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I'm Not a Tragedy: Speaking Up About Ableist Microaggressions

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I'm **Not** a Tragedy: Speaking Up About Ableist Microaggressions

Abstract:

Have you heard of ableist microaggressions? Let me tell you about them, as someone who has experienced them. I have a bi-lateral dislocating knee condition that I was born with. I can walk, but sometimes I need additional stability or reduction of pain while getting around, in which case I tend to use a cane. I have had many othering interactions while using a mobility aid in public, whether that be a knee brace, a cane, or crutches. I notice the different ways I'm treated depending on the visibility or invisibility of my disability. While it often seems the stranger doesn't mean any harm, the question is how many invasive questions and comments from strangers can one person take? Do those who pose these questions or comments even listen to the response? In this paper I will tell stories of some of these interactions during a time of my life when my disability was consistently visible, and I connect these stories to ableist microaggressions domains and experiences shared in previous research. This paper will take a different route than most academic papers, opting instead for a narrative approach. Considering these are deeply personal experiences, it feels better to tell my story in this way.

Keywords:

personal narrative, physical disability, ableism, microaggressions, mental health.

The foundation to my view of communication is a passion for performative writing, personal narrative, and qualitative forms of methodology. I believe these methods bring truth to light in a way that numbers cannot. I could look at statistics all day and forget the numbers; but if you tell me your experience in relation to a subject or statistic, your story will stay with me. Julie-Ann Scott revealed in *Performance Studies: Because I Needed a Way to Better See and Be in This World*, that Kristin Langellier's work inspired her to go into performative writing. "Kristin Langellier, she's why I applied here. I think she's amazing" (Scott, 2013, p. 429). That title sums up why these modes mean so much to me! My eyes well up with happy tears to see the chain reaction of inspiration. Similarly, Julie-Ann Scott's work has been an essential part of understanding parts of myself I'd never seen represented in academic literature before. I've long held dear to my heart her 2015 paper, *Almost Passing: A Performance Analysis of Personal Narratives of Physically Disabled Femininity*. Julie-Ann Scott, she's why I'm here writing this paper, and why creative research means so much to me. I think she, too, is amazing. I think we are all amazing and we deserve to share our stories!

In the interest of showing the power of stories, this will not be your average academic paper; it will be me telling some of my story to you, with the help of my sources. Let's begin, shall we? I have had my knee condition as long as I can remember: doctors call it bi-lateral dislocating patella. I was born with it, but my knees didn't start dislocating until I was about six years old. Patella dislocations are when the kneecap moves out of its groove, they are very painful, and it takes time for the knee to recover. The frequency of knee dislocations was consistent, often daily, during my childhood. Kids on the playground would always laugh when I fell. I would get back up and keep playing, I would "push through". After appointments with several knee specialists who came from the city, I was told this condition would continue to cause me pain, and that I would need a surgery to stabilize my knees as early as fifteen.

The knee surgery came much later than I anticipated, when my knee pain forced me to advocate for myself at twenty-two years old. I learned the repeated trauma to my knee caused arthritis. Every single time my kneecaps dislocated, it was like a rubber band being stretched again and again. The rubber band can only take so much force before it loses its elasticity, which explains how my knee condition only got worse as time passed and more dislocations happened. I often wonder exactly how many knee dislocations I've had in my life, I'm certain it must be in the thousands. I went in for a major knee surgery to address the arthritis as well as the kneecap instability on my right knee on May 8, 2019. I spent months mentally preparing for the surgery—not to mention the majority of my life—I never anticipated the painful social aspect that would emerge as my disability went from invisible to visible through the use of mobility aids and assistive devices during my recovery. I received perhaps hundreds of uninvited comments within four months: comments on my body, my knees, and my assistive devices including knee braces, compression sleeves, crutches, and eventually a cane.

