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## Age-Related Microaggressions: A Semi-Replication

Stephanie Patt  
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**Age-Related Microaggressions: A Semi-Replication**

By

Stephanie Patt

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

In

Clinical Psychology

Minnesota State University, Mankato

Mankato, Minnesota

May 2024

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Age-Related Microaggressions: A Semi-Replication

Stephanie Patt

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## Table of Contents

<b>INTRODUCTION.....</b>	<b>1</b>
MICROAGGRESSIONS .....	2
<i>Microinsults</i> .....	3
<i>Microassaults</i> .....	3
<i>Microinvalidations</i> .....	3
AGE-RELATED MICROAGGRESSIONS .....	4
CONSTRUCTS RELATED TO MICROAGGRESSIONS .....	5
<i>Benevolent Ageism</i> .....	5
<i>Everyday Ageism</i> .....	8
THE CURRENT STUDY .....	8
<b>METHOD .....</b>	<b>10</b>
DESIGN .....	10
PARTICIPANTS.....	10
PROCEDURE .....	11
ANALYSIS .....	14
<i>Interobserver Agreement</i> .....	15
<b>RESULTS .....</b>	<b>17</b>
AGE-RELATED MICROAGGRESSIONS.....	17
<i>Microinsults</i> .....	17
<i>Microassaults</i> .....	18
<i>Microinvalidations</i> .....	19
FREQUENCY OF MICROAGGRESSIONS .....	20
REGENCY OF MICROAGGRESSIONS .....	20
RELATIONSHIP TO DELIVERER.....	21
SETTING OF THE INTERACTION .....	21
EMOTIONAL REACTIONS .....	21
INTENSITY OF THE EMOTIONAL REACTIONS .....	22
BEHAVIORAL RESPONSES .....	22
SEMANTICS OF THE MICROAGGRESSION DELIVERY .....	24
PERCEIVED INTENT .....	25
<b>DISCUSSION .....</b>	<b>25</b>
FUTURE DIRECTIONS/LIMITATIONS .....	33
<b>CONCLUSION .....</b>	<b>35</b>
<b>REFERENCES.....</b>	<b>37</b>
<b>FIGURES.....</b>	<b>43</b>
FIGURE 1 .....	43
FIGURE 2.....	43

FIGURE 3.....	44
FIGURE 4.....	44
FIGURE 5.....	45
FIGURE 6.....	45
FIGURE 7.....	46
FIGURE 8.....	46
FIGURE 9.....	47
FIGURE 10.....	47
<b>APPENDIX A.....</b>	<b>48</b>
<b>APPENDIX B.....</b>	<b>51</b>

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### Abstract

The aim of this study was to expand the literature on age-related microaggressions by replicating a previous study on this topic. Participants ( $n = 303$ ) were asked for examples of daily interactions where they were treated differently because of their age. Participants described experiences of age-related microaggressions and were prompted through a series of questions via an online survey to determine the topography of the age-related microaggressions, emotional and behavioral reactions to being victimized, which aspects of the interaction were most bothersome, perpetrators and settings of the attacks, and perceived intent. A thematic analysis (Braun & Clarke, 2006) was conducted to summarize responses to open-ended questions. The results parallel previous research on age-related microaggressions, in that the majority of older adults have experienced these interactions and find them bothersome. The results provide further insight into the topography of age-related microaggressions, their subtypes, and how older adults relate to these experiences. The hope is to utilize this information to create a measure of age-related microaggressions to better understand the scope of this problem and develop interventions to prevent these subtle, but frequent forms of ageism.

*Keywords:* age-related microaggression, ageism, everyday ageism, ambivalent ageism, benevolent ageism, microaggression, qualitative method, older adults.

## Introduction

Ageism is a pervasive form of discrimination against elderly people on the basis of their age or the basis of a perception of them being “old” or “elderly” (Iversen et al., 2009). It permeates various aspects of society, shaping different attitudes, behaviors, and opportunities for individuals across the lifespan. From subtle biases within daily interactions, to overt acts of discrimination, ageism manifests in a myriad of forms, perpetuating harmful stereotypes and marginalizing a specific group of individuals. Yet, there is limited interest in ageism at the societal level, perhaps because people perceive it as less severe and less common form of prejudice compared to sexism and racism (Tse et al., 2010).

Because ageism is a relatively neglected topic, the American Psychological Association released a resolution in 2020, calling for a better understanding of ageism within the field of psychology in an effort to proactively deter it in research and clinical environments. Moreover, in 2021, the World Health Organization published a call for urgent action to, “combat ageism and better measurement and reporting to expose ageism for what it is – an insidious scourge on society,” (para. 2).

These specific calls to increase awareness of ageism also stem from the numerous negative health outcomes related to experiencing ageism. Previous research suggests that ageism can lead to negative behavioral, psychological, and cognitive consequences in older adults (Levy et al., 2000; Levy, 2003; Levy et al., 2011; Chang et al., 2020). Furthermore, experiencing ageism has been correlated to negative outcomes such as depressive and anxious symptoms, along with general stress (Lyons et al., 2017). Physical effects such as frequent spikes in blood pressure resulting from exposure to ageism may lead to hypertension, heart disease, stroke, obesity, diabetes, and kidney disease (Go et al., 2013; Julius et al., 2000; Lago et al., 2007).



These harmful effects of ageism, in combination with the rapidly increasing population of people over the age of 60 worldwide (WHO, 2018), make it imperative that reliable ways to identify and measure common forms of micro and macro level ageism are found.

