their right to privacy (e.g., "What happened to you?").	Ancha, 2022; Keller and Galgay, 2010; Olkin et al., 2019; Timm, 2002	PWDs cannot decide to keep for themselves something about their disability. They should clarify any doubt about their body or their physical capabilities when anybody asks.
Desexualization	Occurs when a person's sexuality is denied or ignored, based on the assumption that people with disabilities do not have a sexual or emotional life.	Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023	PWDs cannot have romantic partner and cannot be of interest for anyone in this sense. PWDs are not attractive.
Hypersexualization	Occurs when women with disabilities are expected to conform to normative beauty standards or are pressured to be in a romantic relationship solely on the basis of being considered physically attractive.	Ancha, 2022	Women with disabilities are not supposed to be desirable, so when they are, their attractiveness and romantic or sexual life become objects of curiosity and comment.

Theme	Description	Articles	Message
Assumptions about Genetic Inheritance	Occurs when offensive remarks suggest that a person with a disability should not have children, based on the fear of passing on their disability.	Ancha, 2022	Disability is an undesirable condition that should not be passed on, so women with disabilities are irresponsible or selfish if they choose to have children.
Helplessness	Occurs when others assume that a person with a disability needs assistance and attempt to help without being asked.	Ancha, 2022; Keller and Galgay, 2010; Olkin et al., 2019; Timm, 2002	PWDs are not able to do anything by themselves because of their disability.
Secondary Gain	Occurs when a person performs an action for someone with a disability primarily to feel good about themselves or to be praised by others.	Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019; Timm, 2002	I feel good and I should get recognition for helping a PWD.
Spread Effect	Occurs when one specific disability is used to assume other unrelated characteristics, such as assuming cognitive impairment based solely on a physical disability.	Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019; Timm, 2002	Somebody's disability invalidates all areas of their life. If somebody has a physical disability they must have also a cognitive or sensorial one.
Infantilization	Occurs when a person with a disability is treated as a child, including through the use of childish language, diminutives, or a tone of voice typically reserved for young children.	Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019; Timm, 2002	A person with a disability has the comprehension and autonomy of a child, making it appropriate to simplify language, assume incompetence, and override their judgment with one's own.
Denial of person's identity	Occurs when any aspect of a person's identity other than their disability is ignored, dismissed, or treated as irrelevant.	Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019	There is no part of a PWD or of their life that is like mine. Their only relevant characteristic is their disability.
Denial of disability experience	Occurs when a person's disability-related experiences are minimized, questioned, or denied by others.	Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019	PWDs' perceptions and feelings are not real, or if they are they are exaggerated, impossible to understand.

Theme	Description	Articles	Message
Denial of privacy	Occurs when unsolicited or intrusive questions about a person's disability are asked, violating their right to privacy (e.g., "What happened to you?").	Ancha, 2022; Keller and Galgay, 2010; Olkin et al., 2019; Timm, 2002	PWDs cannot decide to keep for themselves something about their disability. They should clarify any doubt about their body or their physical capabilities when anybody asks.
Patronization	Occurs when a person with a disability is excessively praised for ordinary, everyday actions.	Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019; Timm, 2002	Living with a disability is inherently tragic and limiting, so a PWD's life is assumed to be defined by struggle rather than fulfilment. As a result, any ordinary achievement or daily activity is perceived as remarkable and worthy of exceptional praise.
Second-class Citizenship	Occurs when a person's right to equality is denied, as they are treated as a burden or a waste of time and resources (e.g., others avoid eye contact or physically distance themselves from a person with a disability).	Ancha, 2022; Capodilupo et al., 2010; Gartner, 2021; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019; Timm, 2002	PWDs / Women expect too much and have absurd requests, they want to have access to spaces and opportunities that do not belong to them because of their disabilities/gender. Their rights to equality are not as important as mine.
Sexual Objectification	Occurs when a woman is reduced to her body or treated as an object of desire rather than as a full person with agency and subjectivity.	Capodilupo et al., 2010	Women's value is in their bodies; they should always please and entertain men.
Assumptions of Inferiority	Occurs when a woman's competence or knowledge is undermined, such as through mansplaining or the assumption that she is less capable than her male counterparts.	Capodilupo et al., 2010	Women are inherently less capable, knowledgeable, and competent than men, and therefore need to be corrected, explained to, or overlooked in professional and intellectual contexts.
Assumptions of Traditional Gender Roles	Occurs when a woman is expected to conform to traditional gender roles, regardless of her own identity, choices, or aspirations.	Capodilupo et al., 2010; Gartner, 2021	A woman's place is in the home, and her identity, behavior, and ambitions should conform to traditional feminine roles defined by society rather than her own choices.

Theme	Description	Articles	Message
Use of Sexist Language	Occurs when language is used to degrade, dismiss, or humiliate a woman on the basis of her gender.	Capodilupo et al., 2010	Women are not entitled to be addressed with respect, and men have the right to use language that degrades or humiliates them without consequence.
Invisibility	Occurs when a woman's contributions or attempts to speak are ignored, while the same contributions are acknowledged when made by a male counterpart.	Gartner, 2021	Women do not have anything relevant or important to say.
Women-dominated Occupations	Occurs when a woman is steered toward or expected to occupy traditionally female-dominated fields, or discouraged from pursuing male-dominated ones.	Gartner, 2021	Women belong in certain occupations and not others, and their professional aspirations should align with socially prescribed gender roles rather than their own abilities or ambitions.
Environmental Invalidations	Occurs when physical or virtual spaces are not designed to accommodate or protect women, limiting their freedom of access and participation.	Capodilupo et al., 2010	Women's presence and participation in certain spaces is not a priority and does not need to be accommodated.
Medical Disbelief	Occurs when a person's disability-related symptoms are questioned, minimized, or dismissed by medical professionals, leading to delayed or denied diagnosis and treatment.	Olkin et al., 2019	Your symptoms are not real or serious enough to warrant medical attention. I know your body better than you do.
Appearance-based Delegitimization	Occurs when a person's disability is denied or questioned on the basis of their physical appearance, based on the assumption that disability must be visually apparent or conform to a specific aesthetic to be considered legitimate.	Olkin et al., 2019	You do not look disabled enough to have a real disability. People with disabilities are not supposed to be attractive or healthy-looking.

Table 1.1

Gender and Ableist Microaggressions Taxonomy

The taxonomy presented in Table 1.1 represents an integrative synthesis of three distinct bodies of literature: ableist microaggression taxonomies (Keller & Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019; Timm, 2002), gender microaggression taxonomies (Capodilupo et al., 2010; Gartner, 2021), and the limited existing work on gendered ableist microaggressions (Ancha, 2022; Olkin et al., 2019). Each of these bodies of literature has developed largely in isolation; the present study proposes a unified framework that treats gender and disability as interlocking systems of oppression. To construct this taxonomy, a integrative review (Whittemore & Knafl, 2005) of the existing literature was first conducted, restricted to articles presenting original taxonomies of ableist, gender, or gendered ableist microaggressions; articles addressing these topics without proposing a taxonomy, or relying on taxonomies already captured in the review, were excluded. Once identified, relevant taxonomies were systematically examined to extract themes representing specific categories of microaggression experiences. Themes that appeared across multiple taxonomies were retained and, where necessary, renamed for consistency; themes that were specific to a single body of literature were included where they were considered theoretically relevant to the intersectional experiences of women with disabilities. The result is a taxonomy that, for the first time to our knowledge, brings together ableist and gender microaggression frameworks into a single coherent tool designed specifically to capture the compounded and qualitatively distinct experiences of women with disabilities.

1.2 The Present Study

The present study qualitatively explores gendered ableist microaggressions as experienced by women with physical and visible disabilities residing in Portugal, addressing the question: what forms of gendered ableist microaggressions do these women encounter in their daily lives?

The study adopts an exploratory qualitative design, grounded in a critical realist ontology (Bhaskar, 2020; Fleetwood, 2005) and an interpretivist epistemology (Alharahsheh & Pius, 2020), positioning participants' lived experiences and subjective interpretations as the primary source of knowledge about the phenomenon (Guy & Arthur, 2021; Kitzinger, 2004). Given that gendered ableist microaggressions are subtle, ambiguous, and embedded in specific cultural and relational contexts (Deroche et al., 2024; Sue, 2010), a qualitative approach is best suited to capturing their complexity. This design also aligns with the feminist and intersectional framework underpinning the study, which prioritizes giving voice to marginalized perspectives and treating participants as active meaning-makers rather than passive data sources (Crenshaw, 1989; England, 1994; Kiguwa, 2019; McCall, 2005). Sue's (2010) conceptualization of microaggressions served as the theoretical foundation for identifying these experiences in the Portuguese context, and data were collected through individual semi-structured interviews grounded in the Critical Incident Technique (Cope & Watts, 2000; Flanagan, 1954; Kreps, 2018).

Reflexivity and researcher positionality are central concerns in qualitative and feminist research (England, 1994). The researcher is an able-bodied Italian Master's student in social and cultural

psychology, whose training informed the study's theoretical framing and analytical choices. While this background facilitated attunement to participants' accounts, it also required ongoing critical reflexivity to ensure theoretical assumptions did not unduly shape data interpretation. As an able-bodied outsider, the researcher may have influenced how participants framed their experiences, potentially feeling the need to explain aspects of daily life they might have taken for granted with a interviewer with a disability; her gender may have facilitated rapport around the gendered dimensions discussed, while the linguistic and cultural distance of conducting research in a language not her own may have further shaped the interview dynamic in ways difficult to fully anticipate. Critical reflexivity (Fook, 1999) was maintained throughout via regular supervision meetings and a research diary, used systematically after each interview to record observations, emotional responses, and reflections on how positionality may have shaped the interaction and data collected (Burgess, 1981; Nadin & Cassell, 2006).

This research's expected contributions are threefold. Theoretically, it advances intersectional analyses of microaggressions by treating gender and disability as interlocking systems of power, introducing an original taxonomy that integrates existing ableist and gender microaggression frameworks into a single tool. Empirically, it enriches the limited qualitative evidence on gendered ableist microaggressions through data from a non-Anglophone context, addressing both the geographical and intersectional gaps identified in the literature. Practically, the findings are expected to inform inclusive social, educational, and policy initiatives in Portugal, with the critical incidents collected potentially serving as material for training resources aimed at raising awareness among professionals, educators, and the broader public.

Chapter 2. Methodology

This chapter presents the methodological framework adopted to qualitatively explore how women with physical and visible disabilities residing in Portugal experience and make sense of gendered ableist microaggressions in their everyday lives. The sections that follow describe the study's participants, data collection and analysis procedures, and the ethical and quality considerations that guided the research process.

2.1 Participants

A total of 12 interviews (one for the pilot study and eleven for data collection) was conducted online, between April and June 2026. Participants were recruited through convenience and snowball sampling, via multiple channels to ensure diversity of experiences. Multiple Portuguese organizations and institutions working with women and/or people with physical disabilities have been contacted and invited to share information about the study with potential participants. Recruitment materials (Annex A) were also disseminated through social media platforms. Additionally, a snowball sampling strategy (Robinson, 2014) was used, whereby participants could share the study information with others who met the inclusion criteria, namely: self-identification as a woman, fluency in Portuguese, residing in Portugal and/or being Portuguese and being of legal age.