These interactions started as seemingly well-intentioned moments of pity, but the more it happened the more I realized it felt like harassment. The more it happened, the less I wanted to leave the house. The more it happened, the more I found myself situated within the category of *other*. To illustrate what I mean by other, here is some context on othering: "Othering [occurs when] individuals or groups are defined and labeled as not fitting in within the norms of a social group... Lack of personal knowledge and contact with people can lead to [othering] assumptions about them." (Cherry, 2020). I didn't leave the house often due to my limited mobility, yet I received these kinds of comments every time I did. It took a great deal of time for me to understand these comments as being ableist microaggressions, but when I finally did, I realized I'm not alone in these experiences.

To continue, it is important to understand these terms. What is ableism? "Ableism is valuing of certain types of abilities over others, such as walking instead of rolling, or spoken

language over signing. Ableism covers a variety of norms, as well as behaviors that are discriminatory and/or harmful to disabled individuals.” (Pease 2010, as cited by Kattari, 2020, p. 1171). What are microaggressions? “Communications that are brief, commonplace, and verbal, behavioral, or environmental that contain a hostile message, derogatory meaning, negative slights, invalidation, or insults, and which are directed towards a person because of his or her belonging to a marginalized group” (Olkin et. al, 2019, p. 763). In this paper, we are looking at the microaggressions directed towards people on the basis of disability: my experiences as well as an experience reported by someone named Patty (Scott, 2015), and I’ll introduce domains of microaggressions that relate to the experiences I share.

Why do people enact ableist microaggressions? What are the outcomes for those who experience ableist microaggressions? “Many microaggressions are a result of assumptions about disabled people... [and] produce outcomes including anger, frustration, and other feelings that can be harmful to an individual’s engagement with their community” (Kattari et. al, 2018, p. 479). Kattari et. al, aren’t the only researchers who found a connection between mental health and experiences of ableist microaggressions, “The more ableist microaggressions people with disabilities reported, the greater their self-reported depressive symptoms, and reported ableist microaggressions emerged as a predictor of depression” (Conover et. al, 2021 p. 8). Now that the terms and their impacts have been explained, I can tell stories of my own experiences.

I had one interaction with someone working the front door at a dispensary which still upsets me to this day. He frequently saw me come in to buy cannabis to help with my post-operation pain. Once, he had the audacity to ask this about my large brace which stretched from thigh to ankle, had a lockable hinge at the knee and metal down the sides: “How much longer do you have to wear *that thing?*” He had a tone of disapproval or even disgust, as if it was hard for him to look at. As if the way I present physically matters more than my physical or mental well-being. The doctor wouldn’t give me specific answers, which I accepted. Recovery looks

different for different people and my specific condition is not common. This microaggression would be described by Olkin et. al. as *denial of privacy/you are asked overly personal questions*, “This type of microaggression occurs when personal information is demanded by the perpetrator, either explicitly or subtly. It often involves questions about the disability itself, or sensitive questions about how it affects the person’s life” (Olkin et. al, 2019, 772).

I truly didn’t know a specific time frame to tell dispensary guy, so I told him I didn’t know. “What’s the *worst-case scenario*?” He challenged me; valuing the answer he was looking for over my well-being, not to mention return patronage. I defeatedly answered that I’d probably have it off by the end of summer. He was *finally* satisfied with his line of questioning, and let me into the establishment. He identified me as a person in a temporary position regarding my knees, as most people do, assuming I injured it somehow, like during sports. Nobody wants to hear that it’s a joint condition I’ve lived with all my life, now being treated with surgery. People may wonder why I get sensitive regarding comments toward my body, especially my knees, yet many who wondered to my face haven’t cared to listen. Like dispensary guy, those who don’t care to actually listen seem to care more about getting the answer they seek—scratching their curiosity—more than the well-being of the person they’re speaking to.