Previous literature has demonstrated the difficulty in examining the exact prevalence of ageism, given the various forms it can take; however, numerous studies have measured ageist attitudes and have reported that ageist beliefs are extremely common (Wilson et al., 2019; WHO, 2021; Iversen et al., 2009). Ageism at the macro level manifests as societal norms such as derogatory displays of older adults in the media or systematic discrimination (Iversen et al., 2009). Conversely, ageism at the micro level describes the everyday forms of discrimination experienced during daily interactions with another individual (Lewis et al., 2023). When ageism occurs as part of daily interactions between two people, this interaction is called a microaggression. Gordon (2020) suggested that microaggressions provide a useful construct for advancing the literature on ageism, given its focus on discrimination at an interpersonal, non-verbal, and unconscious level.

### **Microaggressions**

The term “microaggression” was first coined by Chester Pierce in 1970 to describe covert and subtle manifestations of racism that occur in everyday life. The construct became highly popularized in the early 2000’s with the work of Derald Wing Sue. Sue et al., (2007) who described microaggressions as, “everyday verbal, non-verbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostility, derogatory, or negative messages to target a person based solely upon their marginalized group membership” (Sue et al., 2007; Sue, 2010, p. 5, Sue & Spanierman, 2020, p. 8). He suggested that there are three forms of microaggressions: microinsults, microassaults and microinvalidations. This

taxonomy of microaggressions has been utilized in research related to various *-isms*, providing a theoretical foundation for identifying and measuring this construct. Recently, there has been an increase in the literature on microaggressions with various marginalized populations such as refugees (El-Bialy & Mulay, 2020), individuals with physical and psychological disabilities (Conover et al, 2021; Kattari, 2020), sexual/gender minorities (Swann et al., 2020), and people who have highly stigmatized diseases, such as HIV/AIDS (Eaton et al., 2020).

### ***Microinsults***

Microinsults are characterized by communications that convey rudeness, stereotypes, and/or insensitivity on interpersonal or environmental levels (Sue & Spanierman, 2020). They are often subtle unconscious messages communicated to a marginalized group, demeaning someone's identity (Sue et al., 2007; Sue & Spanierman, 2020). Examples of microinsults may include conveying people of color do not have important contributions, or a Caucasian supervisor seeming uninterested when an employee of color speaks to them (Sue et al., 2007).

### ***Microassaults***

Microassaults are overt and deliberate, subtle or explicit, biased attitudes, behaviors and beliefs that target a marginalized group (Sue & Spanierman, 2020). They are described as attacks that consciously harm or hurt the victim and convey the message that members of this specific community are lesser (Gietzen, 2022). Microassaults can also look like avoidance behavior or the explicit differential treatment of people based on group membership (Sue & Spanierman, 2020).

### ***Microinvalidations***

These forms of microaggressions are viewed as interpersonal communications that negate, nullify, and/or exclude the experiential realities, thoughts, and/or feelings of

marginalized groups of individuals (Sue et al., 2007; Sue & Spanierman, 2020). The literature suggests microinvalidations may be the most destructive, given their direct denial of an individuals' identity (Sue & Spanierman, 2020). These interactions include the feelings of the target being ignored, or the target themselves being invalidated.

### **Age-Related Microaggressions**

Gietzen et al., (2022) conducted the first study investigating the experiences of older adults with age-related microaggressions. The study utilized a survey asking older adults to describe up to three personal experiences they had with age-related microaggressions, while also exploring various aspects of these interactions such as the setting, frequency, and relationship of microaggression deliverer to the participant. The results of the study propose that microinsults were the most common form of microaggression experienced by older adults (54.3%), followed by microassaults (37.5%) and microinvalidations (8%). Gietzen et al. (2022) found that older adults reported experiencing age-related microaggressions frequently, with 52% stating they experienced these interactions at least once a month. Other findings included that 40% of participants reported feeling angry after these occurrences, and 37% of the sample avoided confrontation of the deliverer following the interaction (Gietzen et al., 2022).

To date, only one study has built upon the work of Gietzen and colleagues (2022). In 2023, Lewis et al., completed a survey study using a larger sample and a mixed quantitative and qualitative research design. The study also focused on understanding the emotional responses connected to age-related microaggressions as well as the relation between negative affect and responses to microaggressions (Lewis et al., 2023). The survey included 20 of the most commonly reported age-related microaggressions from the Gietzen et al., (2022) study, and asked older adults a series of questions pertaining to those specific examples. The results

suggested that respondents endorsed experiencing the specific examples at least once per year 53% of the time (Lewis et al., 2023). In congruence with the previous study, retail settings were where participants most commonly experienced these interactions, and 65% of respondents indicated the deliverer of the microaggression was a stranger. The results also suggested that individuals with higher negative affect reported a higher frequency of negative emotional responses following an age-related microaggression (Lewis et al., 2023). Moreover, poorer ratings of perceived physical health were significantly associated with a greater frequency of negative emotional reactions (Lewis et al., 2023).

While the Lewis et al. (2023) study solidified the finding that older adults were familiar with ageism in interpersonal interactions, some important differences from the findings of Gietzen and colleagues arose. Firstly, participants reported experiencing microaggressions much less frequently (i.e., 1-4 times per year). This difference is likely due to the difference in open versus closed-ended research methodologies, solidifying the need for future studies to supplement quantitative data with qualitative data to provide more detailed and nuanced data concerning opinions and reactions to age-related microaggressions.

### **Constructs Related to Microaggressions**

#### ***Benevolent Ageism***

While the literature surrounding age-related microaggressions is scant, the concept of benevolent ageism has recently appeared in the literature. This concept is related to age-related microaggressions in that it is the manifestation of stereotypes or attitudes (specifically positive), towards older adults that, despite being well-intentioned, still contribute to discrimination and reinforce age-based stereotypes (Vale, 2020). Unlike overt forms of ageism, benevolent ageism

involved beliefs and behaviors that express admiration, affection, or respect towards older individuals but may still limit their opportunities or autonomy (Fiske et al., 2002).

