



Age-Related Microaggressions

Geriatric ECHO

June 10, 2025 | 12PM

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1. True or False. Ageism is discrimination aimed towards individuals 65+.
2. True or False. Age-related microaggressions are overtly delivered.
3. True or False. The same situation may be considered a microaggression in one instance but not another.

- Define ageism
- Define various forms of microaggressions
- Explore how the concept of microaggressions can help explain the micro-level manifestations of ageism
- Understand the current state of the literature on age-related microaggressions.
- Apply age-related microaggressions to case examples
- Provide additional resources

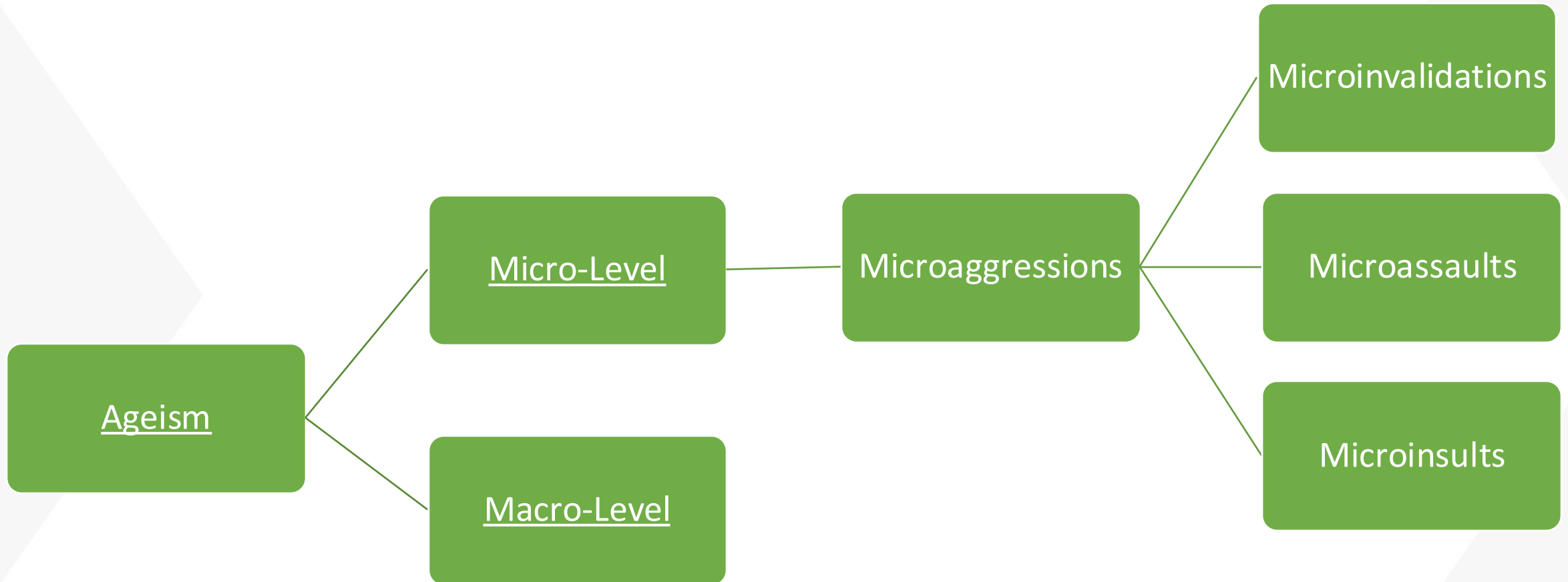
- “Prejudice by one age group toward other age groups... [a] deep seated uneasiness on the part of the young and the middle-aged – a personal revulsion to and distaste for growing old, disease, disability; and fear of powerlessness, uselessness, and death” (Butler, 1969, p. 243).
- “A process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender” (Butler, 1975, p. 12).

- “Ageism is defined as negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of a perception of them as being ‘old’ or ‘elderly.’ Ageism can be implicit or explicit and can be expressed on a micro- or macro-level” (Iversen et al., 2009, p. 15).
- A modern, well-rounded definition.
- Based on 27 definitions.

- Older adults almost unanimously report experiencing ageism.
- Younger adults commonly acknowledge:
 1. Holding ageist stereotypes.
 2. Having done ageist actions.
- In the U.S., ageism is one of the most socially-condoned and institutionalized forms of prejudice → considered normal and acceptable → researchers may tend to overlook it (Palmore, 1999; Angus & Reeve, 2006).

- Negative behavioral, psychological, and cognitive consequences in older individuals (Levy, 2000; Levy, 2003; Levy et al., 2011; Chang et al., 2020).
- Adverse health outcomes due to ageism have been reported in 95.5% of the 1,159 ageism-to-health associations examined in the literature (Chang et al., 2020).
- Examples
 - Denial of access to health services and treatments
 - Lack of work opportunities
 - Mental and physical illness
 - Exclusion from health research
 - Poor QoL and well-being
 - Risky health behaviors
 - Poor social relationships
 - Reduced longevity
 - Cognitive impairment
 - Subjective devaluation of their lives.