Participants' age ranged between 18 and 54 (M_{age} = 30.73; SD = 12.93). All participants were Portuguese-born and currently residing in Portugal, except for one who was a Mozambican-born student currently living in Portugal. Participants are identified by fictional names to ensure anonymity. An overview of participants' fictional name, age, and type of disability is provided in Table 2.2.

Name	***Age***	***Disability type***
Marta	23	Neuromuscular
Maria Eduarda	25	Cerebral palsy
Carolina	27	Cerebral palsy
Margarita	54	Poliomyelitis
Julia	21	Encephalitis
Larissa	24	Not specified - Ambulates with tripod canes
Marcela	25	Juvenile rheumatoid arthritis
Luana	24	Arthrogriposis

Name	*Age*	*Disability type*
Ana	18	Cerebral palsy
Daniela	51	Visual impairment
Fernanda	46	Paraplegia

Table 2.2

Sociodemographic Characteristics of Participants

2.2 Data Collection

Data were collected through individual semi-structured interviews grounded in the Critical Incident Technique (CIT; Flanagan, 1954), a flexible set of principle designed to elicit detailed accounts of events significant to individuals' interpretation of reality. An incident is defined as any observable activity sufficiently complete to permit inferences about the person performing it, with its purpose and consequences sufficiently clear to be considered critical. Crucially, what counts as critical is left to participants themselves, who reconstruct an experience in detail, from their own perspective and in their own words (Cope & Watts, 2000). This approach suits the study of microaggressions for two reasons: it anchors accounts in concrete, bounded events, generating the detail needed to understand the psychological processes involved (Serrat, 2017), and the critical nature of such incidents tends to facilitate recall, producing reliable, in-depth narratives of emotionally laden experiences (Chell, 2004; Flanagan, 1954).

The interview guide was developed specifically for this study based on the CIT framework (Annexes B and C). Interviews were conducted online via Microsoft Teams to reduce accessibility barriers related to mobility or distance. Participants were invited to recall and describe incidents they perceived as subtle discrimination related to their identity as women with disabilities. Follow-up questions invited further detail about the context of each incident. The word "microaggression" was withheld until debriefing, to avoid misleading participants unfamiliar with the concept (Lilienfeld, 2017).

Interviews lasted approximately 60 minutes and were video-recorded with informed consent; videos were converted to audio (MP3) and stored securely on OneDrive, with access restricted to the research team. A debriefing followed each interview, allowing participants to reflect, ask questions, and raise any discomfort; the debriefing document, which included a list of support resources (Annex D), was sent to each participant after the interview. Transcripts were anonymized at the point of transcription, and all personal data will be deleted five years after the thesis defense, per institutional guidelines.

Prior to data collection, a pilot interview was conducted with a Brazilian wheelchair user to test the guide and procedures. The pilot confirmed the guide was clear, requiring no modifications, and data collection proceeded without further adjustments.

2.3 Methodological Approach and Data Analysis

2.3.1 Analytical Strategy and Data Analysis

Data were analyzed using Thematic Analysis (TA), a flexible qualitative method for identifying and reporting patterns of meaning across a dataset (Braun & Clarke, 2006; 2023; Clarke & Braun, 2017). Unlike more theoretically delimited approaches (I.e. interpretative phenomenological analysis), TA is theoretically independent and applicable across diverse epistemological positions (Braun & Clarke, 2023), making it well suited to this study's critical realist and interpretivist framework.

Among the three main approaches to TA identified by Braun and Clarke (2023) — coding reliability, reflexive, and codebook approaches — the present study adopted a hybrid approach drawing on both codebook and reflexive TA. The analytical process itself unfolded across three sequential steps.

The first step involved identifying the units of analysis, represented by conversation segments representing a single message or feature relevant to each node, their length determined case-by-case, an approach suited to semi-structured interviews with open-ended, free-flowing data (Kurasaki, 2000). In this study, the units of analysis were identified as critical incidents, defined as specific, bounded events recalled by participants as personally significant and perceived as instances of subtle discrimination related to their identity as women with disabilities (Flanagan, 1954).

Second, codebook thematic analysis was conducted. A codebook grounded in a systematic synthesis of existing ableist and gender microaggressions taxonomies (see Table 1.1, Chapter 1) served as the starting point for a primarily deductive strategy, whereby each critical incident was categorized according to pre-established categories. Incidents that could not be adequately assigned to an existing category were then inductively coded to generate a small number of new sub-themes. The sixteen sub-themes in the final codebook (see Annex E) reflect the outcome of this iterative deductive-inductive process.

Third, reflexive thematic analysis was applied to the dataset as a whole, in order to identify underlying patterns of meaning across sub-themes and address inconsistencies across themes derived from existing taxonomies (see Section 2.3.2). This process generated five overarching themes, each capturing a core societal belief or assumption uniting the sub-themes nested within it, which should be understood as meaning-level interpretations rather than coding categories.

2.3.2 Codebook Generation and Revision

The codebook used for analysis was developed on the basis of the original taxonomy of gendered ableist microaggressions constructed through a systematic revision of existing literature, as presented in Table 1.1. However, early in the analytical process, a fundamental lack of consistency among existing taxonomies became apparent. Some themes in the literature represent the underlying beliefs and assumptions that motivate microaggressions, such as *assumptions of inferiority*, while others describe the behavioral manifestations that result from those assumptions, such as *helplessness*, meaning that some incidents could potentially be coded twice (e.g., one being offered help insistently

because they are deemed incapable). This made the initial codebook difficult to apply consistently and risked conflating analytically distinct levels of the phenomenon.

To address this, the codebook was restructured around a hierarchical system of overarching themes and sub-themes. Overarching themes were defined as reflexive thematic codes representing core societal beliefs and assumptions, while sub-themes captured the distinct behavioral manifestations through which those assumptions are expressed in everyday interactions. This structure made explicit the relationship between the underlying discriminatory message and its concrete expression, ensuring greater internal coherence. This reorganization also led to the merging of several themes that, while superficially distinct, shared the same core assumption. For example, *assumptions of incompetence* and *patronization* both reflect the belief that people with disabilities are inherently inferior and incapable, and were merged into the broader overarching theme *Incapable by Default: The Many Faces of Assumed Inferiority*, with each original theme retained as a sub-theme. Similar decisions were made across other categories where theoretical overlap was identified. The resulting revised codebook is presented in Annex E.

2.4 Ethical Considerations, Trustworthiness and Research Quality

This study was conducted in accordance with the ethical guidelines of ISCTE — Instituto Universitário de Lisboa and received approval from the relevant institutional ethics committee prior to data collection (approval N. 222/2026).

In qualitative research, the quality of the research is typically assessed through the criterion of trustworthiness, defined as the degree of confidence that the researcher has that their data and findings are credible, transferable, and dependable (Earnest, 2020; Lincoln & Guba, 1985). Trustworthiness encompasses four criteria: *credibility*, which parallels internal validity; *dependability*, which parallels reliability; *confirmability*, which parallels objectivity; and *transferability*, which parallels external validity (Lincoln & Guba, 1985).

Several strategies were adopted to ensure trustworthiness across these four dimensions. Credibility was addressed through the use of the Critical Incident Technique, which anchors participants' accounts in concrete, bounded events and tends to facilitate recall of emotionally significant experiences (Chell, 2004), as well as through the maintenance of a research diary throughout the data collection process. Dependability and confirmability were addressed through a systematically developed codebook and an intercoder reliability procedure involving an external second coder, who independently coded a random 30% of incidents (38 of 121). Across 16 coding categories, initial agreement was 89.5% (4 discrepant incidents), yielding a Cohen's Kappa of $\kappa = .89$ — indicating almost perfect agreement (Landis & Koch, 1977). The 4 discrepancies were resolved through a reconciliation meeting to reach a final agreed classification. Transferability was addressed through the provision of thick description (Earnest, 2020; Lincoln & Guba, 1985) of the research context, participants, and analytical procedures, allowing readers to assess the applicability of the findings to other contexts. Taken together, these strategies reflect a commitment to methodological

rigor and transparency that aims to ensure that the findings constitute a trustworthy and meaningful contribution to the understanding of gendered ableist microaggressions in the Portuguese context.

Chapter 3. Results

Participants' experiences of gendered ableist microaggressions were coded into 16 sub-themes, drawing on the taxonomy developed for this study (full definitions and thick descriptions in Annex E). Table 3.3 presents the five overarching themes and their sub-themes, along with incident frequencies, and Figure 3.2 displays the same structure as a conceptual map. Read through the lenses of intersectionality theory and critical disability studies, these themes were organized through reflexive thematic analysis into five overarching themes, each capturing a core societal belief about women with disabilities that underpins its nested sub-themes.

Overarching Theme	Sub-theme	Frequencies
At the Edge of the Room: Invisibility, Exclusion, and Unequal Access		13
	Invisibility, Avoidance and Exclusion	6
	Denial of Equal Access	5
	Use of Ableist Language	2
Beyond the Feminine Ideal: Exclusion from Normative Womanhood		10
	Desexualization	3
	Denaturalization of Romance	3
	Denial of Motherhood	4
Incapable by Default: The Many Faces of Assumed Inferiority		42
	Assumptions of Incompetence	16
	Helplessness	16
	Patronization	5
	Infantilization	4
“Who Are You to Say?” Identity, Experience, and the Right to Be Believed		45
	Denial of Person’s Identity	12
	Denial of Privacy	9
	Denial of Disability Experience	5
	Trivialization of Disability	10
	Appearance-based Delegitimization	8
Your Cross to Bear! The Religious Pathologization of Disabled Bodies		12