The persistence of the doorman at the dispensary reminds me of an experience shared by a participant going by the name of Patty in Scott’s 2015 paper. She talked about her boyfriend who interrogated her use of loafer shoes by saying, “If I bought you some shoes that weren’t so *ugly* would you get rid of those?” (Scott, 2015, p. 240). As she told the story with a tone of frustration, she reflected, “I *need* to wear them... he kept insisting, like he wouldn’t let it go” (Scott, 2015, pp. 240, 241). I see similarities between our stories, how our disabilities were interrogated by people, and how our responses did not satisfy them enough to cease their questions or judgments of our assistive devices: Patty’s shoes, my leg brace. Both of us were

shaken by these encounters. Both experiences brought us emotional distress and made us feel the need to explain ourselves. For the record, I hope Patty dumped her boyfriend.

Following the dispensary doorman encounter, I started wearing large long skirts or oversized flowy pants to hide my brace since it seemed so hard for people to look at, and it was definitely hard for me to face these people every place I needed to go. I started wearing clothes I didn't enjoy wearing, just to try to reduce ableist microaggressions I'd encounter in public. I covered that brace until the doctor told me I didn't need to use that brace anymore. I haven't returned to that dispensary, because the task of a cannabis dispensary should be to treat every kind of body with proper respect: which in my experience is something that dispensary doesn't practice. It's exhausting: just trying to *exist* and *get around* is draining enough. I hate that hiding was something I felt I *had* to do. For her sake, I hope Patty never switched shoes.

While covering my leg brace did reduce the number of questions or comments I received regarding that assistive device, my cane remained visible and people would still interrogate it in similar ways. I had a triple whammy of ableist microaggressions interaction at a bar on karaoke night. I was sitting at my table with some friends after I sang karaoke for the first time. I sang "Right To Be Wrong" by Joss Stone, with my cane in one hand, the microphone in the other. My crime: being a visibly disabled person in public. My punishment: a guy walked up to our table and this interaction followed. His opening line would be described by Olkin et. al. as *denial of privacy/you are asked overly personal* questions, "If you don't mind me asking, why do you *have* to use a cane?" No one had said "If you don't mind me asking" before, so for the first time I said, "I don't really like to talk about it" instead of giving answers I don't wish to share so freely to a complete stranger. He stumbled over his words as he attempted to defend his intentions, but instead what came out of his mouth was an example of what Olkin et. al would describe as *praising me for doing almost anything* which "takes place when perpetrators are condescending or praise the people with disabilities for doing everyday tasks" (Olkin et. al, 2019, p. 775).

He said “I just wanted to know because I think it’s so cool that you are out drinking with friends even though you *have* to use a cane.” He was applauding me for going out with friends, why? Notice how he placed my cane as the subject of his questioning, how he didn’t make comments *without* bringing attention to it, how he never even *bothered* to ask me my name. This is an example of a domain of microaggressions cited by Olkin et. al. called *someone ignores everything about you but your disability*, in which “the disability is overemphasized, while other aspects of identity are disregarded” (Olkin et. al, 2019, p. 770). I wonder, what is the intended purpose of this backhanded “compliment” rooted in pity? He felt righteous because he “asked nicely” by saying “If you don’t mind me asking” yet he completely ignored me saying that I *do* mind. He ran right through that boundary, for whose benefit? Why not ask about my song?

Little did he know, I heard versions of his questions from countless strangers and I had wasted my breath countless times to be met with responses that show they didn’t care, they just wanted a “juicy story.” Responses like, “Oh...” or some shorthand that displays apathy, sometimes disappointment. My friend stepped in to tell him off, because I had previously disclosed to her how upsetting these encounters are for me. I later had to scare him off as he was sexually harassing that friend in the parking lot after the bar closed. Here we see the intersection between ableist microaggressions and sexual harassment, how they can emerge from the same person, and we see women supporting each other in the face of harassment.