Fiske et al., (2002) created a taxonomy of benevolent ageism called the Stereotype Content Model (SCM). This model explains that all individuals can be characterized as a combination of warmth and competence. In theory, older adults are high in warmth and low in competence, leading them to receive unnecessary help from younger adults. This specific microinsult was the most common type of microaggression reported in both the Gietzen et al. (2022) and Lewis et al. (2023) studies. The researcher's argument was that at a surface level in everyday interactions, pity may lead to more positive treatment, but the difference between positive stereotypes and benevolent forms of ageism are often hard to discriminate (Cary, Chasteen, & Remedios, 2017; Levy & Macdonald, 2016). Benevolent ageism refers to the presence of favorable positive stereotypes (e.g., warmth), with the presence of less desirable ones (e.g., incompetence), and while benevolent ageism may foster intergenerational relationships (Levy & Macdonald, 2016; North & Fiske, 2012); these overaccommodative behaviors and their impression on victims have been ignored when assessing and conceptualizing ageism (Vale, 2020). The Vale (2020) study provided support that younger adults tend to direct benevolent attitudes and accept overaccommodative behaviors toward older adults.

It appears the concept of age-related microaggressions has been dissected to its most trivial form with benevolent ageism since it focuses on a specific type of microinsult, namely offering assistance/helping behaviors. This form of microinsult, or benevolent ageism, is prevalent in daily interactions as described by its victims, older adults, and deliverers, younger adults (Vale et al., 2020; Chasteen et al., 2021; Gietzen et al., 2022; Lewis et al., 2023).

In 2017, Cary, Chasteen, & Remedios proposed a measure that captures both benevolent and hostile ageism to better understand the experiences of a specific group and to reduce the prejudice they experience (Cary, Chasteen, & Remedios, 2017). The Ambivalent Ageism Scale was developed and tested in four stages. Stage 1 consisted of a 41-item version and the final scale consisted of 13 items. At each stage, exploratory factor analysis was conducted to guide item elimination, and the participants included young and middle-aged adults (Cary, Chasteen, & Remedios, 2017). The first factor theme was benevolent ageism and included statements such as, “Even if they do not ask for help, old people should be helped with their groceries,” “It is helpful to repeat things to old people because they rarely understand the first time,” and “It is good to speak slowly to old people because it may take them a while to understand things that are being said to them.” The second factor theme was hostile ageism and included statements such as, “old people exaggerate the problems they have at work,” and “old people are a drain on the health care system and economy.” Stage 4 of the study demonstrated the reliability of the scale.

Overall, the creation and validation of the Ambivalent Ageism Scale demonstrated that hostile and benevolent ageist attitudes do not predict the same outcomes (Cary, Chasteen, & Remedios, 2017). While both forms of ageism were associated with the use of warmth stereotypes, the relationship to benevolent ageism differed such that those who were high on benevolent ageism were more likely to see older adults as warm, whereas those who were high on hostile ageism were less likely to see older adult as warm (Cary, Chasteen, & Remedios, 2017). It is important to note that the goal of this study was to create a scale to measure attitudes towards older adults rather than experiences of older adults; however, it provides useful insight into different micro-level forms of ageism (hostile and benevolent ageism).

### ***Everyday Ageism***

Further studies have examined concepts related to age-related microaggressions, with the term, “everyday ageism” recently emerging. Everyday ageism describes intentional or unintentional interactions that occur routinely in the everyday lives of older adults. Numerous studies have examined the prevalence of everyday ageism through the creation of the 10-point Everyday Ageism Scale (Allen et al., 2021; Allen et al., 2022). The creation of the scale involved input from a large sample of older adults as well as subject matter experts. The results indicated that everyday ageism is comprised of three sub-types: exposure to ageist messages, ageism in interpersonal interactions, and internalized ageist beliefs (Allen et al., 2021). Exposure to ageist messages included the degree to which older adults had experienced jokes regarding aging, or messages suggesting ageing is unattractive. Ageism in interpersonal relationships was measured with a question regarding older adults’ familiarity with others making ageist assumptions about themselves. Internalized ageist beliefs directly measured participants’ beliefs of negative ageist stereotypes (Allen et al., 2021).

The results of the Everyday Ageism Scale found that 90% of older adults reported experiencing everyday ageist acts (Allen et al., 2022). The most familiarity was with internalized ageism, followed by ageist messages and interpersonal interactions (Allen et al., 2022). The findings pertaining to internalized ageism are concerning, given that the internalization of negative stereotypes is associated with lower self-perception, increased depression and anxiety, and negative effects on subjective memory (Levy et al., 2022).

### **The Current Study**

Given the state of the research investigating age-related microaggressions and all their various forms/subtypes, it is important to replicate previous studies (e.g., Gietzen et al. 2022) to

validate these initial findings and to begin creating a compendium of commonly experienced and bothersome, age-related microaggressions. The replication crisis in psychological science has recently renewed attention to philosophical aspects of its methodology. For example, Simons (2014, p.76) states that, “Reproducibility is the cornerstone of science,” and Rosenthal (1990, p.2) states that “scientists of all disciplines have long been aware of the importance of replication to their enterprise.” In an essay on the role of replication in psychological science, Fletcher (2020) describes the function of replication is to confirm one of the following claims regarding the findings of the original research: (1) they are not due to mistakes in data analysis, (2) they are not due to sampling error, (3) they do not depend on contextual factors, (4) they do not arise from fraud or questionable research practices, (5) they generalize to a larger population than that sampled in the original, (6) their aspects pertaining to the theoretical hypothesis of interest hold even when that hypothesis is operationalized or tested in completely different ways. Therefore, the current study serves as a semi-replication of the Gietzen et al. (2022) study, with the goal of confirming the aforementioned claims while addressing the limitations within the original study.