Table 3.3

Gendered Ableist Microaggression Themes and Incident Frequencies

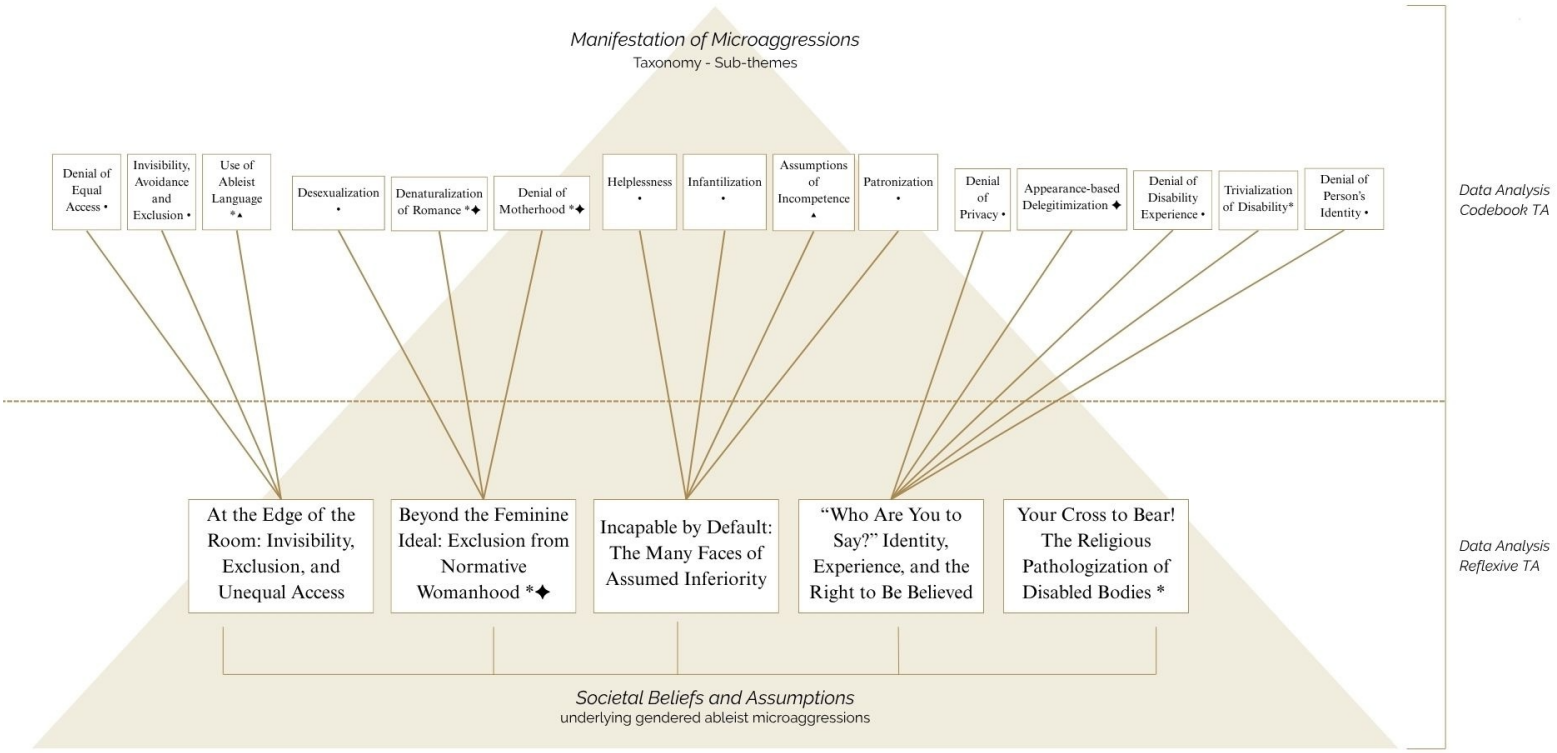

Figure 3.2

Conceptual Map of the Identified Sub-themes (Top of the Pyramid) and Their Connections with Societal Beliefs (Bottom of the Pyramid)

Note. Symbol shapes indicate each theme's literature origin: • = ableist microaggressions literature; ▲ = gender microaggressions literature. ✦ indicates themes of gendered ableist microaggressions specifically. * indicates themes that emerged inductively from the present data. Themes may carry more than one symbol (e.g., *✦) where applicable. The theme *Your Cross to Bear! The Religious Pathologization of Disabled Bodies* functions as both an overarching theme and a coding-level theme, and therefore appears in the figure without further sub-themes.

A total of 121 critical incidents were identified across eleven interviews (M = 11). The five overarching themes are presented sequentially below, with each sub-theme illustrated through representative excerpts from participants' accounts.

3.1 At the Edge of the Room: Invisibility, Exclusion, and Unequal Access

This overarching theme captures experiences in which a woman's fundamental right to equality, recognition, and full social participation is denied, whether through active exclusion, avoidance, derogatory language, or treatment as a burden rather than as an equal member of society. This pattern echoes what has been termed *second-class citizenship* in the wider microaggressions literature — one of the most consistently identified themes across racial, gender, and disability research (Nadal, 2011; Sue et al., 2007). In the present study, this broader theme was divided into three distinct sub-codes: *Invisibility, Avoidance and Exclusion*, which captures experiences of being

socially overlooked, avoided, or rendered absent from interactions; *Denial of Equal Access*, which refers to experiences in which the person's right to equal participation is obstructed; and *Use of Ableist Language*, which encompasses a linguistic dimension of this marginalization.

3.1.1 Invisibility, Avoidance and Exclusion

Participants reported experiences of being socially overlooked, avoided, or excluded from interactions in which they had a full right to participate. This theme included incidents characterized by being physically avoided in public spaces, not being greeted or acknowledged in social settings, being spoken about in the third person while present, or having others direct questions and conversation to a companion rather than to the person themselves. These experiences resonate with what the literature has described as *second-class citizenship* and *invisibility*, recurrent themes across microaggression taxonomies (Ancha, 2022; Keller & Galgay, 2010; Olkin et al., 2019).

> "I was with my family at the beach and I said 'I am going to get an ice cream'. […] I was there in line and when it was my turn they weren't attending me. I was like 'Excuse me, I just wanted an ice cream', they weren't answering. And after that another woman came to order an ice cream and they [the staff] replied to her, they served her, and I was just there."
>
> (Luana, 24 years old, Arthrogriposis)

Participants attributed others' avoidance and silence to a broader societal discomfort with disability, rooted in fear, uncertainty, or an inability to navigate interactions with people with disabilities — discomfort that some linked to a confrontation with one's own vulnerability and the unsettling possibility of impairment. Underlying these dynamics, there is the persistent stereotype that people with disabilities cannot act independently or speak for themselves (McDougall, 2006; Santuzzi & Cook, 2020), rendering them socially invisible even when physically present.

3.1.2 Denial of Equal Access

Participants reported experiences in which their legitimate needs and accommodation requests were dismissed, minimized, or framed as an unreasonable burden on others. Rather than being recognized as rights, their needs were treated as inconveniences that consumed time, space, or resources that others should not have to provide. This sub-code captures a dimension of *second-class citizenship* (Keller & Galgay, 2010; Timm, 2002) that goes beyond social invisibility.

> "I remember… I had a horrible [university] course director. I remember that once he called me […] and he told me: 'Marta, you'll have to switch to a different module' and I asked 'Why?' 'Because the classroom is really small and your wheelchair takes up a lot of space'. In that moment I felt really hurt and frustrated."

(Marta, 23 years old, Neuromuscular disease)

These incidents suggest that denial of equal access operates through individual attitudes as well as through institutional practices that systematically fail to accommodate the needs of people with disabilities, reinforcing their exclusion from full and equal participation in educational, professional, and social life (Cigman, 2007; Vlachou-Balafouti, 1999).

3.1.3 Use of Ableist Language

This sub-theme was generated inductively from the data and captures incidents in which language that degrades, dehumanizes, or trivializes disability is used in the presence of or directed at a person with a disability. While this specific theme has not been identified as a standalone category in ableist microaggression taxonomies, it mirrors the theme of *use of sexist language* documented by Capodilupo et al. (2010) in the gender microaggressions literature, suggesting that the weaponization of language is a transversal mechanism of discrimination across different marginalized groups (Dubinsky & Starr, 2022).

> "This happened with the teacher assistant that works in my mom's classroom. […] My mother took the disability parking badge from our car and put it in her [the teacher assistant's] car, and when we went to park closer, she [the teacher assistant] said 'So we're going to park here in the handicapped spot [*lugar dos deficientes*]*?*'"
> (Carolina, 27 years old, Cerebral palsy)

The use of the term *deficiente* (i.e., "handicapped") as a noun is recognized as ableist in Portuguese (Escola Superior de Comunicação Social, 2023), since it perpetuates the idea that the person is lacking 'something' (i.e., from Latin, *deficere*, which means to fail, to run short, or to grow weak). However, it remains widely used in everyday language as a common term to refer to people with disabilities. In these cases, the social cost of demanding respectful and inclusive language can fall disproportionately on the very people affected by these insults, placing the burden of education on those who are already the targets of discrimination.

3.2 Beyond the Feminine Ideal: Exclusion from Normative Womanhood

This overarching theme captures the experiences of women with disabilities at the intersection of ableism and sexism, reflecting the ways in which disability disrupts normative expectations of womanhood surrounding sexuality, romantic partnership, and motherhood. Three sub-themes were identified beneath this overarching theme. One, *Desexualization*, has been consistently documented in the ableist microaggressions literature, where it has traditionally encompassed both the denial of sexuality and the assumption that people with disabilities cannot have romantic partners (Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023). In the present study, these two

dimensions were analytically separated into two distinct sub-themes, *Desexualization* and *Denaturalization of Romance*, to better capture their qualitatively different manifestations. A third sub-theme, *Denial of Motherhood*, emerged from the data and, to the best of our knowledge, has not previously been included in any microaggression taxonomy, representing an original contribution of this study. Together, these three sub-themes reflect a broader societal belief that womanhood, as normatively defined, is fundamentally incompatible with disability, placing women with disabilities outside the boundaries of feminine identity and denying them recognition as full social and relational beings (Inahara, 2009; Valeras, 2009).

3.2.1 Desexualization

Desexualization has been consistently identified across ableist microaggression taxonomies (Ancha, 2022; Keller & Galgay, 2010; López-Pérez & Girela-Rejón, 2023) and refers to incidents in which a person with a disability's sexuality, sexual identity, or sexual agency is denied, ignored, or treated as nonexistent, based on the assumption that disability and sexuality are mutually incompatible.

> "Once, a guy that I met that same night, like, I already don't remember, I don't even remember his face. I remember what he said but not his face, saying 'Oh you are so hot, such a shame that you walk like that, if not I would take you for a spin'."
> (Maria Eduarda, 25 years old, Cerebral palsy)

The desexualization of people with disabilities is deeply naturalized within societal norms (Shakespeare et al., 1996). The very idea of a disabled body as erotic, desiring, and capable of sexual self-determination challenges the normative constraints of heterosexual, able-bodied desire, making it culturally threatening and therefore subject to denial or ridicule (Pinho et al., 2026: Santos & Santos, 2018). The incident reported above illustrates this dynamic precisely: the participant is simultaneously acknowledged as attractive and dismissed as sexually inaccessible due to her disability, reducing her to a body that can be desired in spite of itself but never fully on its own terms.

3.2.2 Denaturalization of Romance

This sub-theme captures microaggressions rooted in the assumption that romantic relationships are not a natural or expected part of the lives of women with disabilities. These incidents included expressions of surprise or disbelief at the idea of a woman with disability having a partner, as well as the implicit suggestion that any partner must be motivated by pity, obligation, or extraordinary self-sacrifice rather than genuine attraction (Chance, 2002; Lund & Johnson, 2015; Rainey, 2011).

> "I was being interviewed […]. I was talking about my [activism] projects and he [the interviewer] switched right to the topic of boyfriends […]. He turned to me and he asked

me ‘And what about boyfriends?’, which I thought could be even a more nuanced question that he would ask to anyone, but then he says ‘Is it hard to find a boyfriend?’”
(Julia, 21 years old, Encephalitis)

Participants made sense of these comments by situating them within a broader cultural discomfort surrounding disability and intimacy, suggesting that the surprise or skepticism they encountered reflected not only ableist assumptions about their own desirability, but also anxiety about the practical realities and social judgment that others associate with being in a relationship with a disabled person.