Breakdown of Ageism



- Elderspeak (VandenBos, 2015).
 - Adjustment of speech patterns
- Workplace.
 - Obtaining jobs, demotions at work, questioning of abilities.
- Other individualized discrimination/stereotyping/prejudice.
 - Between family members.
 - Staff in care-facilities.
 - Between friends.

- Covert and subtle manifestations of racism that occur in everyday life (Pierce, 1970).
- Modern Definition (Sue et al., 2007).
 - Commonly unconscious, not always.
 - Day-to-day interactions.
 - Verbal, behavioral, and/or environmental.
 - Communicate hostile, derogatory, or negative messages.
 - Based solely on group membership.
- Can be translated to all marginalized populations (Sue, 2010; Sue & Spanierman, 2020).

- Attack self-esteem, belief systems, and identity.
- Negatively impact emotion.
 - *It made me feel angry.*
 - *I felt offended and sad.*
- Heightened physiological activity.
- Confusion and stress.
- Anxiety and depression.
- Hypervigilant.
- Withdrawal, avoidance, & disengagement.
- Trauma?

- “Microaggressions can be expressed toward any marginalized group in our society” (Sue & Spanierman, 2020, p. 7).
- Rapidly expanding literature:
 - Refugees
 - Disabilities
 - Sexual/gender minorities
 - Women in STEM
 - Stigmatized diseases, like HIV/AIDS
- *No research on age-related microaggressions.

- Levy & MacDonald (2016)
 - Calls for the expansion of the understanding of ageism, “Expanding the study of ageism to include...qualitative and observational data will contribute to a better understanding of ageism” (p.17).
- American Psychological Association Resolution on Ageism (2020)
 - “Age is a risk factor for discrimination” (p.3).
 - Encourages education about research and interventions to combat ageism.
 - None related to microaggressions exists.
 - Encourages the development of resources to proactively deter ageism

Study 1. Qualitative study which aimed to describe what an age-related microaggression is (Gietzen et al., 2022)

Study 2. Quantitative study which aimed to sharpen our understanding of age-related microaggressions (Lewis et al., 2023)

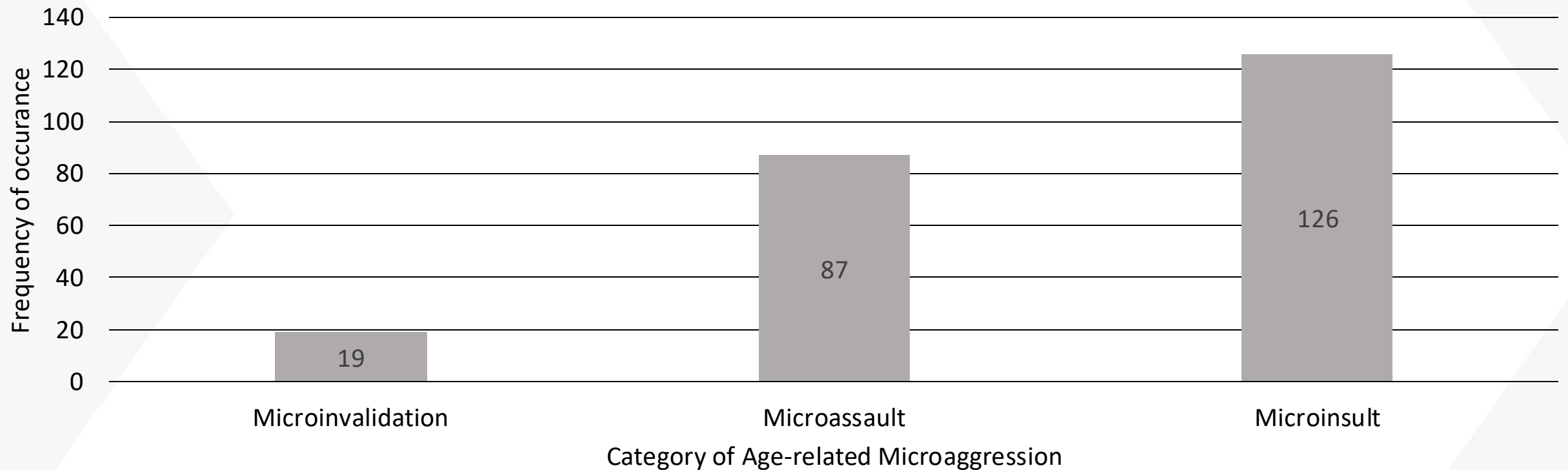
Study 3. A replication of study #1 with a larger sample to strengthen prior descriptions of age-related microaggressions, and strengthen generalizability (Patt et al., 2024)