Many people who have the lived experience of needing a compression sleeve may be familiar with the difficulty of finding compression sleeves that aren’t incredibly small. Due to this, one day I was peeking in a knee compression sleeve box in the aisle at a grocery store. A shelf stocker tried making small talk about my body, making comments that attempted toward humor about “It sucks getting old” despite the fact that we are both clearly in our twenties. I made a dry comment along the lines of, “Yeah especially when your knees weren’t too great in the first place.” I hoped that would be the end of that. *Nope!* He then informed me that I should be doing

squats because “it sends signals to the brain to send more collagen to the joints.” Notice the not-so-hidden assumption that I wasn’t *already* doing squats, or that I *could* even do them. I grimaced and said, “Thank you... for your *UN-solicited* advice.” He made himself scarce quickly, while he said “Sorry, sorry, sorry!” practically disappearing in a puff of smoke like a cartoon.

While reflecting upon this, I do wonder if he was genuinely trying to help. If this is the case, it is my opinion that he should know me more personally in order to make those suggestions. Or perhaps he should become a physical therapist before dispensing such advice. Or at the bare minimum, he should have asked if I’d like advice before he offered it. I already had a medical team: a physical therapist, a surgeon, and his physician assistant to consult regarding these matters. I never asked for his advice. This is a common experience for people with disabilities, Olkin et. al. would describe this encounter as *helplessness/someone assumes you need help*, “The assumption that people with disabilities need help most of the time. Offers to help often happen when the person with the disability doesn’t need or want help, [which sends] the message that people with disabilities are helpless” (Olkin et. al, 2019, p. 773).

At this point in time, I was a few months into my knee surgery recovery and experienced so many ableist microaggressions that I became irate, I lost much of my patience. While many ableist microaggressions come from well-intentioned people, it becomes tiring to play nice or to avoid speaking up against these questions and comments. I had countless occurrences of strangers who interacted with me in these ways, and I had dwindling hope that any of them had any idea what harm they had inflicted on me, and without a doubt upon others as well. “The denial of malicious intent is irrelevant in microaggressions. (Sue, 2010) ... name calling followed by accusations of ‘oversensitivity’ is a quintessential microaggression” (Olkin et. al, 2019, p. 770). Someone can have great intentions, yet good intentions can still lead to negative impacts. I know a lot of the insensitive comments about my body came from good intentions, but poor education on disability. As you can see, the answers to their questions aren’t short.

I could've saved a lot of breath by utilizing this phrase: "Are you prepared for anything more than a simple label?" (Robinson, 2018, p. 122), maybe I could have opened up more productive dialogues. It seemed that people wanted simple answers, a diagnostic label, or a "juicy story." When my response didn't fit neatly into one of those categories, I was met with disinterest. When I speak up against these interactions, I've been met with reactionary defensiveness. Many people with disabilities can't sum up their experience in a simple answer, having a simple diagnostic label is a privilege in a country where medical bills are high, and traction gained towards a diagnostic label hard won, any "juicy stories" about how a person became disabled are fraught with medical trauma, and many people were born disabled. To ask this of strangers while having zero engagement in understanding and/or advocating for disability rights is a slap in the face, and it is dehumanizing. While research on microaggressions of ableist nature is somewhat new, this kind of experience is old. As more people speak up, hopefully those who are unfamiliar with the experience of living with a disability could begin to understand more humanizing ways of interacting with people with disabilities.

Olkin et. al suggest that "Domains such as you are asked overly personal questions might be reduced through educational and media campaigns that provide information about what it is like to live with various disabilities, that is, it is not a tragedy, but a different but coequal way" (Olkin et. al, 2019, p. 777). This has been a huge aspect of my intention with sharing these stories. I want to bring attention to these kinds of interactions with strangers, how they frame my experience, and my body, as tragic, and how this is othering me. Instead, I'd prefer people to honor and respect my differences. I'd prefer people exercise their curiosity on their own, perhaps learn from some of the countless people who share openly online and in books about their disabilities. Learn from people sharing their stories on their own terms, as I am here.