3.2.3 Denial of Motherhood

This inductive theme captures microaggressions in which a woman with disability is assumed to be unable, unwilling, or unsuitable to become a mother, without this assumption being grounded in her actual desires, capacities, or circumstances. These incidents ranged from the implicit assumption that a woman with disability does not or cannot have children, to explicit expressions suggesting that, even if she were to become a mother, she would be inherently inadequate in that role. While this theme has not previously appeared in microaggression taxonomies, it resonates with existing scholarship documenting the social exclusion of women with disabilities from the role of motherhood (Daniels, 2019; Grue & Laerum, 2002).

"It was when I went to give birth […]. I don't even know if it's discrimination. I know that the nurse, when I came in… I was in a wheelchair with my mother and the nurse turned to my mother. Not even to me! And she turned to my mother and said, 'there's a child coming that you're going to have to take care of.’”
(Margarita, 54 years old, Poliomyelitis)

These findings are consistent with existing literature: research has shown that women with disabilities frequently feel pressure to prove they are sufficiently capable mothers (Thomas, 1997), reflecting broader cultural and institutional beliefs that mothers with disabilities are inherently incapable of adequately caring for their children (Kirshbaum & Olkin, 2002); beliefs that, as the present study illustrates, are communicated through everyday microaggressions.

3.3 Incapable by Default: The Many Faces of Assumed Inferiority

The assumption reflected by this overarching theme, i.e. *assumption of inferiority*, has been widely discussed in the literature as an important form of microaggression towards different groups (Sue, 2010), including racialized individuals (Sue et al., 2007; Williams et al., 2021) and women (Capodilupo et al., 2010). This assumption implies that the targets are inherently less capable, knowledgeable, and competent than able-bodied people, and therefore need to be corrected, explained to, or overlooked

in professional and intellectual contexts. It also implies that the person requires assistance, guidance, or simplified treatment because they are assumed to be fundamentally inadequate.

3.3.1 Assumptions of Incompetence

This code was not found in previous taxonomies about ableist microaggressions, but it was reflected more broadly in gender microaggressions taxonomies as *assumptions of inferiority*, when a woman's competence or knowledge is undermined (Capodilupo et al., 2010).

> "I remember, right before my surgery, the doctor was filling in my medical form. He was asking me about some fields and for some other fields he just went on, he filled them himself, and I asked 'Doctor, which field is that?' And he 'Oh, it is about professional occupation, you don't work, right?' Hence, he didn't even ask me if I was working. He just took for granted that I wasn't working."
> (Fernanda, 46 years old, Paraplegia)

These microaggressions undermine women with disabilities across academic, professional, and personal domains. Research shows that colleagues may resent working alongside coworkers with disabilities or perceive them as inherently incompetent (Sharma & Prabhu, 2025; Stone & Colella, 1996), contributing to an environment in which people with disabilities in the workplace are reduced to tokens or diversity quotas rather than recognized for their actual contributions (Goss et al., 2000). This dynamic is particularly pronounced for women with disabilities, who navigate the compounded assumptions of both ableism and sexism in professional contexts (Randolph, 2005), as illustrated by another participant who reported being explicitly framed as a token by a coworker.

3.3.2 Helplessness

Occurs when others assume, without being asked, that a person with a disability requires assistance to perform everyday tasks, and proceed to help without invitation or consent. This includes physically intervening in tasks the person is already managing, taking over without asking, or insisting on helping despite being declined.

> "In the pilgrimage that I did to Santiago de Compostela, this friend of mine was doing something that irritates me. She was always grabbing me and things like that. And I already told her 'Let me go, I can walk next to you, I am able to.' But no, she thinks that I am going to fall."
> (Daniela, 51 years old, Visual impairment)

Helplessness has been consistently identified as one of the most prevalent themes in the ableist microaggressions literature (Cook et al., 2024; Lett et al., 2020), and a recent systematic review confirmed that it is particularly common toward individuals with physical disabilities and visual

impairments, representing the most frequently experienced form of microaggression among the latter group (Aragón Rodríguez et al., 2025).

3.3.3 Patronization

This theme was largely found in ableist microaggressions literature (Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019; Timm, 2002). It occurs when a person with a disability is praised disproportionately or enthusiastically for accomplishing ordinary, everyday tasks that would go unacknowledged in a able-bodied person, or simply for living in their own body.

> "[Discussing the 'you are a warrior' type of comment] […]. I replied to this person 'Don't say this, I don't think I am a warrior, like, it is just normal [living with a disability]' and she literally said 'If I was in your place, I wouldn't be able to do it.'"
> (Larissa, 24 years old, Not specified - ambulates with tripod canes)

This incident illustrates the double bind that patronization creates for people with disabilities: accepting such comments can be psychologically costly, as it implicitly validates the assumption of inferiority, yet confronting the person making them can result in interpersonal penalties, with the person with disability being perceived as rude or ungrateful for rejecting what is framed as a compliment (Wang et al., 2019). This dynamic is particularly insidious because patronizing behavior is often socially perceived as benevolent or well-intentioned, making it difficult to name and challenge without social cost (Nario-Redmond et al., 2019).

3.3.4 Infantilization

This theme has been documented across ableist microaggression taxonomies (Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019; Timm, 2002) and occurs when a person with a disability is treated as though they lack the cognitive, emotional, or social maturity of an adult, regardless of their age or actual abilities.

> "I met an old teacher from the [elementary] school where I studied. And she comes to talk to me: 'Hello Marta, so little Marta [*Martinha*], how are you?' And I said, 'Good afternoon, are you well?' And she said, 'Still in school [*escolinha*], are we?' And I, 'What school [*escolinha*]?' And she, 'Here at school', and I, 'No, I'm in the first year of my master's degree.' And she [with a surprised voice] 'Master's degree, what master's degree?'"

(Marta, 23 years old, Neuromuscular disease)[1]

This incident illustrates how infantilization operates simultaneously through language and through assumptions about intellectual capacity, with the use of diminutives and childlike address preceding and perhaps even predicting the disbelief at the participant's academic achievements. The cumulative impact of repeated infantilizing interactions can extend beyond the specific incidents themselves, shaping the person's broader relationship with language and social interaction. One participant in the present study reported that exposure to infantilizing language had been so pervasive that she had come to associate even genuinely affectionate diminutives with condescension and disrespect, losing the ability to receive them as expressions of warmth.

3.4 "Who Are You to Say?" Identity, Experience, and the Right to Be Believed

This overarching theme captures experiences in which a woman's identity, experiences, or disability status are denied, dismissed, minimized, or questioned by others, sharing a common underlying message: that her subjective reality, sense of self, or right to privacy is not valid or worthy of recognition. This includes the dismissal of aspects of identity beyond disability, intrusive questioning about disability, the minimization of disability-related experiences, and the delegitimization of disability based on physical appearance. Within this framework, some of the themes — *Denial of Person's Identity, Denial of Disability Experience, Denial of Privacy* (See Table 1.1) — have already been widely discussed in ableist microaggression literature (Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019; Timm, 2002), while *Appearance-based Delegitimization* has been categorized solely by Olkin and colleagues (2019); *Trivialization of Disability* was instead derived inductively.

3.4.1 Denial of Person's Identity

This microaggression occurs when a person with a disability is reduced to their condition in ways that strip them of full personhood, autonomy, and individual identity (Keller & Galgay, 2010).

> "There was a discussion when we [my ex-boyfriend and I] weren't even together anymore, and I was going to have my surgery soon, and he throws this bomb at me: 'Even if you have surgery, you will never stop being a cripple.' And that phrase for me, even today, is like a shadow hanging over me."
>
> (Marcela, 25 years old, Juvenile rheumatoid arthritis)

[1] In the original Portuguese, the speaker used the diminutive forms *Martinha* and *escolinha*, derived from *Marta* and *escola* (school) respectively. In Portuguese, the suffixes *-inho/-inha* function as markers of endearment or, in contexts such as this one, condescension and infantilization (Rio-Torto, 2022). As these suffixes have no direct equivalent in English, *Martinha* has been rendered as "little Marta" and *escolinha* as "school," with the infantilizing tone conveyed through context rather than lexical form. The original Portuguese terms are retained in parentheses.

Participants described these experiences as particularly damaging when they came from people close to them, as the violation of trust compounded the harm of the microaggression itself. One participant reflected that having her disability weaponized by someone she had loved left her with lasting insecurity in subsequent relationships, constantly questioning whether others' acceptance of her disability was genuine or merely temporary.

3.4.2 Denial of Privacy

Occurs when unsolicited, intrusive, or overly personal questions about a person's disability are asked without invitation, violating their right to privacy and bodily autonomy, as if a person with a disability's body and medical history are public property, subject to the curiosity of others without regard for personal boundaries (Chaikin & Derlega, 1974; Mitchell & Snyder, 1997).

> "I was going to university, like I was sitting there waiting for the subway. A man — he didn't even say 'Hello', he didn't even say 'Good morning' or asked how I was doing — he said 'You had an accident, didn't you?'"
> (Luana, 24 years old, Arthrogriposis)

These microaggressions are commonly found in literature (Olkin et al., 2019), and research found that people with disabilities often feel as if able-bodied individuals expect or demand disclosure about their bodies, experiences or everyday tools (e.g. the price of a wheelchair) (Braithwaite, 1991).

3.4.3 Denial of Disability Experience

This occurs when a person's disability-related experiences, symptoms, or limitations are minimized, questioned, or denied by others, including medical professionals, colleagues, family members, or strangers.

> "Since I was having chronic pain crises, I explained to her (a friend) that I was feeling really bad and that I could not hang out […]. I had been feeling bad, my body needed to rest. And she starts saying to me 'But this is normal, I also feel tired.' And I told her 'you are not understanding, I have chronic pain, I am being treated by specialized healthcare staff. It is not just pain, this is a health condition' and she just minimized, she discredited completely what I was feeling."
> (Maria Eduarda, 25 years old, Cerebral palsy)

Research found that non-recognition is a common experience for people who suffer from chronic pain (Ojala et al., 2015; Sheppard, 2020). Women with invisible disabilities are more likely to

experience this kind of microaggression (Deroche et al., 2024; Olkin et al., 2019; Kattari et al., 2018), yet the present research also identified them, despite focusing on women with visible disabilities.

3.4.4 Trivialization of Disability

This sub-theme captures incidents in which a person with a disability is subjected to remarks, jokes, or behaviors that reveal a profound lack of awareness or consideration for the impact of disability on their daily life and identity. These microaggressions communicate a disregard for the person's experience and dignity, often under the guise of humor or casual conversation, which makes them particularly difficult to name and challenge.

> "She [my supervisor] needed to buy some equipment for the lab […] and she told me 'Maybe I'll bring you with me, I'll put you in a wheelchair so that I can skip everyone in the line instantly, it will take me two hours instead of the whole afternoon. Maybe I am going to do that' and she started laughing."
> (Maria Eduarda, 25 years old, Cerebral palsy)

This sub-theme was generated inductively from the data, as it did not correspond to any pre-existing category in the codebook. The underlying message these incidents convey is that disability is an anomaly, a deviation from what is considered normal, and that it can be referenced, instrumentalized, or made the subject of humor without consequence. Regardless of how these interactions are framed, the message communicated is one of othering, positioning the person with a disability as fundamentally different from and lesser than the social norm (Mik-Meyer, 2016).