Study One

Gietzen et al., 2022

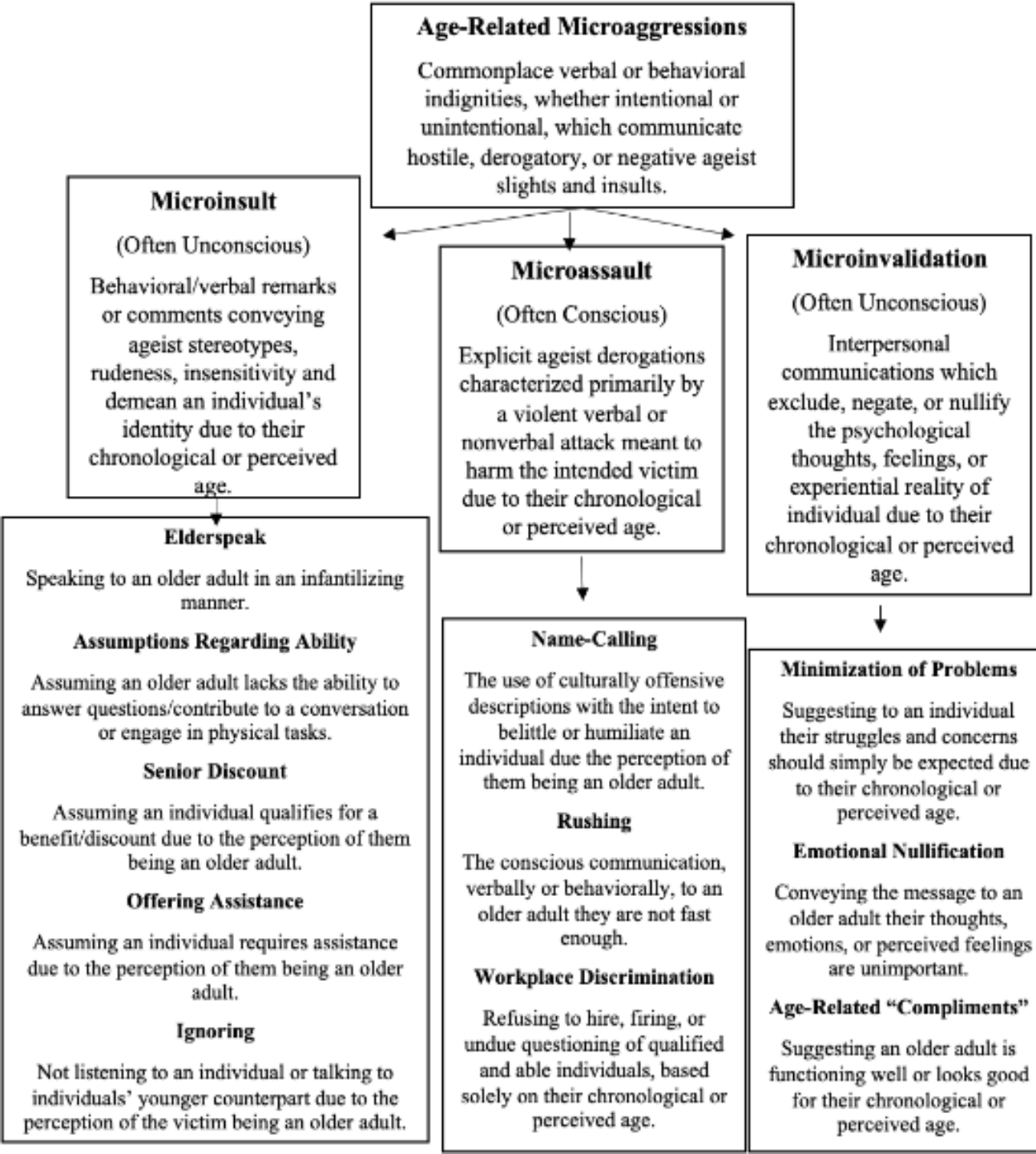
- Online survey consisting of open-ended questions such as:
- Describe the experience that you were a victim of.
 - When did it happen?
 - What was your relationship to the perpetrator?
 - Where did this happen?
 - How did you feel?
 - What was the intensity of this reaction?
 - What was their perceived intent?
 - How did they respond?
 - How often does this happen?
- Describe another experience you have heard about.
- Sample:
 - N = 51, 68.6% Female
 - 86.3% White/Caucasian