Furthermore, in 2017, Scott Lilienfeld reviewed the microaggression research program, which included 19 recommendations for researchers engaging in future microaggression projects. Of note, he suggested to “abandon the term microaggression and substitute an alternative term that does not imply that deliverer statements are aggressive and extremely subtle,” to “provide a clearer operationalization of microaggressions,” and to “ensure that microaggression items contain sufficient situational context to minimize ambiguity in their interpretation” (Lilienfeld, 2017, p. 161).

The current study aims to address the recommendations made by Lilienfeld (2017) and to advance the literature on age-related microaggressions. The purpose was to create a compendium



of commonly experienced age-related microaggressions (Gietzen et al., 2022). Gietzen et al. (2022) eloquently suggests that the research must commence with addressing the fundamental question of, “what do microaggressions directed at older adults typically look like?” The findings, which included general themes underlying common age-related microaggressions, created a springboard and theoretical foundation for future research.

More specifically, the study has three objectives. The first objective was to replicate the study done by Gietzen et al. (2022) with a larger, more diverse sample. The second aim was to further investigate the topography of commonly experienced age-related microaggressions and the third was to address Lilienfeld’s recommendation to remove the word microaggression from the survey to prevent the word “aggression” from leading participants to only report negative interactions and reactions (Lilienfeld, 2017).

## **Method**

### **Design**

The current study utilized qualitative research design methodology, allowing for the researchers to obtain a broad array of participant subjective experiences and analyze them in an in-depth manner (Kim et al., 2017; Sandelowski, 2010). The current microaggression research tends to favor qualitative design as most appropriate to investigate novel concepts and to understand the topography and taxonomies of microaggressions (Lilienfeld, 2017; Sue & Spanierman, 2020).

### **Participants**

The sample of older adults ( $n=303$ ) was recruited and compensated through the online platform Prolific. Prolific is an online recruitment platform designed for social science research where participants sign-up and select to be included in a large database of research participants

throughout the United States and the United Kingdom. Prolific verifies the identity of participants and collects basic demographic data. Further inclusion criteria included older adults residing within the United States, aged 65 years or older. Given that the survey asked participants to retrospectively report social interactions, if participants indicated that they had a previous diagnosis of memory impairment, they were automatically removed from the study.

The average age of participants was 70.04 years old ( $SD = 4.95$ ; range = 65-98 years), with the majority of the sample being between 65-83 years old ( $n = 296$ ). The sample consisted of 172 women (56.77%), 129 men (42.57%), and 2 people who identified as transgender (.66%). With regards to ethnicity, the sample was predominantly white ( $n=276$ ) while 27 participants reported being members of other ethnic and racial groups such as Black/African American ( $n=14$ ), Hispanic or Latin ( $n=7$ ), Asian ( $n=2$ ), Native Hawaiian ( $n=1$ ), American Indian ( $n=1$ ), and Other ( $n=2$ ). Participants were also highly educated with 33% holding a 4-year degree ( $n=102$ ), 30.36% holding beyond a 4-year degree ( $n=92$ ), 17% completing some college ( $n=52$ ), 9.24% having a 2-year degree ( $n=28$ ), and 9.24% completing high school ( $n=28$ ). One person responded N/A to the question regarding educational attainment.

## **Procedure**

This study was approved by the Minnesota State University, Mankato Institutional Review Board (IRBNet LOG# 1997637-2). Data was collected through an online survey using Prolific.

The survey began with an informed consent form (see Appendix A) and questions regarding general demographics such as age, gender identity, and educational attainment. The next question posed to participants asked whether they had ever been diagnosed with a memory impairment. If participants answered “yes” they were automatically disqualified from the survey.

The next section of the survey focused on older adults' experiences with age-related microaggressions in their daily interactions. This section commenced with a brief definition of ageism and examples of potential age-related microaggressions reported in previous literature (Gietzen et al., 2022; Lewis et al., 2023). The word "microaggression," was removed as per the recommendation from Lilienfeld (2017), to ensure participants were not triggered to only report negative interactions and responses. Moreover, the word microaggression is conceptually confusing and misleading in that the nature of aggression is not typically micro (Lilienfeld, 2017). Participants were then asked if they had ever experienced an interaction in their day-to-day lives where they felt they were treated differently because of their age. If they responded positively, the question that followed was, "In as much detail as possible, describe what was said or done by the individual/s?" This open-ended question was used to address the recommendation from Lilienfeld (2017) to provide a clearer operationalization of microaggressions, including potential subthemes within the various forms of microaggressions.

Additional questions were included to further investigate the topography of the reported microaggressions (see Appendix B for a complete version of the survey):

1. Roughly how long ago did you experience this social interaction?
2. In the example you gave, who said this to you?
3. Where did this experience occur?
4. How did you feel when this occurred?
5. Rate how strong the reaction you described above was.
6. What was it about this experience that most affected you?
7. Do you think the individual did this on purpose or was it a mistake/accident?
8. What did you do in response to this event?

9. How often do you think other people over the age of 65 experience being treated differently because of their age in their day-to-day social interactions like the one you described?

To obtain an expansive sample of microaggressions, participants were given the opportunity to report up to three examples of age-related microaggressions. The questions listed above were asked of each example provided.