3.4.5 Appearance-based Delegitimization

This theme was introduced by Olkin and colleagues (2019) and it portrays the message that women with disabilities have to look a certain way, cannot be young or look healthy, that disability must be immediately visible or conform to a specific aesthetic.

> "I was sitting and there were two old ladies in front of me. […] They didn't even ask to sit and they were commenting that young people nowadays don't get up for older people to sit. […] Maybe they didn't even see my cane…"
> (Carolina, 27 years old, Cerebral palsy)

Participants reported that these microaggressions made them feel uncomfortable and caused them to doubt the legitimacy of their own disability, to the point of voluntarily forgoing rights to which they were entitled, such as reserved seating on public transport, in order to avoid the discomfort of feeling invalidated or judged. Several participants also highlighted that being young

adults compounded these experiences of delegitimization, as this stage of life is commonly associated with peak physical health and ability (Trevino, 2023).

3.5 Your Cross to Bear! The Religious Pathologization of Disabled Bodies

This theme was found inductively and incorporates all the incidents that linked disability to a lack of faith, a sin — either committed by the person herself in a past life, in this life or by her parents — and to the idea that a physical disability can be 'fought', 'cured' or 'avoided' with prayers and religious devotion, or even a miracle. Participants reported different kinds of incidents, from being told that they are disabled because of something they did, or that if they didn't use their devices (e.g. their cane or wheelchair) and they believed in God they would not 'suffer' from their condition anymore.

> "At the train station — I had just got off the train with my mother — a man followed us all the way inside the station […] He stopped my mother, touched her arm, tapped her and said: 'Ma'am, I noticed that your daughter… I don't know if she is your daughter, I noticed that she is crippled. I wanted to tell you that you need to take this girl to church, because that way God will perform a miracle in her life.'"
> (Ana, 18 years old, Cerebral palsy)

Keller and Galgay (2010) reported, as an auxiliary finding, a domain called 'spiritual intervention', linked to the experience of having someone pray over the target, suggesting that religion-based microaggressions have been peripherally acknowledged in the literature, yet never systematically examined. While microaggression research has not focused on this domain, the framing of disability as a consequence of sin, divine punishment, or insufficient faith is not a novel idea and has deep historical and cultural roots (Rose, 1997; Treloar, 2002). The present study brings this dimension into focus as a distinct and meaningful form of microaggression, particularly relevant in cultural contexts, where religious beliefs and practices remain influential in shaping social attitudes toward disability — such as Portugal (Ribeiro & Aguirre, 2021).

Taken together, the five overarching themes identified in this study illustrate the pervasive and multidimensional nature of gendered ableist microaggressions in the everyday lives of women with disabilities residing in Portugal, revealing how deeply embedded societal beliefs about disability, gender, and normative social roles continue to shape interpersonal interactions and institutional practices.

Chapter 4. Discussion

The present study examined gender ableist microaggressions experienced by women with disability living in Portugal. By doing so, it contributed to addressing three significant gaps in the literature on ableist microaggressions: the comparatively underdeveloped state of research on ableist microaggressions relative to other forms of subtle discrimination (Cook et al., 2024); the marked geographical concentration of existing research within North American and Anglo-descendant contexts, which raises questions about the representativeness of existing frameworks for other cultural contexts (Best & Williams, 2001; Cislaghi & Heise, 2020; Groce, 1999; Meyer, 2010; Shuttleworth & Kasnitz, 2005; Whyte & Ingstad, 1995); and the limited intersectional treatment of gender and disability as interlocking rather than separate systems of power (Crenshaw, 1989; Deroche et al., 2024; Olkin et al., 2019).

Through 11 individual semi-structured interviews with women with physical disabilities residing in Portugal, a total of 121 critical incidents of gendered ableist microaggressions were identified. Thematic analysis yielded sixteen sub-themes, grounded in the existing microaggression literature, and five overarching themes generated through reflexive thematic analysis, each capturing a core societal belief or assumption that unites the sub-themes nested within it and reflects the broader discriminatory message communicated through each microaggressive experience.

In Chapter 1, we reviewed and synthesized existing taxonomies of ableist microaggressions, an overview of which is presented in Table 1.1. This synthesis also served for the initial codebook analysis – a starting point from which we deductively coded the data in the first phase of data analysis. We found that most of the themes identified in this study closely mirror those documented in previous studies (predominantly developed in the U.S.-American context), suggesting that many forms of ableist microaggression operate similarly across cultural contexts and lending partial support to the cross-cultural applicability of existing taxonomies.

Throughout the analytical process, the initial codebook was systematically revised to better accommodate the content of the data and to address key inconsistencies identified across prior studies, namely the conflation of belief-level and behavior-level themes within existing taxonomies, as discussed in detail in the methodology chapter (see Section 2.3.2). The final codebook reflected a hierarchical structure with five overarching themes generated through reflexive thematic analysis:

1. *At the Edge of the Room: Invisibility, Exclusion, and Unequal Access*, which includes (a) *invisibility*, (b) *Avoidance and Exclusion*, (c) *Denial of Equal Access*, and (d) *Use of Ableist Language*;
2. *Beyond the Feminine Ideal: Exclusion from Normative Womanhood*, comprising (a) *Desexualization*, (b) *Denaturalization of Romance*, and (c) *Denial of Motherhood*;
3. *Incapable by Default: The Many Faces of Assumed Inferiority*, which encompasses the subthemes of (a) *Assumptions of Incompetence*, (b) *Helplessness*, (c) *Patronization*, and (d) *Infantilization*;

4. *Who Are You to Say? Identity, Experience, and the Right to Be Believed*, which encompasses (a) *Denial of Person's Identity*, (b) *Denial of Privacy*, (c) *Denial of Disability Experience*, (d) *Trivialization of Disability*, and (e) *Appearance-based Delegitimization;* and
5. *Your Cross to Bear: The Religious Pathologization of Disabled Bodies*, which captures microaggressions in which disability is framed through a moral or religious lens and, given its specificity, stands as an overarching theme without further sub-themes.

These themes are not merely descriptive labels; together, they capture the lived experiences of exclusion and invalidation that women with disability navigate daily — silent barriers they encounter repeatedly as they go to work, run errands, or engage in relationships. Each overarching theme reflects a broader societal belief about who women with disability are, what they are presumed capable or incapable of, and what they are assumed to desire or believe.

Among the overarching themes identified in this study, three warrant particular discussion in relation to the existing literature. The overarching theme *Incapable by Default: The Many Faces of Assumed Inferiority* was one of the most prevalent in the dataset. Within this theme, *Helplessness* is well established in ableist microaggressions research (Ancha, 2022; Keller & Galgay, 2010; Olkin et al., 2019; Timm, 2002), confirming its cross-cultural relevance. The sub-theme *Assumptions of Incompetence* draws instead from the gender microaggressions literature, where Capodilupo and colleagues (2010) documented assumptions of inferiority directed at women in professional and academic contexts, and from racist microaggression research, where similar dynamics of intellectual delegitimization have been identified. Notably, in prior ableist microaggression research, experiences of being treated as professionally or intellectually incompetent had been subsumed within the broader category of *Helplessness* (Keller & Galgay, 2010; Olkin et al., 2019), obscuring a behaviorally and contextually distinct form of discrimination that the present study brings into its own analytical focus.

The overarching theme *At the Edge of the Room: Invisibility, Exclusion, and Unequal Access* captures experiences derived from what the literature has broadly categorized as *second-class citizenship* (Keller & Galgay, 2010; Olkin et al., 2019), here refined into three distinct sub-themes. *Invisibility, Avoidance and Exclusion* captures incidents in which women with disabilities are socially overlooked, physically avoided, or excluded from interactions they have a right to participate in. *Denial of Equal Access* addresses the institutional dimension of this exclusion, encompassing incidents in which legitimate needs and accommodation requests are dismissed or treated as unreasonable burdens. Finally, *Use of Ableist Language* echoes the sub-theme of *use of sexist language* (Capodilupo et al., 2010), suggesting a parallel mechanism of discrimination across these two forms of microaggression whereby language itself becomes a vehicle for communicating subordinate social status.

The overarching theme *"Who Are You to Say?" Identity, Experience, and the Right to Be Believed* was particularly rich in terms of both sub-themes and incident frequency. The sub-theme *Denial of Person's Identity* is among the most consistently documented in ableist microaggression research

(Ancha, 2022; Keller & Galgay, 2010; López-Pérez & Girela-Rejón, 2023; Olkin et al., 2019), confirming that women with disabilities continue to be reduced to their condition in ways that strip them of full personhood and individual identity. *Appearance-based Delegitimization*, first identified by Olkin and colleagues (2019) in their study on women with visible and invisible disabilities, was also present in this dataset, reinforcing its relevance as a gendered form of microaggression that targets the bodies and credibility of women with disabilities. Finally, the sub-theme *Trivialization of Disability* emerged inductively from the data, capturing incidents in which remarks, jokes, or behaviors betray a profound lack of awareness of or regard for the impact of disability on the daily lives of women with disabilities.

Beyond these points of convergence with gender and ableist microaggressions literature, the comparison also revealed a notable divergence. Specifically, themes well documented in this literature, such as *sexual objectification* (Capodilupo et al., 2010) and *assumptions of traditional gender roles* (Capodilupo et al., 2010; Gartner, 2021), were not identified in the present study. At the same time, participants reported incidents that seem to be specific to the experience of women with disabilities and have not been identified in the gender microaggressions literature. These experiences were inductively coded under the overarching theme *Beyond the Feminine Ideal: Exclusion from Normative Womanhood*, which represents one of the most significant contributions of this study. The intersectionality at the heart of the gender-disability nexus lies in the fact that gender does not operate as a separate axis of marginalization, but actively shapes how disability itself is socially perceived and experienced; that is, being a woman inflects the meaning assigned to one's disability. Additionally, through an explicitly feminist and intersectional lens, this study systematized existing findings on disability-related desexualization, and proposed a conceptual separation between desexualization and denaturalization of romance, which were previously conflated under a single theme (Ancha, 2022; Keller and Galgay, 2010; López-Pérez & Girela-Rejón, 2023), despite representing qualitatively distinct experiences. Likewise, although prior literature had already documented instances in which women with disability's role as mothers was invalidated (Keller & Galgay, 2010), these experiences had never been systematized into a distinct category, as this study does. By doing this, the research foregrounds a dimension of women with disability's exclusion that had previously remained scattered and under-theorized within the broader literature.

Additionally, this study surfaced a dimension of ableist discrimination that has received little to no attention in the literature at all. The inductively found theme *Your Cross to Bear: The Religious Pathologization of Disabled Bodies,* to our knowledge, represents the first time religion has emerged as a distinct theme within ableist microaggression research. While prior literature has documented the broader cultural belief that disability can be understood as a consequence of sin or divine punishment (Glidden et al., 1999; Kaur & Arora, 2019), this had not previously been systematized as a form of microaggression in its own right. The prominence of this theme in the present dataset may be partly explained by the strong Catholic tradition that continues to shape Portuguese culture and social attitudes toward disability (Carneiro et al., 2013; Dix, 2008), suggesting that the specific

sociocultural context of this study played a meaningful role in surfacing a dimension of ableist discrimination that has remained largely invisible in the predominantly Anglo-American literature.