Types of Age-Related Microaggressions Reported

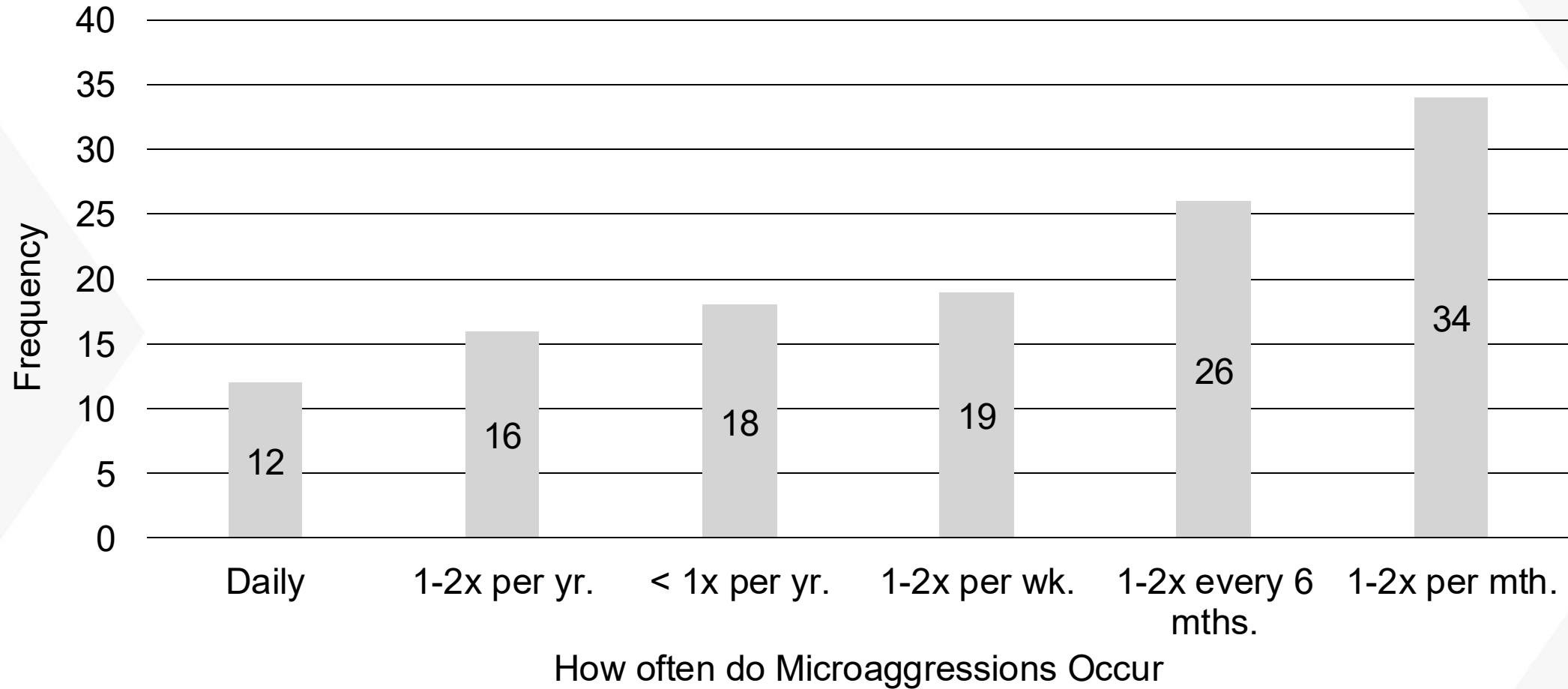




Taxonomy of Age-Related Microaggressions



Frequency of Microaggressions



- Found that age-related microaggressions can be broken down in a similar fashion to racial microaggressions identified by Sue et al. (2007)
- Older adults...
 - Experience these interactions fairly often (1-2x per month)
 - Feel angry following these interactions
 - Respond by passively coping (e.g., walking away from the deliverer)