Because the purpose of this study was to replicate and expand on previous literature, the survey described below was very similar to the one used by Gietzen and colleagues (2022). However, a few minor changes were made. For example, the term “microaggression,” by nature is a contronym and, therefore, can be confusing or leading (Lilienfeld, 2017). The authors were concerned that the term would evoke particular feelings or reactions, leading participants to only report negative experiences. Therefore, the word “microaggression” was removed and was replaced with the syntax, “a social interaction you have had in your everyday life where you were treated differently by someone because of your age.”

Additionally, to facilitate a more nuanced understanding of what older adults may find upsetting about microaggressions, the researchers included the question, “What was it about this experience that most affected you?” The following four response options were provided (a) the words that were said, (b) how it was said, (c) it didn’t bother me, (d) I’m not sure. This question was added to help determine why older adults differ in their emotional reactions to similar microaggressions, in particular microaggressions that have produced a mix of positive and negative emotional reactions in previous research (e.g., receiving senior discounts; Lewis et al., 2023).

A final change was the inclusion of a question to obtain prevalence data on how often participants felt older adults experienced age-related microaggressions similar to the ones they had reported (“How often do you think other people over the age of 65 experience being treated differently because of their age in their day-to-day social interactions like the one you described?”). This question provides an estimate of how older adults view the prevalence of these interactions.

### **Analysis**

Following the six-phase process of coding by Braun & Clarke (2006) as well as Gietzen and colleagues (2022), the primary researcher used inductive and deductive thematic analysis to identify meaningful patterns within the survey responses. The steps were: (a) familiarization with the data that was collected, (b) generating initial codes present in responses, (c) searching for themes across responses, (d) reviewing themes to include a list of main themes and subthemes, (e) defining and naming themes both inductively and deductively, and (f) producing the report.

The coding team consisted of the primary researcher, along with another researcher fluent in the microaggression research program, and a student unfamiliar with age-related microaggressions to control for observer-drift.

Inductive thematic analysis was utilized to assess questions addressing the relationship of the perpetrator, where the interaction took place, as well as participants emotional reaction to the reported microaggression. The coding team generated initial codes from themes present across the responses. Therefore, responses were coded without utilizing a pre-existing coding archetype.

Deductive thematic analysis was conducted with regards to the survey responses investigating microaggression examples and the behavioral responses to the reported interaction. The age-related microaggression examples were coded utilizing Sue et al.’s (2007)

categorization of racial microaggressions which included microinsults, microassaults, and microinvalidations. In alignment with the study done by Gietzen et al. (2022), this coding approach was used to determine if the commonly used classifications of racial microaggressions generalized to age-related microaggressions. The behavioral reactions were also coded deductively following Nadal et al.'s (2014) study which included the following four themes, (a) direct confrontation, (b) indirect confrontation, (c) passive coping, and (d) did nothing. This coding paradigm has also been utilized by researchers investigating age-related microaggressions, so was used to determine if the results of previous studies could be validated (Gietzen et al., 2022; Lewis et al., 2023).

Descriptive analyses and frequency distributions were used to summarize the responses of the remaining multiple-choice questions.

### ***Interobserver agreement***

The three-person coding team used a critical humanist approach and completed deductive thematic analyses of the microaggression examples and the behavioral reactions from the survey data. This coding team was created to address the limitation set out by Lilienfeld (2017), that previous microaggression research has not examined the interrater reliability of judgements of microaggressions, specifically the extent to which recipients (older adults) and independent observers agree on which statements reflect implicitly prejudicial actions on the part of deliverers. The primary researcher trained all members of the coding team on the operational definitions and examples of the taxonomies of microaggressions (i.e., microassaults, microinsults, and microinvalidations; Sue et al., 2007, Sue & Spanierman, 2020). To ensure accurate understanding of the operational definitions for themes, a pilot inter-observer agreement (IOA) check was completed on the first 10 microaggression examples with exact agreement of

95% between the primary and secondary researchers. Given the high reliability of the pilot IOA, the third member of the coding team was trained and IOA on 20% of the sample responses was conducted. The IOA between the first and second author was 98%, 90% between the primary researcher and third independent reviewer, and 87% between the second author and third independent reviewer. This demonstrates that examples of microaggressions can be reliably categorized into the three taxonomies of microaggressions.

In an effort to increase reliability, the first and third authors independently coded all responses to ensure the accurate categorization of microaggressions. After the conclusion of coding, discrepancies that arose were discussed by the first and third authors and if a decision could not be determined, the third member of the coding team was consulted. Of the  $n = 348$  examples provided of age-related microaggressions, the total exact agreement IOA was 92.44%.

Interobserver agreement between the first and third authors was also calculated for four additional survey questions: (a) In the example you gave, who said this to you? (b) Where did the experience occur? (c) How did you feel when this occurred? (d) What did you do in response to this event? Interobserver agreement for these specific questions ranged from 95-98% (see Table 1).

**Table 1**

*Interobserver Agreement*

Question	Exact Agreement (0-100%)
1. In the example you gave, who said this to you?	97%
2. Where did the experience occur?	98%
3. How did you feel when this occurred?	96%
4. What did you do in response to this event?	95%

*Note.* Exact agreement was calculated between the first and third authors.

## Results

### Age- Related Microaggressions

Participants provided up to three examples of interactions in their daily lives with other people where they felt they were treated differently because of their age. Of the  $n = 303$  participants who were included in the study,  $n = 200$  stated they had experienced an age-related microaggression. Thus 66% of participants reported they had experienced an interaction in their day-to-day lives where they felt they were treated differently because of their age. Most participants provided at least one example of a microaggression (66%), while 38% of participants described at least 2 age-related microaggressions ( $n=115$ ), and 11% identified 3 examples of age-related microaggressions ( $n=33$ ).