A distinct reflection concerns the treatment of environmental microaggressions within the existing microaggressions literature. Keller and Galgay (2010) included environmental and architectural barriers under the broader theme of *second-class citizenship*, treating physical inaccessibility as one among several manifestations of people with disabilities being denied equal social standing. In the present study, eleven incidents were identified in which participants reported architectural barriers that materially obstructed their access to spaces and services, such as one participant being denied her right to attend university classes for an entire semester because a broken elevator prevented her from reaching the classroom, with no alternative ground-floor location ever made available to her. These incidents raise an important analytical question regarding whether such experiences are adequately captured by the concept of microaggression at all. Unlike the subtle nature that defines microaggressions, architectural barriers constitute explicit, tangible, and structural forms of exclusion (Chęć-Małyszek, 2019; Wong, 2014). Treating them under the umbrella of second-class citizenship risks minimizing their severity and obscuring the institutional responsibility underlying them, framing what is in fact a structural failure to ensure accessibility as a matter of subtle interpersonal discrimination (Goldman, 1983; Pinna et al., 2020). The present study therefore departs from prior taxonomies in this respect, suggesting that architectural inaccessibility may be better conceptualized as a distinct manifestation of structural ableism (Lundberg & Chen, 2024) rather than as a microaggression.

Taken together, these findings make several contributions to the microaggressions literature. By synthesizing and extending existing ableist and gender microaggressions taxonomies, this study offers a more nuanced, intersectional account of how gender and disability jointly shape women's everyday experiences of marginalization — one that moves beyond treating these two dimensions of identity as separate or additive. The identification of original themes such as *Denial of Motherhood*, the distinction between *Desexualization* and *Denaturalization of Romance*, and the *Religious Pathologization of Disabled Bodies*, demonstrates that existing frameworks do not fully capture the range of experiences faced by women with disability in different sociocultural settings. In this sense, the present study contributes also as a methodological reminder: microaggressions taxonomies must remain open to context-specific revisions rather than being treated as universally exhaustive.

Beyond their scientific contribution, these findings carry significant implications for the everyday lives and wellbeing of women with disabilities, whose experiences have historically been confined to narrow, externally imposed categories — frequently overlooked or subsumed under broader, non-intersectional accounts of either gender or disability (Begum, 1992; Garland-Thomson, 2005). When individuals are continually pushed to the periphery of mainstream existence, this amounts to oppression: their lived reality is denied legitimacy, and the range of choices open to them in life is correspondingly restricted (Sue, 2010). Cumulatively, these experiences deeply impact their mental health, contributing to chronic stress, diminished self-worth, and a persistent sense of not belonging

(Cook et al., 2024; Kattari, 2020; Nadal et al., 2014). Recognizing and naming these experiences — as this study attempts to do — is therefore a necessary step toward validating women with disability's lived realities and toward dismantling the everyday structures that sustain their exclusion.

4.1 Limitations and Future Research

The present study has several limitations that should be considered when interpreting its findings. First, since the sample consisted exclusively of women with disabilities, it is not possible to determine whether the identified microaggressions are specific to gender, as no comparison with a male population was conducted. Future research should address this limitation by conducting interviews with both women and men with disabilities. Second, the sample size was relatively small, comprising only eleven participants, which limits the generalizability of the findings. In addition to this, recruitment was conducted primarily online, through the researcher's social media and the social media channels of disability-related organizations, which may have limited participation to individuals with greater digital literacy and online presence, and may have introduced a self-selection bias, as those who chose to take part may have been more socially engaged with disability issues or more comfortable discussing experiences of discrimination than the broader population of women with disabilities. Snowball sampling may have partially mitigated the recruitment limitation, but future research should address this by disseminating information about the study in person, in settings such as rehabilitation clinics and social services offices, in order to reach a more diverse range of participants. Moreover, this study focused exclusively on women with visible disabilities in order to maintain a more narrowed perspective. Future studies should include both invisible and visible disabilities to compare how these two groups experience gendered ableist microaggressions differently, if they do. Additionally, while the use of a pre-determined coding scheme allowed this study's findings to build consistently on previous research, it may also have constrained a fully reflexive approach to the data; a purely inductive analysis might have yielded a different set of codes altogether. Finally, the researcher's own positionality as an able-bodied outsider to Portuguese culture may have shaped the interview dynamic and the experiences participants chose to share.

4.2 Practical Implications

Beyond its theoretical and empirical contributions, this study offers a window into the everyday challenges faced by women with physical disabilities in Portugal, many of which remain invisible to the broader public. These findings underscore the need for institutions to treat gendered ableist discrimination as a concrete, pressing issue. At the organizational level, this could include regular training on disability awareness and ableism, reinforcing that diversity quotas do not diminish one's right to belong in the workplace, and establishing reporting mechanisms specifically designed to capture gendered ableist incidents, which often go unrecognized within general harassment policies. The critical incidents collected here could themselves inform such training, given the well-established effectiveness of real-life examples over abstract scenarios (Wight & Hammons, 1970; Fowler &

Blohm, 2004) — particularly in healthcare settings, where several incidents occurred and where mandatory training on disability-competent, gender-sensitive communication should be a priority. At the policy level, educational institutions should be required to enforce accessibility contingency plans, ensuring architectural failures, such as malfunctioning elevators, do not deny students' right to education. Finally, given the prominence of religious framings of disability in this study, awareness initiatives should engage religious and community leaders to challenge harmful theological narratives at the community level. Together, these measures point toward the broader goal of destigmatizing disability as a whole.

Conclusion

The present study set out to explore the forms of gendered ableist microaggressions experienced by women with physical disabilities in their everyday lives in Portugal, contributing to a field that remains heavily concentrated within Anglo-American contexts and that has rarely examined gender and disability as interlocking rather than separate systems of power. Through eleven individual semi-structured interviews grounded in the Critical Incident Technique, 121 critical incidents were identified and analyzed using codebook thematic analysis, yielding five overarching themes and sixteen sub-themes.

The findings confirm that many forms of ableist microaggression documented in the US American literature, including *helplessness, patronization, infantilization*, and *denial of identity*, are also present in the Portuguese context, suggesting that across cultures ableism manifests similarly in everyday interactions. At the same time, the study makes several original contributions, such as the development of a unified taxonomy of gendered ableist microaggressions, which systematically integrates existing ableist and gender microaggression frameworks into a single codebook, addresses a recognized lack of cohesion in the existing literature. Additionally, two new overarching themes emerged from the data, representing experiences of gendered ableist microaggressions that, at the time of this study, remained under-researched: *Beyond the Feminine Ideal: Exclusion from Normative Womanhood*, which reveals that the intersection of gender and disability is fundamentally constitutive, since womanhood shapes the social meaning assigned to disability, determining whether a person with disability is perceived as desirable, maternal, or romantically viable in ways that are uniquely inflected by gender; and *Your Cross to Bear: The Religious Pathologization of Disabled Bodies*, which may reflect the enduring influence of Catholic tradition on Portuguese social attitudes toward disability, and to the best of our knowledge, represents the first time religion has been identified as a distinct theme in ableist microaggression research.

These findings carry meaningful practical implications. Public and private institutions should invest in regular training on disability awareness and ableist discrimination, with specific attention to the gendered dimensions of these experiences. Healthcare providers, educators, and employers require targeted guidance to recognize and challenge the subtle forms of discrimination documented in this study, which are often dismissed precisely because of their subtlety. At the policy level, educational institutions must enforce concrete accessibility contingency plans, and reporting mechanisms should be developed that are specifically designed to capture intersectional forms of discrimination. Ultimately, this study opens a window into the lived realities of women with disabilities in Portugal, whose experiences of everyday discrimination deserve greater visibility, institutional accountability, and sustained research attention.

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Annexes

Annex A - Dissemination flyer

Annex B - Interview Guideliines (English Version)

In everyday life, we are often exposed to small incidents - verbal and/or non-verbal – because of who we are or things we cannot change about ourselves, such as our gender or disability, which make us feel uncomfortable, ashamed, or hurt, even when we cannot immediately explain why, or when we do not feel able to confront them at the moment they occur. These incidents are often subtle and can take the form of jokes, insinuations, dismissive comments, or invalidations. They may come from people who are close to us, as well as from acquaintances or strangers. Although they are sometimes presented as well-intentioned, such experiences can leave us feeling invisible, unheard, invalidated, harassed, humiliated, or, ultimately, discriminated against.

The purpose of this study is to explore experiences of this kind of incident as they are lived by women with physical disabilities.

Examples of incidents may include offensive or inappropriate jokes; comments or assumptions about what your body is capable of doing; insinuations about your sexuality or intimate life; assumptions about your social role as a woman; or non-verbal behaviors that communicate discomfort, hostility, or avoidance.

I would now like to invite you to recall situations that you have personally experienced and that you feel correspond to the description above.

(In case the participant cannot recall such an event) If you do not recall any situation that happened directly to you, you may also think of circumstances in which you witnessed such incidents or experiences that friends or family members have shared with you.

During the interview, you are welcome to describe as many situations as you wish. There is no limit in terms of number or length. Every experience you share will be a valuable contribution to this study.

Please make yourself comfortable.

Interview questions:

- Can you describe a situation in which someone made you feel uncomfortable because of who you are?
- Could you describe the situation in as much detail as possible?
- Where did the incident take place?
- Was the person involved someone you knew, or a stranger?
- Were other people present at the time? If so, how did they react, if at all?
- Have you thought about this incident again since it happened? How does recalling it make you feel now?
- How do you explain what happened?
- Do you think this kind of experience is common for women? And for women with physical disabilities?
- Would you like to describe another similar incident?

Annex C - Interview Guideliines (Portuguese Version)

No quotidiano, somos frequentemente expostas a pequenos incidentes, verbais e/ou não verbais, por causa de quem somos ou de coisas que não podemos mudar de nós, como o nosso género ou deficiência, que nos fazem sentir desconfortáveis, envergonhadas ou magoadas, mesmo quando não conseguimos explicar imediatamente porquê, ou quando não nos sentimos capazes de os confrontar quando ocorrem. Estes incidentes são muitas vezes subtis e podem assumir a forma de piadas, insinuações, comentários desvalorizantes ou invalidações. Podem partir tanto de pessoas próximas como de conhecidos ou desconhecidos. Embora, as vezes, sejam apresentados como bem-intencionados, este tipo de experiências pode fazer-nos sentir invisíveis, não ouvidas, invalidadas, assediadas, humilhadas ou, em última instância, discriminadas.

Alguns exemplos destas situações incluem piadas ofensivas ou inapropriadas; comentários ou pressupostos sobre aquilo que o seu corpo é ou não capaz de fazer; insinuações sobre a sua sexualidade ou vida íntima; insinuações acerca do seu papel social enquanto mulher; ou comportamentos não verbais que comuniquem desconforto, hostilidade ou evitamento.

O objetivo deste estudo é explorar experiências deste tipo vividas por mulheres com mobilidade condicionada e deficiências físicas..

Gostaria agora de lhe pedir que tente recordar situações que tenha vivido pessoalmente e que considere corresponder à descrição anterior.