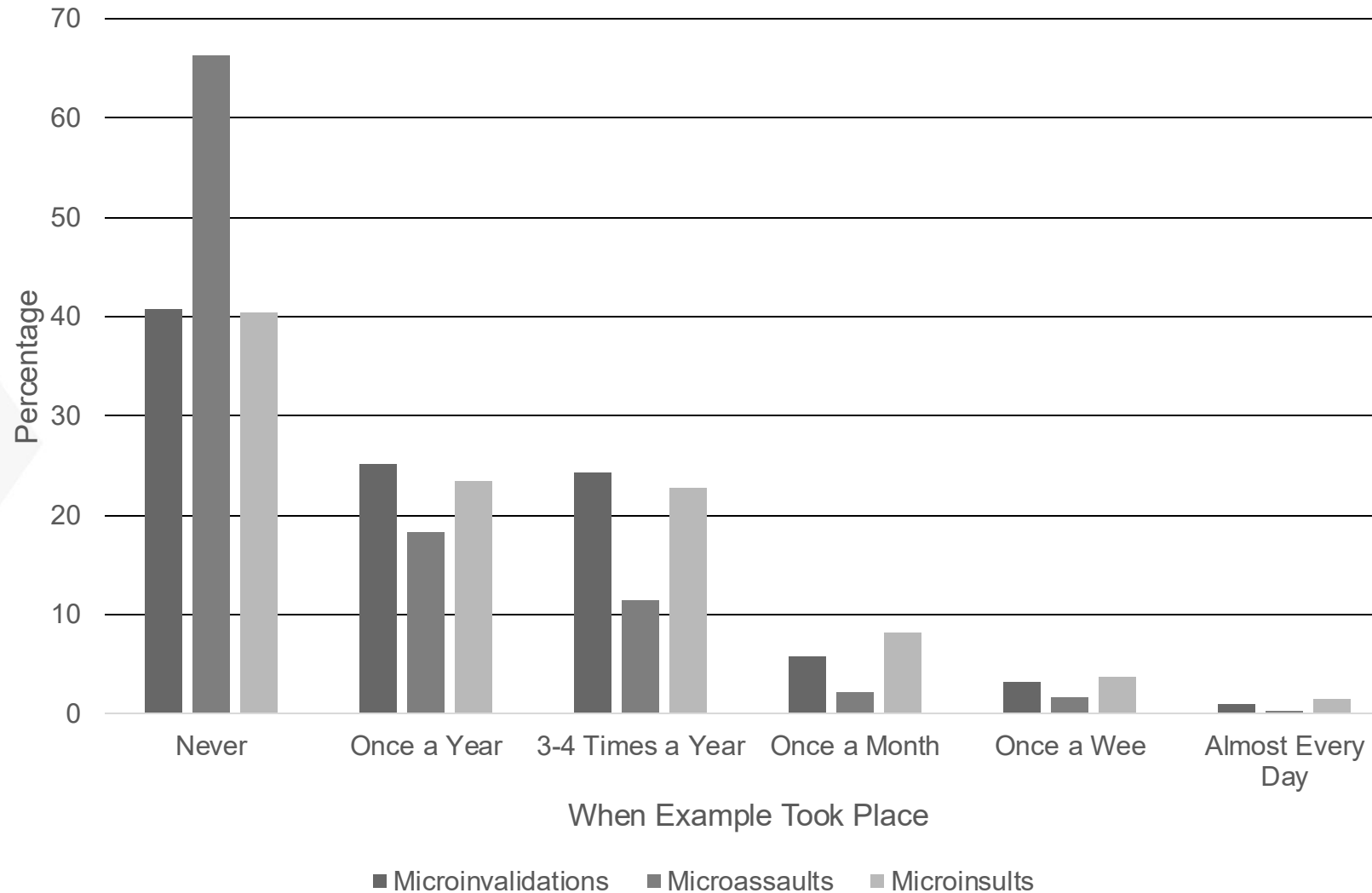
Study Two

Lewis et al., 2023

- Participants completed an online 20-item questionnaire about their experiences of commonly reported age-related microaggressions from previous research (Gietzen et al., 2022)
 - frequency
 - perceived cause
 - relationship to deliverer
 - setting the interaction occurred
 - emotional response
 - behavioral reaction
- Questions about perceived physical health, concerns about memory and the PANAS were included to determine what characteristics may put an older adult at risk for responding more negatively to these interactions

- Participants were 65 years or older ($n = 200$)
- Ages ranged from 65-93 years old ($M = 69.9$)
- Females ($n = 113$), males ($n = 87$)
 - No discrepancy between gender identity and biological sex
- Primarily white ($n = 185$)
- 2 participants had been diagnosed with a memory impairment and were disqualified from the survey

Frequency by Microaggression Type



- Participants reported having these interactions in stores, restaurants/bars and healthcare settings
- Most often, these interactions were delivered by a stranger or a service provider
- Participants often responded negatively to microassaults, followed by microinvalidations and microinsults
- Participants most often did nothing following an age-related microaggression

- Criteria:

- The survey item was endorsed by at least half of the participants (n = 99)
- More than one third of participants reported experiencing negative emotional reactions associated with the item

- Two of twenty items met criteria; both microinvalidations

- Item 12: "Being told your medical issues (for example, arthritis, diabetes) or physical issues (for example, poor eyesight/hearing) are not bad because they are expected at your age".
- Item 14: "Being told that you do not qualify for a survey after entering your age".