Overall, there were  $n = 348$  examples of age-related microaggressions coded. Most participants provided just one example of a microaggression (66%), while 38% of participants described at least 2 age-related microaggressions ( $n=115$ ), and 11% identified 3 examples of age-related microaggressions ( $n=33$ ).

### *Microinsults*

Of the 348 age-related microaggression examples provided,  $n = 254$  (72.99%) were coded as microinsults. There were a multitude of themes that emerged from the examples provided. First, older adults reported commonly experiencing people offering them assistance. For example, one participant described, “A lady cashier at Walmart bagged my groceries which is normal. But instead of handing the filled bags to me she would fill a bag and then walk it all the way around the counter and put it in my cart for me. This required significant additional effort and her part and took more time.” Another participant quotes, “Someone carried a heavy object for me because they didn't think that I could carry it. I have no trouble carrying a 50 lb.



load, but sometimes people think that I can't do it because I am older.” Other examples of offering assistance included helping older adults pick up dropped items or offering their seat on public transportation.

An additional theme that emerged within the category of microinsult included assumptions about older adults' abilities and intelligence, particularly regarding knowledge of technology. For example, one participant responded “This actually happens all the time. Younger people assume I don't understand technology, will talk patronizing.” Another example includes, “A much younger person assumed that I was unable to use a cell phone and apps on the phone.”

Older adults also commonly reported examples of elderspeak that included people using inappropriate simplified speech or terms of endearment when interacting with older adults. For example, one participant reported, “They were selling internet services, and the man deliberately slowed his speaking and started with hand gestures like he was talking to a two-year-old who didn't know anything.”, while another participant explained, “People think I am hard of hearing, so they talk louder and enunciate.”

The final two themes that emerged within the category of microinsults were being offered senior discounts and older adults being ignored.

### ***Microassaults***

Of the  $n = 348$  responses gathered,  $n = 51$  (14.65%) were coded as microassaults. Older adults commonly reported blatant name-calling and verbal assaults, “I pulled out from a stop sign with oncoming traffic negotiating a 90-degree turn. Plenty of room, but truck in my lane accelerated aggressively onto my bumper, the driver pulled into the other lane and starting screaming obscenities about my age and driving skills etc.” Another participant described, “I was purchasing lottery tickets at my local convenience store, and something happened to the

machine. When it questioned what was wrong, the attendant said, "it's just old and problematic like you."

Moreover, several examples of blatant discriminatory hiring practices were reported:

"I was interviewed over the phone for a part time job in an office, where I was told that I was being considered for the position. I was asked to come into the office to 'meet the team'. When I arrived, I actually heard one of them gasp when I walked into the room. I was quickly escorted out of the room and told that the position had been filled with someone younger and more fruitful."

Another participant stated, "I was looking to get back into my profession part-time and had a final interview. The hiring manager said they were looking for someone to "grow" with the company and I didn't get the job because I was way too old."

Other examples of microassaults included older adults being physically rushed or pushed within public settings and on public transportation. For example, "A much younger person pushed me onto the open subway doors, I must have been going too slow for him. I nearly fell to the ground."

### ***Microinvalidations***

Microinvalidations were the least reported category of age-related microaggression, with only  $n = 36$  (10.34%) examples. Three subthemes emerged from the examples of microinvalidations. The first, and most common, was the invalidation and minimization of older adults' problems with regards to medical concerns, "I asked my doctor if I should have a colonoscopy because my father had colon cancer and she said that for me it might not be worth it. Now, I do have a disability and I am in a wheelchair because of it, but not because of age, and

I have had colonoscopies by other doctors with that situation. I told her I was having issues and she dismissed me completely.”

Another common theme was the emotional nullification of older adults’ experiences and ideas, commonly within the workplace, “During a team meeting, a colleague consistently interrupts and dismisses my ideas. He compliments others but belittles my suggestions and thoughts, subtly undermining my credibility, probably because of my age.”

The final subtheme of microinvalidations included participants describing people giving them age-related compliments. An example provided by two participants included a store worker telling them they looked good for their age.

### **Frequency of Microaggressions**

Thirty-four percent of the sample indicated they had never experienced an age-related microaggression. Participants were asked how frequently they believe people over the age of 65 experience being treated differently because of their age in their day-to-day social interactions on a Likert scale ranging from *every day* to *less than once per year*. The results indicated that the most common answer was *every day* ( $n = 142$ ). For a breakdown of responses, see Figure 2.

### **Recency of Microaggressions**

Participants rated when the interaction took place on a Likert scale which ranged from *within the last week* to *more than one year ago* ( $n = 347$ ). Age-related microaggressions were most recently experienced less than 6 months ago ( $n = 73$ ), followed closely by *about one month ago* ( $n=68$ ). Overall, 71.47% of the sample reported experiencing an age-related microaggression within the last 6 months and 50.43% within the last month. For a breakdown of responses, see Figure 3.

### **Relationship to Deliverer**

The survey included a question asking who the deliverer of the microaggression was. A total of  $n = 346$  responses were coded, with 8 themes emerging through inductive analysis: sales/service providers, strangers, human resources workers, colleague or boss, family, acquaintance, healthcare worker, and friends. Responses categorized as Sales and Service Providers were the most common deliverers of age-related microaggressions (34%). These included cashiers, salespersons, and waiters. The second most common deliverer was strangers. Responses included in this category were, “stranger,” “didn’t know them at all,” and “someone I never met.” Overall, sales/service providers and strangers comprised of 60.98% of the total responses ( $n = 211$ ). Figure 4 displays a breakdown of the microaggression deliverers relationship to the study participants.