(Caso a participante não se recorde de nenhuma situação) Caso não se lembre de nenhuma situação que lhe tenha acontecido diretamente, pode também pensar em circunstâncias em que tenha testemunhado este tipo de incidentes ou em experiências que lhe tenham sido partilhadas por amigas, familiares ou outras pessoas próximas.

Durante a entrevista, pode descrever todas as situações que desejar. Não existe qualquer limite em termos de número ou duração. Todas as experiências que partilhar constituirão um contributo valioso para este estudo.

Sinta-se à vontade.

Perguntas da entrevista:

- Podes descrever uma situação em que alguém te fez sentir desconfortável por causa de quem tu és?
- Poderias descrever a situação com o maior detalhe possível?
- Onde ocorreu o incidente?
- A pessoa envolvida era alguém que conhecia ou um(a) desconhecido(a)?
- Estavam presentes outras pessoas no momento? Se sim, como reagiram, se reagiram?
- Voltaste a pensar neste episódio depois de ter ocorrido? Como te sentes agora ao lembra-lo?
- Como explicas o que aconteceu?
- Achas que este tipo de experiência é comum para as mulheres? E para mulheres com mobilidade condicionada?
- Sentes-te a vontade de descrever outro incidente semelhante?

Annex D - Debriefing and List of Psychological Resources

Muito obrigada pela sua participação neste estudo. A sua disponibilidade e as experiências que partilhou são extremamente importantes e valorizadas.

Tal como foi explicado no início da entrevista, este estudo centra-se nas experiências quotidianas de microagressões capacitistas e sexistas e tem como objetivo compreender melhor a forma como mulheres com deficiência física vivenciam, interpretam e lidam com formas subtis de discriminação no seu dia a dia. De forma mais específica, o estudo procura identificar os tipos e contextos em que estas experiências ocorrem, bem como explorar o seu impacto emocional, social e relacional no contexto sociocultural português.

Não foi utilizado qualquer tipo de engano ou ocultação de informação neste estudo. Alguns dos temas abordados podem, no entanto, estar associados a experiências sensíveis ou emocionalmente difíceis. Caso a recordação ou discussão destas situações lhe tenha causado algum desconforto, encorajamo-la a cuidar de si e, se considerar necessário, a procurar apoio junto de pessoas de confiança ou de serviços de apoio psicológico ou comunitário. Para esse efeito, disponibilizamos uma lista de recursos e contactos de apoio psicológico e social que poderá consultar sempre que sentir necessidade:

Apoio psicológico e emocional

Linha de Apoio Psicológico do SNS 24

Telefone: 800 24 24 24 (selecionar a opção 4 – aconselhamento psicológico)

Disponível todos os dias.

SOS Voz Amiga

Telefone: 213 544 545 | 912 802 669 | 963 524 660

Horário: todos os dias, das 16h00 às 24h00.

Linha Conversa Amiga

Telefone: 808 237 327 | 210 027 159

Horário: dias úteis das 15h00 às 22h00 | fins de semana das 19h00 às 22h00.

Apoio a pessoas com deficiência

Associação Portuguesa de Deficientes (APD)

Website: haps://www.apd.org.pt/

A APD presta apoio social, jurídico e de defesa dos direitos das pessoas com deficiência.

Associação Salvador

Website: haps://associacaosalvador.com/

Organização focada na inclusão social, empregabilidade e qualidade de vida de pessoas com deficiência motora.

Centro de Vida Independente (CVI)
Website: haps://vidaindependente.org/o-que-e-a-vida-independente/
Email: geral@vidaindependente.org
Promove o modelo de vida independente e o apoio à autonomia de pessoas com deficiência.

Apoio feminista e interseccional
Feminismo Sobre Rodas
Email: feminismos.sobrerodas@gmail.com
Facebook: haps://www.facebook.com/feminismos.sobre.rodas/
Instagram: haps://www.instagram.com/feminismossobrerodas/
Coletivo feminista que trabalha a interseção entre género, deficiência e direitos humanos.

Discriminação, igualdade de género e direitos
Comissão para a Cidadania e a Igualdade de Género (CIG)
Website: haps://www.cig.gov.pt/
Sede:
Rua Professor Gomes Teixeira, 2
1399-022 Lisboa
Tel.: 217 983 000
Email: cig@cig.gov.pt
Delegação do Norte:
Rua Ferreira Borges, 69, 3º F
4050-253 Porto
Tel.: 222 074 370
Email: cignorte@cig.gov.pt
A CIG atua na promoção da igualdade de género e no combate à discriminação, podendo apoiar situações relacionadas com discriminação múltipla.

Caso tenha alguma questão sobre o estudo, queira partilhar comentários ou manifestar interesse em receber informação sobre os principais resultados e conclusões, poderá contactar as investigadoras Alessia Congiu (acual@iscte.iul.pt), Melanie Vauclair (Melanie.Vauclair@iscte-iul.pt) e Elena Piccinelli (Elena_Piccinelli@iscte-iul.pt).
Se tiver interesse em aprofundar os temas abordados neste estudo, poderá também consultar recursos académicos ou comunitários nas áreas dos estudos da deficiência, estudos de género e microagressões.
Mais uma vez, muito obrigada pela sua participação e pelo contributo valioso que deu a esta investigação.

Annex E - Final Codebook with Themes Descriptions, Frequencies and Examples

Overarching Theme	Sub-theme	Theme Description	Frequencies	Examples
At the Edge of the Room: Invisibility, Exclusion, and Unequal Access		Microaggressions in which the target's fundamental right to equality, recognition, and full social participation is denied. These interactions communicate that the person is less deserving of attention, respect, and inclusion than others, whether through active exclusion, avoidance, derogatory language, or treatment as a burden rather than as an equal member of society. What unites these experiences is the underlying message that the person's presence, needs, and voice are unwelcome, irrelevant, or subordinate to those of others.	13	
	Invisibility, Avoidance and Exclusion	Occurs when a person with a disability is socially overlooked, avoided, or excluded from interactions in which they have a right to participate. This includes being physically avoided in public spaces, not being greeted or acknowledged in social settings, being spoken about in the third person while present, or having others direct questions and conversation to a companion rather than to the person themselves, based on the assumption that they are unable to speak or respond for themselves.	6	"I was with my family at the beach and I said 'I am going to get an ice cream', because I noticed that the counter was low, so I could grab the ice cream. But I was there in line and when it was my turn they weren't attending me. I was like 'Excuse me, I just wanted an ice cream', they weren't answering. And after that another person came to order an ice cream and they replied to her, like they served her, and I was just there."
	Denial of Equal Access	Occurs when a person with a disability's legitimate needs and accommodation requests are dismissed, minimized, or treated as an unreasonable burden on others. Rather than being recognized as rights, the person's needs are framed as inconveniences that consume time, space, or resources that others should not have to provide. These microaggressions communicate the implicit message that the person's presence and needs are less important than the comfort or convenience of those around them, denying them the right to equal access and participation.	5	"I remember… I had an horrible course director. I remember that once he called my number, which is not even that common for teachers to do, but he called me and told me: 'Marta, you have to change the subject' and I asked 'why?' 'Because the classroom is really small and your wheelchair takes up a lot of space'. In that moment I felt really hurt and frustrated."
	Use of Ableist Language	Occurs when language that degrades, dehumanizes, or trivializes disability is used in the presence of or directed at a person with a disability, whether intentionally or without awareness of its impact. This includes the use of slurs, derogatory terms, or expressions that invoke disability as a metaphor for incompetence, weakness, or abnormality.	2	"This happened with the teacher assistant that works in my mom's classroom, because there is a kid with cerebral palsy, and even this girl, I like her a lot, even… even though she works with this kid, and spending time with him… Then they came to pick me up and we went to *place*. And she said… my mother took the disability parking badge from her car and put it in her car, and when we went to park closer, she said 'so we're going to park here in the handicapped spot' and I didn't… I know it's because she doesn't… It's not that she doesn't know, but she forgets that there's a more… but I'm always afraid because I always feel like my cheeks start to burn."

Overarching Theme	Sub-theme	Theme Description	Frequencies	Examples
Beyond the Feminine Ideal: Exclusion from Normative Womanhood		Encompasses microaggressions rooted in the implicit belief that women with disabilities do not fully belong to the social category of women. While non-disabled women are subject to normative expectations surrounding femininity, including desirability, romantic partnership, and motherhood, women with disabilities are simultaneously excluded from these expectations and denied the social recognition they confer. Rather than being seen as women who happen to have a disability, they are perceived through their disability first, which renders their gender identity secondary or irrelevant. These microaggressions communicate the message that womanhood, as socially defined, is incompatible with disability, placing women with disabilities outside the boundaries of normative femininity and denying them full membership in both the category of women and the category of disabled people.	10	
	Desexualization	Occurs when a person with a disability's sexuality, sexual identity, or sexual agency is denied, ignored, or treated as nonexistent, based on the assumption that disability and sexuality are mutually incompatible. This includes assuming that the person does not experience sexual desire, is not capable of sexual relationships, or has no interest in intimacy, as well as expressing surprise or discomfort at the idea of a disabled person having a sexual life. It may also manifest through the absence of any acknowledgment of sexuality in medical or professional contexts, such as healthcare providers failing to discuss sexual health with disabled patients	3	“There was a time a guy that I met on a night, like, I already don’t remember, I don’t even remember his face. I remember what he said but not his face, saying ‘Oh you are so hot, such a shame that you walk like that, if not I would take you for a spin’.”
	Denaturalization of Romance	Occurs when a woman with a disability is assumed to be incapable of engaging in romantic relationships, or when her romantic life is treated as surprising, unlikely, or inappropriate. This includes expressions of disbelief or unsolicited commentary about her having a partner, assumptions that her partner must be motivated by pity or obligation rather than genuine attraction, or the implicit framing of romantic love as something that does not naturally apply to women with disabilities. These microaggressions communicate the message that romantic relationships are not a natural or expected part of the lives of women with disabilities, denying them the same relational possibilities that are taken for granted for non-disabled women.	3	“I was being interviewed (…). I was talking about my project and he started, he switched right to the topic of boyfriends (…). He turned to me and he asked me ‘and what about boyfriends?’, which I thought could be even a, you know, a more nuanced question that he would ask to anyone, but then he says ‘is it hard to have a boyfriend with a wheelchair?’, it was with this meaning, he didn’t actually say with a wheelchair, but he asked ‘is it hard to find a boyfriend?’”
	Denial of Motherhood	Occurs when a woman with a disability is assumed to be unable, unwilling, or unsuitable to become a mother, without this assumption being based on her actual desires, capacities, or circumstances. This includes failing to consider the possibility that she may want to have children, discouraging or actively opposing her reproductive choices, or expressing doubt about her ability to care for a child. These microaggressions communicate the implicit message that motherhood is incompatible with disability, denying the woman her reproductive autonomy and excluding her from a social role that is simultaneously expected of non-disabled women.	4	"It was when I went in to have my son, there I think, I don't even know if it's discrimination. I know that the nurse, when I came in… I was in a wheelchair with my mother and the nurse turned to my mother. Not even to me. And she turned to my mother and said, 'there's a child coming that you're going to have to take care of.' That touched me very deeply because my mother didn't step in to justify anything.” "Last Thursday, during a clinical appointment, out of nowhere, for health reasons, the doctor asked me: 'Why don't we go ahead with the ablation? You're not going to be a mother. So…' just like that, out of nowhere. She didn't ask, 'do you want to be a mother?' No, it was 'you're not going to be a mother, so why don't we go ahead with a procedure to remove the uterus and that's it.’"