Negative Affect

Significant correlation between scores on the NA subscale of the PANAS and the frequency of negative emotional responses following an age-related microaggression ($r = .34, p < .001$)

Perceived Physical Health

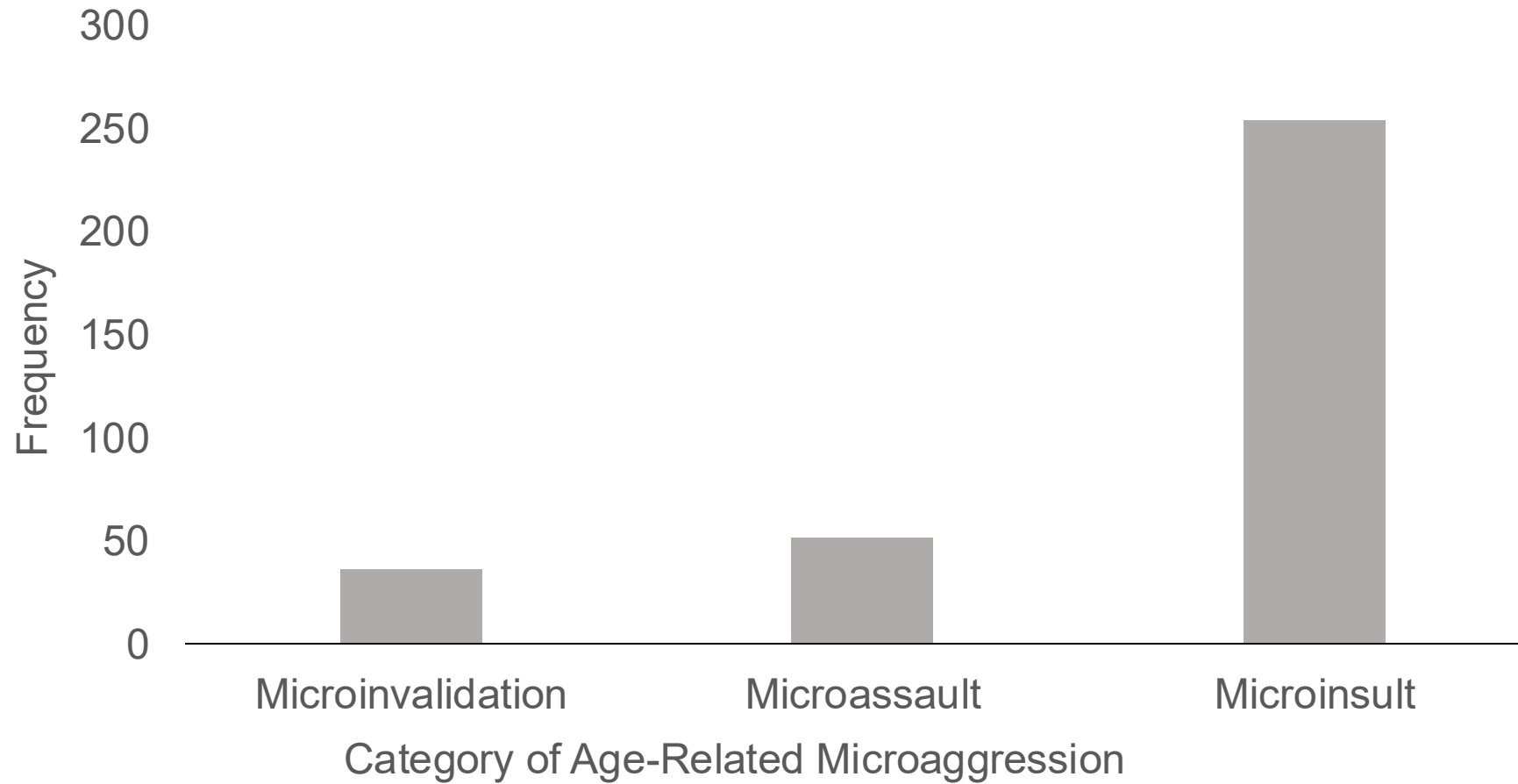
Significant negative correlation between ratings of physical health and the frequency of negative emotional response following an age-related microaggression ($r = -.32, p = .002$)