### **Setting of the Interaction**

Participants were asked to describe the setting in which the reported experience had occurred, with a total of  $n = 341$  responses coded. Inductive analysis identified at least ten common settings where age-related microaggressions took place: retail setting, work, home, online, public transportation, healthcare setting, outdoor setting, religious setting, school, and other. Responses coded as *other* included “driving,” “on the porch,” and “social security office.” The most common setting for the occurrence of age-related microaggressions, as identified by participants was the *retail setting* ( $n = 136$ ; 40%). Frequencies can be found in Figure 5.

### **Emotional Reactions**

An open-ended question was posed to participants to determine their emotional reactions to microaggression (“how did you feel when this occurred?”). There was a total of  $n = 350$  emotional reactions to age-related microaggressions reported, although 22 responses were

excluded from the analysis as they were not considered an emotional response. Participants reported having negative emotional reactions 69.81% of the time. Negative emotional reactions included responses demonstrating anger, embarrassment, insult, isolation/rejection, anxiety, misunderstood, disappointment, and/or sadness. Specific responses included, “It made me angry, and I didn't think it was funny at all. I remember thinking that this is what it feels like to be discriminated against.” Another participant stated, “I felt so ashamed, embarrassed, and like I had been cheated out of my job.”

Positive emotional reactions occurred 24.09% of the time and included responses demonstrating comfort, appreciation, gratefulness, relief, happiness, and amusement. Three common interactions that evoked positive emotional reactions were: being offered age-related discounts/coupons, being offered a seat in a public place, and having the door held open. Lastly, 6.10% of the sample reported feeling indifferent following the age-related microaggression. Examples of indifferent emotional responses included keywords such as, “it didn't bother me,” “I didn't care,” and “it is what it is.” The frequency of each emotional reaction is displayed in Figure 6.

### **Intensity of Emotional Reactions**

Moreover, we asked participants how strongly they felt following the reported interaction on a Likert scale ranging from *not strong at all* to *extremely strong*. A total of  $n = 350$  responses were coded with most participants ( $n = 187$ ) feeling moderately strong, followed by not strong at all ( $n = 97$ ), and lastly, extremely strong ( $n = 66$ ) (See Figure 7).

### **Behavioral Responses**

Participants were asked an open-ended question about their reaction to the age-related microaggression. A total of  $n = 345$  behavioral responses were reported with  $n = 16$  being

excluded from the analysis for not being a coping response. A deductive analysis based on Nadal et al.'s (2014) common behavioral reactions to microaggressions was utilized to analyze the responses into three behavioral responses: direct confrontation, indirect confrontation, and passive coping. In congruence with the Gietzen et al. (2022) and Lewis et al. (2023) studies on age-related microaggressions, one final category of, "doing nothing," was included. The frequencies of each behavioral response can be found in Figure 8.

Of the identified coping responses, the most common behavioral response was passive coping ( $n = 113$ ; 34%), which included an avoidance response, deflection, removal of oneself from the situation, intentionally avoiding the deliverer, acting to make others happy, or diffusion (Nadal et al., 2014; Gietzen et al., 2022; Lewis et al., 2023). One participant writes, "I simply thanked the members of the hiring committee for their time, and I left to go home," and another comments, "I just tried to run to the door so the guy wouldn't have to wait so long for me and I told him thanks."

Direct confrontation occurred nearly as frequently as passive coping ( $n = 108$ ; 33%). As per Nadal et al. (2014), this was operationally defined as any reaction where the person confronted the deliverer of the microaggression. This can further include verbal assertion or calling-out the microaggression/discriminatory behavior (Nadal et al., 2014, Gietzen et al., 2022). One example within the study included, "I was very clear in telling him that this wasn't age related and he just needed a little patience to help me out." Another participant explained, "I replied back that not all Boomers have problems with technology and that if it weren't for Boomers, we wouldn't have computers and other technology."

While passive coping and direct confrontation combined made up 67% of the total behavioral responses, a significant number of older adults also reported *doing nothing* following

the age-related microaggression ( $n = 88$ ; 27%), “Really nothing for me to do. Nothing is gained by fighting it or even bringing it up.” Another participant stated, “Nothing. Sometimes I just give up,” and “Nothing .... but I have thought about telling my primary doctor many times. I can't explain why I choose not to.”

Finally, there was a small proportion of participants who reported indirect confrontation as their response ( $n = 20$ ; 6%). Nadal et al., (2014) describes this response to include contacting authorities or supervisors, allowing someone else to handle the situation, or being passive aggressive towards the deliverer. One documented response from a participant included, “Just drove a little slower, as in passive aggression.” Others reported “complained via email afterwards,” “reported to the manager after the fact,” or “hired an attorney and filed a ageism complaint with human resources at the university and also with the state equal opportunity office.”

### **Semantics of Microaggression Delivery**

To investigate the potential reasons for why certain age-related microaggressions are more bothersome than others, or why certain people have differing emotional responses to similar microaggressions, a question was included regarding the semantics of the reported interaction. Participants were asked what was it about the experience that most bothered them, with possible responses options being: (a) *the words that were said*, (b) *how it was said*, (c) *it didn't bother me*, (d) *I'm not sure*. A total of  $n = 351$  responses were recorded with the majority of participants stating it was either how it was said ( $n = 134$ ) or the specific words that were said ( $n = 103$ ) that bothered them most. These two responses accounted for 67.71% of responses. A small portion of participants stated they were *not sure* ( $n = 24$ ), and 24.43% of participants reported the interaction *did not bother them* ( $n = 89$ ; See Figure 9).