Overarching Theme	Sub-theme	Theme Description	Frequencies	Examples
Incapable by Default: The Many Faces of Assumed Inferiority		Microaggressions rooted in the underlying belief that the target is inherently less capable, competent, or autonomous than others. Whether directed at a person's professional abilities, daily functioning, or general understanding of the world, these interactions share a common message: that the person requires assistance, guidance, or simplified treatment because they are assumed to be fundamentally inadequate. This category includes the undermining of professional or academic competence, unsolicited help based on assumed incapacity, excessive praise for ordinary achievements, and the treatment of adults as though they were children.	42	
	Assumptions of incompetence	Occurs when a woman with a disability's professional, academic, or intellectual competence is undermined, questioned, or dismissed on the basis of her disability or gender, or both. This includes not being taken seriously in professional or academic settings, being assumed to occupy a position only due to diversity quotas rather than merit, having one's expertise ignored or attributed to others, or being subjected to mansplaining and unsolicited explanations.	16	“I went to do an interview and a part of this was… well, I had to visit someone, and the patient refused being visited by me because I work with only my right arm and he didn’t want somebody that worked only with their right arm.” "I remember, also, on the eve of the surgery, the doctor filling in my form. He was asking me about some fields and then he moved past another field, filled it in himself and moved on, and I asked, 'but what field is that, doctor?' 'Oh, it's about occupation, you don't work, right?' So he didn't even ask me if I worked. He just assumed that I didn't work, so…”
	Helplessness	Occurs when others assume, without being asked, that a person with a disability requires assistance to perform everyday tasks, and proceed to help without invitation or consent. This includes physically intervening in tasks the person is already managing, taking over without asking, or insisting on helping despite being declined.	16	"Look, I remember, I actually remember this and it was a situation where I even went with my mother. We both went to do volunteering. It was the food bank collection and they were short of people to sort the food, for example, pasta, water, rice, separating them into bags. And I could do it, you know? And my mother had seen that, we both signed up and I was there and I went. And there was a lady who, whenever she saw me putting something in a bag, would come running towards me and grab, like, take things out of my hands, you know, take things out of my hands and say 'Oh, leave it, I'll do it, I'll do it.' It was like… And I had, I had to stop the lady and say 'look, I haven't said anything to you until now, but I signed up for this volunteering because I know I can do it. Do you understand? You don't have to keep taking things out of my hands and telling me to stay seated and just watch.'"
	Patronization	Occurs when a person with a disability is praised disproportionately or enthusiastically for accomplishing ordinary, everyday tasks that would go unacknowledged in a non-disabled person. This includes expressions of exaggerated admiration for going to work, studying, living independently, or engaging in social activities, as well as framing the person's ordinary life as inspiring or exceptional solely on the basis of their disability. These microaggressions communicate the implicit message that such achievements are surprising or unexpected for someone with a disability, reinforcing the assumption that a disabled person's baseline level of functioning is inherently lower than that of others.	5	“I went to do an exam, and I had to put my arms like this, behind, but this one I can raise it just a little bit and I was explaining to her that I am one of three twins, and she asked me if my siblings had something. I said they don’t and then she said ‘but this means you are the strongest one’ and I thought ‘not really, but okay’. She thinks she is complimenting me.” “We have the ‘you are a warrior’ [comment] (…). And that’s the thing, because I replied to this person ‘don’t say this, I don’t think I am a warrior, like, it is just normal’ and she literally said ‘if I was in your place, I wouldn’t be able to do it.’ And I replied ‘but it’s not really like this, you can’t know…’”
	Infantilization	Occurs when a person with a disability is treated as though they lack the cognitive, emotional, or social maturity of an adult, regardless of their age or abilities. This includes speaking to them in a tone of voice typically reserved for young children, using diminutives or simplified language without cause, making decisions on their behalf without consultation, or assuming they cannot understand or process information independently.	4	“I was there and I met an old teacher from the school where I studied. "And she comes to talk to me with 'Hello Marta, so little Marta, how are you?' And I said, 'good afternoon, are you well?' And she said, 'so, are you still in little school?' And I, 'what little school?' And she, 'here at school', and I, 'no, I'm in the first year of my master's degree.' 'Master's degree, what master's degree?'"
Your Cross to Bear! The Religious Pathologization of Disabled Bodies		Occurs when disability is framed through a moral or religious lens, whereby the person's condition is attributed to sin, divine punishment, or spiritual failure, whether in their own life, a past life, or that of their parents. This category also includes the belief that disability can be cured or avoided through prayer, religious devotion, or moral rectitude. These microaggressions communicate the implicit message that disability is not a neutral physical condition but a moral failing or spiritual deficit, placing the burden of responsibility on the individual or their family and delegitimizing disability as a natural part of human diversity.	12	“There was one time I was on the bus… There was a lady with one of those small rosaries and she was probably praying the rosary. I was on my way to school and it was that thing of my mother being with me. Then she got off and I continued the journey. And it's funny that she only spoke to me when my mother got off. Before my mother left, she didn't say a word to me, and then she started saying 'I'm going to use this one for you, for God to heal you.’” ”I remember once I was entering the Public Garden, here where I live, and I live in a small town, a town in the interior, where people are also more conservative and don't talk much about diversity and inclusion. And I remember that a lady looked at me with an expression of shock, almost even fear, and started praying."

Overarching Theme	Sub-theme	Theme Description	Frequencies	Examples
"Who Are You to Say?" Identity, Experience, and the Right to Be Believed		Microaggressions in which the target's identity, experiences, or disability status are denied, dismissed, minimized, or questioned by others. These interactions share a common underlying message: that the person's subjective reality, sense of self, or right to privacy is not valid or worthy of recognition. This category includes the dismissal of aspects of identity beyond disability, intrusive questioning about disability, the minimization of disability-related experiences, and the delegitimization of disability based on physical appearance.	45	
	Denial of Person's Identity	Occurs when a person with a disability is reduced to their condition in ways that strip them of full personhood, autonomy, and individual identity. This includes assuming that a person's disability determines the entirety of their life trajectory, referring to them primarily or exclusively through their disability, or expressing pity in ways that frame their existence as inherently lesser or tragic. These microaggressions communicate the implicit message that disability is the person's defining and totalizing characteristic, rendering all other dimensions of their identity secondary, irrelevant, or unworthy of consideration. Unlike other forms of delegitimization that target the disability itself, this category targets the whole person, denying them the right to be seen and treated as a full and complex human being.	12	"there was a discussion when we weren't even together anymore, and I was going to have my surgery soon, and he throws this bomb at me: 'Even if you have the surgery, you will never stop being a cripple.' And that phrase for me, even today, is like a shadow hanging over me."
	Denial of Privacy	Occurs when unsolicited, intrusive, or overly personal questions about a person's disability are asked without invitation, violating their right to privacy and bodily autonomy. This includes questions about the cause, origin, or prognosis of the disability, inquiries about medical history or treatments, or comments that require the person to explain or justify their condition to strangers, acquaintances, or professionals. These microaggressions communicate the implicit message that a person with a disability's body and medical history are public property, subject to the curiosity of others without regard for personal boundaries.	9	"there was a mother that already had saw me once, and she didn't… I was with another teacher and she didn't have the courage to ask what was going on. But this time she met me alone and she asked me: 'so, you had an accident?' And I thought 'is she really going to ask this to somebody…?' I don't know why she felt in the right to ask."
	Denial of Disability Experience	Occurs when a person's disability-related experiences, symptoms, or limitations are minimized, questioned, or denied by others, including medical professionals, colleagues, family members, or strangers. This includes being told that one's symptoms are exaggerated or imagined, having one's need for accommodations dismissed, or being expected to perform in ways that disregard the real impact of one's disability on daily functioning. These microaggressions communicate the message that the person's subjective experience of their own body and condition is not credible or worthy of acknowledgment.	5	"I had a professor that was horrible. I was… everybody went out, right? And I had more time [to finish the exam] and he said: 'Look, hurry up because I have to go have lunch, also because everybody knows that you don't have anything. You are just pretending you have something to take advantage of the system'." "Since I was having chronic pain crises, i explained to her that I was feeling really badly and that I could not hang out, that I was being more socially isolated… I had been feeling bad, my body needed to rest. And she starts saying to me 'But this is normal, I also feel tired.' And I told her 'you are not understanding, I have chronic pain, I am being treated by specialized healthcare staff. It is not just pain, this is a health condition' and she just minimized, she discredited completely what I was feeling."
	Trivialization of Disability	Occurs when a person with a disability is subjected to remarks, jokes, or behaviors that reveal a profound lack of awareness or consideration for the impact of disability on their daily life and identity. These microaggressions communicate a disregard for the person's experience and dignity. This includes jokes made at the expense of the person's disability, repeated failure to acknowledge a person's known limitations, the instrumentalization of disability for personal convenience, and behaviors that treat disability as something to be avoided, feared, or kept at a distance. What unites these experiences is the implicit message that the person's disability is either a source of humor, an inconvenience, or something so uncomfortable that it warrants avoidance, rather than a neutral aspect of human diversity deserving of respect and consideration.	10	"She told me once something that made me want to die, she needed some equipment for the lab (…) and she told me 'maybe I bring you with me, I put you in a wheelchair so that in a second I can skip everyone in the line, it will take me two hours instead of the whole afternoon. Maybe I am going to do that' and she started laughing, and I said to myself 'I can't believe this, I cannot believe this.'" "It was with a guy that I already had been with, I started noticing that he was asking a lot about this topic, 'when are you going to have the surgery?', because I was waiting to have a surgery on my leg because it wasn't bending, I needed to put a prothesis… and so I started noticing from him always the same question 'when are you going to have the surgery? When are you going to bend your leg?' (…) I spent a few months thinking 'can it be that people are ashamed?'"
	Appearance-based Delegitimization	Occurs when a person's disability is denied, questioned, or dismissed on the basis of their physical appearance, premised on the assumption that disability must be immediately visible or conform to a specific aesthetic to be considered real or legitimate. This includes being told one looks too healthy or too young to be disabled, having one's use of mobility aids or accessibility accommodations questioned, or being expected to perform or display disability in ways that conform to stereotypical representations. These microaggressions communicate the message that the person does not meet the visual criteria for disability, delegitimizing their identity and denying them access to recognition, support, and accommodation.	8	"There was a lady in the line in front of me… and she asked me what did I have to just skip the line. I had my cane, that's the thing, but well I don't know. But even if I didn't have it with me. Even if I didn't have it…". "I was sitting and there were two old ladies in front of me, and there were other people standing, but… they were older than me, but they didn't… at least apparently, they didn't even ask to sit and they were commenting that young people nowadays don't get up for older people to sit. It's just that maybe they didn't even know, they didn't even see my cane, maybe…"