Study Three

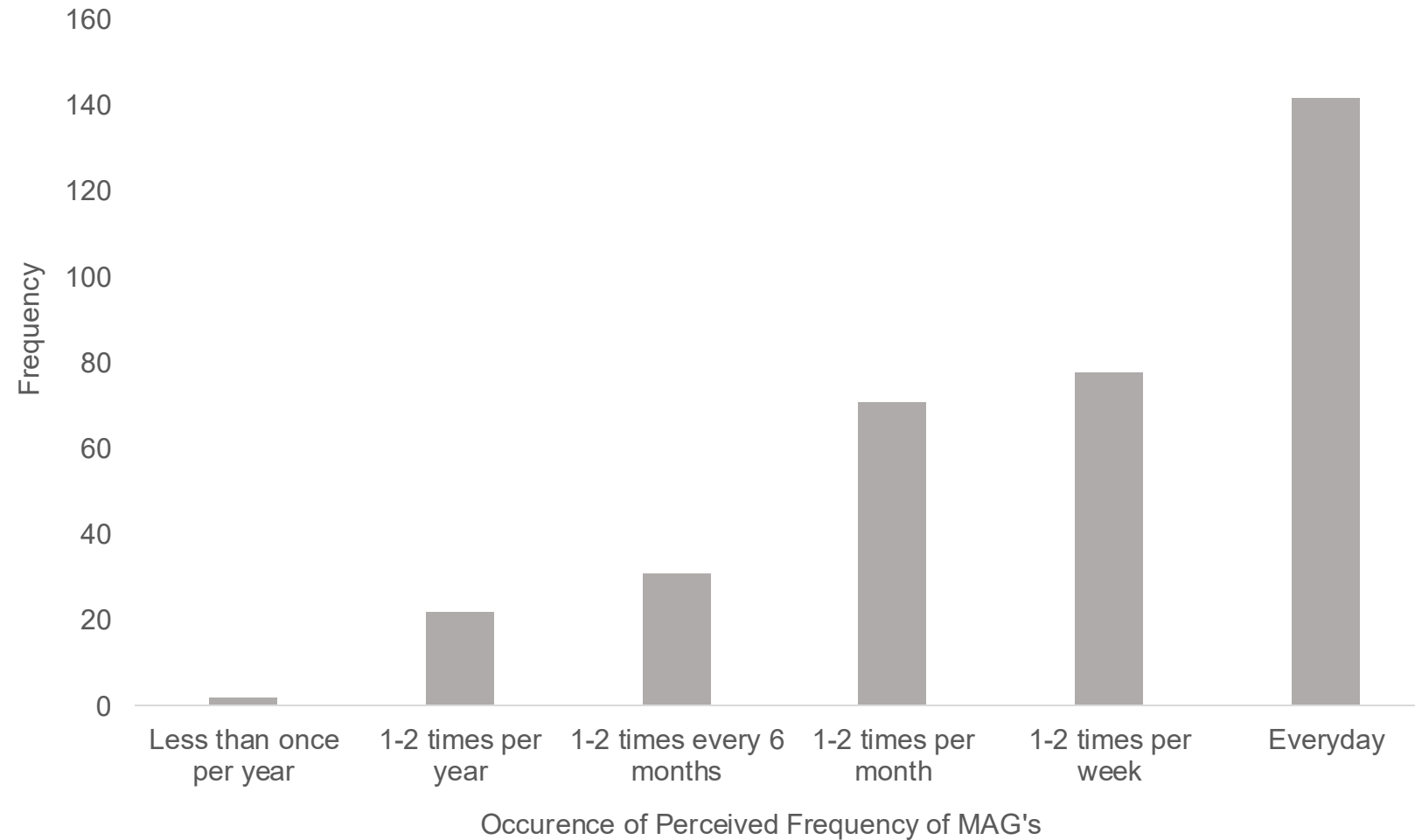
Patt et al., 2024

- Online qualitative survey
- Participants responded to the prompt “have you ever experienced an interaction in your day-to-day lives where you felt you were treated differently because of your age?” if yes, “in as much detail as possible, describe what was said or done by the individual/s.”
- Participants were 65 years or older ($n = 303$)
- Ages ranged from 65-98 years old ($M = 70.04$)
- Females ($n = 172$), males ($n = 129$), transgender ($n = 2$)
- Primarily white/caucasian ($n = 185$)
- 2 participants had been diagnosed with a memory impairment and were disqualified from the survey

Types of Microaggressions Reported



Frequency of Microaggressions



- Participants reported having these interactions in a retail setting, work, or home
- Most often, these interactions were delivered by a stranger or a service provider
- Participants often responded negatively to these interactions
- Participants most often responded by passively coping or directly confronting
- They felt the microaggression was committed on purpose
- The most bothersome part of the microaggression was how it was said (as opposed to the words that were said)

- In general, older adults endorse experiencing microinvalidations the most
 - However, they do not always respond negatively to these interactions
- Differences in frequency and emotional responses between studies is likely due to the method of reporting
 - Participants are more likely to recall events which are connected to a negative emotional reaction, or one which occurs often
- There exists a correlation between perceived physical health and levels of negative affect with frequency of negative reactions to age-related microaggressions
 - Future studies should aim to determine if this relationship is directional, and aim to identify other individual difference variables of importance
- Microaggressions are most often delivered by strangers or service providers, emphasizing the importance of educating the community on the impact of age-related microaggressions

- Focus group study to gain depth in the understanding of age-related microaggressions
- The creation and validation of an age-related microaggression scale
- Use of representative samples to understand how intersectionality impacts the perception of age-related microaggressions

Case Study

Case 1: An outpatient primary care clinic.

- **Individuals:**

- Dr. Jameson, a 38-year-old internal medicine physician
- Mr. Harold Thompson, a 72-year-old retired teacher
- Ms. Carla, a 45-year-old RN

- **Scenario:**

- Mr. Thompson arrives for his annual physical. He is in generally good health, takes daily walks, manages his own finances, and lives independently.