Flash forward to present day, I'm still experiencing chronic pain. My left knee is still waiting for surgery, still frequently dislocates, and has flares, which are spans of time where

pain and severity of the condition is worse. The surgery I had on my right knee brought me a stability I'd never known, so I often walk without a cane, even despite the condition of my left knee. The difference is that unlike before, during flares I now utilize a cane consistently, and I rest after dislocations. I always keep my collapsible cane in my bag so that no matter where I am, if my knee dislocates, I have that assistance to get around and reduce my pain; if my legs suddenly feel like noodles while I'm out and about, I have that security. That collapsible cane is a symbol of freedom for me and has opened up the world in such a big way for me.

In this paper I have shared with you some of my story, I've shown a progression of my disability identity, I've shared some domains of ableist microaggressions and applied them to my experiences, and I have shown the similarity between one of my stories and one Patty told in Scott's 2015 paper. In the future I will write more about experiences related to fluctuating visibility and invisibility of my condition as it currently presents, which may show the different ways people interact depending on the level and/or frequency of my disability visibility. Since the painful experiences I've shared in this paper, I've researched disability identity, disability rights, and disability justice, and I've followed disability advocates on social media. I've found community. I've found language that describes my experiences, which has been empowering. I'm loud about disability justice; I've stopped grinning and bearing it. Being that I'm currently not as consistently visibly disabled as I was then, I notice people being a bit surprised when I disclose to them that I have a disability. But I'm not ashamed of it, and I bring that power with me. I prefer telling my story on my terms, as well as taking on the emotional and mental work of educating about disability on my own terms, rather than while running errands or going to the karaoke bar. I'd like to encourage people to indulge their curiosity about people with disabilities on their own time, with their own emotional energy. Please learn from disability activists, rather than expecting complete strangers going about their day to do teach you. I'm not disturbed by disability, I just wish that strangers would see that, and take my lead. I'm not ashamed.

References

- Cherry, K. (2020, December 13). *How othering contributes to discrimination and prejudice*. Verywell Mind. Retrieved April 14, 2022, from <https://www.verywellmind.com/what-is-othering-5084425>
- Conover, K. J., Acosta, V. M., & Bokoch, R. (2021). Perceptions of Ableist Microaggressions Among Target and Nontarget Groups. *Rehabilitation Psychology, 66*(4), 565–575. <https://doi.org/10.1037/rep0000404>
- Kattari, S. K., Olzman, M., & Hanna, M. D. (2018). “You look fine!”: Ableist Experiences by People With Invisible Disabilities. *Affilia, 33*(4), 477–492. <https://doi.org/10.1177/0886109918778073>
- Kattari, S. K. (2020). Ableist Microaggressions and the Mental Health of Disabled Adults. *Community Mental Health Journal, 56*(6), 1170–1179. <https://doi.org/10.1007/s10597-020-00615-6>
- Olkin, R., Hayward, H., Abbene, M. S., & VanHeel, G. (2019). The Experiences of Microaggressions against Women with Visible and Invisible Disabilities. *Journal of Social Issues, 75*(3), 757–785. <https://doi.org/10.1111/josi.12342>
- Robinson, C. S. (2018). Hiding in Plain Sight: Early Career Experiences of a Non-Binary, Queer Faculty Member. *Women & Language, 41*(1), 110–127.
- Scott, J.-A. (2013). Performance Studies: Because I Needed a Way to Better See and Be in This World. *Text & Performance Quarterly, 33*(4), 425–430.
- Scott, J.-A. (2015). Almost Passing: A Performance Analysis of Personal Narratives of

Physically Disabled Femininity. *Women's Studies in Communication*, 38(2), 227–249.

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This Paper Addresses These National Communication Association Learning Outcomes:

#4: Create messages appropriate to the audience, purpose, and context.

#8 Utilize Communication to embrace difference.

#9: Influence public discourse, specifically empowering individuals to promote human rights, human dignity and human freedom.