- **Dialogue and Behavior:**

- Upon entering, Dr. Jameson knocks loudly, slowly opens the door and says in a slow loud voice,
 - *"Knock, knock, don't want to scare anyone! It has been a while young man! Boy, you are looking good."*
- As Dr. Jameson reviews Mr. Thompson's chart, he chuckles lightly and says,
 - *"Well, at your age, it's impressive you're still getting out for daily walks. Most people your age are slowing way down."*
- Later, when discussing the flu vaccine, Dr. Jameson states,
 - *"It might be hard to remember when to come in, so we'll make sure the nurse writes it down for you."*
- Mr. Thompson asks a question about a new cholesterol medication he saw on television. Dr. Jameson replies,
 - *"That's a newer drug—lots of commercials these days. But let's not worry about that. Higher cholesterol is expected at your age."*
- Throughout the appointment, Dr. Jameson refers to Mr. Thompson as "young man" in a patronizing tone and speaks slowly and loudly, even though Mr. Thompson shows no sign of hearing difficulty.
- After the visit, Ms. Carla walks Mr. Thompson to the waiting room despite clear signage,
 - *"These hallways can be pretty confusing. Oh! And here is that appointment reminder, I will tuck it into your coat pocket."*
- Mr. Thompson called patient relations later that afternoon to complain about how he was treated like a child at his visit.

Case 3: “Its just part of getting old.”

- **Individuals:**

- **Dr. Lauren Chen**, a 41-year-old attending physician
- **Mr. Alonzo Ramirez**, a 76-year-old retired contractor
- **Mrs. Patrica Ramirez**, Alonzo’s 65-year-old wife.
- **Sara (RN)**, a registered nurse who works closely with Dr. Chen

- **Presenting Problem:**

- Mr. Alonzo Ramirez, accompanied by his wife, presents with ongoing pain in his lower back and fatigue that has worsened over the past three months. He reports difficulty walking more than two blocks, a reduced appetite, and unintentional weight loss of 10 pounds.

- **Clinical Encounter:**

- During the visit, Dr. Chen reviews his chart briefly and conducts a quick physical exam. As Mr. Ramirez begins to share his concerns, Dr. Chen interrupts and begins speaking to Mrs. Ramirez:
 - *“At his age, aches and pains are just part of life.”*
 - To Mr. Ramirez, *“We can’t expect to feel 40 forever, right?”*
- When Mr. Ramirez presses about the fatigue and weight loss, Dr. Chen responds:
 - *“Honestly, this is pretty typical for someone in their late 70s. Slowing down is natural. You’re still getting around, and that’s what matters.”*
- She prescribes a Tylenol for the back pain and tells him to “stay active and keep a positive outlook.” No labs or imaging are ordered. The visit ends within minutes.
- Afterward, Nurse Sara, who has worked with Mr. Ramirez in previous visits, expresses concern to Dr. Chen and suggests a more thorough workup. Dr. Chen replies:
 - *“He’s just getting older. There’s no point in chasing every little complaint. We need to focus our resources where they’ll do the most good.”*

- **Outcome:**

- Three months later, Mr. Ramirez returns to the ER with worsening fatigue and now severe anemia. A diagnostic workup reveals multiple myeloma, a type of blood cancer. His symptoms had been early warning signs, but they were dismissed as “normal aging.”

- **Individuals:**

- **Ms. Rivera**, a 29-year-old Licensed Clinical Social Worker (LCSW)
- **Mrs. Elaine Morgan**, a 68-year-old client recently widowed

- **Scenario:**

- Mrs. Morgan was referred for grief counseling and case management services following the recent death of her spouse. She is articulate, independent, and has a history of being highly involved in community volunteer work. She arrives for her initial intake appointment with Ms. Rivera.

- **Dialogue and Behavior:**

- Before the intake interview, Ms. Rivera begins with a cheerful tone, saying,
 - *“We’ll try to make this process as easy as possible. I know technology can be tricky, so I went ahead and printed the intake forms for you.”*
- During the intake interview, Ms. Rivera does not ask questions related to sexual health, substance use, or PTSD. Ms. Rivera decided to complete a formal mental status exam. Mrs. Morgan questions,
 - *“Why are you asking these things? I am here because I miss my...”* Ms. Rivera interrupts, *“Is this confusing to you? It is a good idea to get a good baseline at your age.”*
- When Mrs. Morgan shares that she’s interested in joining a bereavement support group and possibly returning to volunteer work, Ms. Rivera responds,
 - *“That’s great! Staying active is so important when people are in their golden years. But let’s focus on just one thing at a time so you don’t get overwhelmed.”*
- Later, as they discuss long-term goals, Mrs. Morgan mentions she might want to enroll in an online art history class. Ms. Rivera chuckles and says,
 - *“Wow, that’s ambitious! Online classes can be a lot to handle, especially with all the tech involved. Have you used Zoom before?”*

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Questions?
Thank You!