## Perceived Intent

Finally, participants were asked to rate whether they felt the age-related microaggression was a mistake/accident or intentional, with possible responses including: (a) on purpose, (b) mistake/accident, (c) I'm not sure, and (d) both. The results demonstrated that participants felt that the microaggression directed towards them was done *on purpose* 63.53% of the time ( $n = 223$ ). This was followed by the response of *mistake/accident* which occurred 15.67% of the time ( $n = 55$ ). See Figure 10 for response and their frequencies.

## Discussion

Congruent with the findings of Getizen et al. (2022), the examples provided in this study make unequivocal the prevalence of age-related microaggressions in the lives of older adults. This study found that 66% of participants reported they had experienced an interaction in their day-to-day lives where they felt they were treated differently because of their age. Most participants provided at least one example of a microaggression (66%), while 33% of participants described at least 2 age-related microaggressions ( $n=115$ ), and 9.48% identified 3 examples of age-related microaggressions ( $n=33$ ). Therefore, unlike previous studies (Gietzen et al., 2022; Lewis et al, 2023), the current study provides an estimate of the prevalence of age-related microaggressions in community-dwelling older adults.

The analysis of reported instances of age-related microaggressions shed light on the different forms these interactions take, their frequency, emotional impacts, and behavioral responses. In alignment with the previous literature on age-related microaggressions, the findings revealed three main categories of age-related microaggressions (Sue, 2010; Gietzen et al., 2022; Lewis et al., 2023). Microinsults, encompassing the largest portion of reported instances, often involve subtle actions or remarks that undermined older adults' capabilities or intelligence. This



category includes instances of unsolicited assistance, assumptions about technological incompetence, and elderspeak. Microassaults, while less frequent ( $n = 51$ ), are more overt acts of discrimination, such as name-calling or discriminatory hiring practices. The least reported form of microaggressions was microinvalidations ( $n = 36$ ), which involved dismissing or minimizing older adults' experiences, often in medical settings or the workplace.

These findings regarding the types of microaggressions are consistent with the previous literature, which found that microinsults were most commonly reported, while microinvalidations were least common (Gietzen et al., 2022). Perhaps the reason microinvalidations are least reported stems from the nature of these microaggression being characterized by more indirect statements or behaviors, whereas microinsults and microassaults typographically are more direct and memorable, thereby producing stronger emotional reactions (Gietzen et al., 2022).

Moreover, Gietzen et al. (2022) suggested a taxonomy of microaggressions, and the examples provided within our study nicely fell within these subtypes. The microinsult themes that emerged were: (1) offering assistance, (2) elderspeak, (3) being ignored, (4) being offered a senior discount, and (5) assumptions about older adults' abilities/intelligence. The category of microassaults included: (1) being physically rushed/pushed, (2) name-calling and verbal assaults, and (3) discriminatory hiring practices. The last category of microaggression that emerged was microinvalidations which encompassed: (1) minimization of older adults' problems, (2) the emotional nullification of older adults thoughts/feelings, and (3) age-related compliments. All of the examples provided fell into one of the above categories, validating these categories as the most common types of age-related microaggressions experienced by older adults. Of the subthemes, assumptions regarding the abilities and intelligence of older adults were the most

common subtype of microaggression reported (35%), followed by offering assistance (27%), both categorized as microinsults. Discriminatory hiring practices (12%) were the third most common subtype of microaggression reported, which falls into the microassault category.

Evidence substantiates age-related microaggressions occur often. The overwhelming majority of participants (84.10%) report that these types of micro-ageist interactions occur at least 1-2 times per month. We hypothesize four potential reasons for the pervasiveness of age-related microaggressions in American culture: (1) societal stereotypes, (2) cultural norms, (3) language and behaviors, and (4) lack of awareness. Age-related microaggressions often stem from deep-rooted societal stereotypes about aging (Chasteen et al., 2021). These stereotypes portray older adults as less competent or less capable and therefore can lead to subtle, yet harmful, forms of minute discrimination in everyday interactions. Furthermore, in many cultures, youth is highly valued, while aging is associated with decline, dependence, or loss of relevance (Allen et al., 2021). These age-related microaggressions can also manifest through seemingly innocuous language or behaviors that subtly undermine or dismiss older individuals (Sue & Spaneirman, 2020). As displayed in our research, this may include patronizing language, assumptions about cognitive abilities, or exclusion from certain conversations or workplace activities based on age. Finally, the lack of research investigating the topography and taxonomy of age-related microaggressions results in an overarching lack of awareness among individuals about their prevalence and impact. People may not recognize certain comments or behaviors as harmful microaggressions, instead attributing them to harmless jokes or misunderstandings (Nadal et al., 2014).

In agreement with Sue & Spaneirman (2020), we saw a wide variety of different microaggression perpetrators. We refer to them, “deliverers,” given the previous research

postulating that people delivering the microaggression may not have awareness of the negative impact their words hold. We found the most common deliverers were service providers and strangers. This mimics the results from Gietzen et al. (2022) that found individuals who have had little to no previous contact with the victim may be more likely to rely on their implicit biases towards older adults. Consequently, we see the most common settings in which age-related microaggressions take place are in stores, which further validates the findings from previous studies (Gietzen et al. 2022; Lewis et al. 2023). Additional findings specifically concerned work-related microaggressions. Work-related employees (e.g., encompassing recruiters, managers, supervisors, and colleagues) were the third most common deliverers of age-related microaggressions and workplace settings were the second most likely place for these interactions to occur. Given the power dynamics in a workplace, managers and supervisors may unintentionally perceive older workers as barriers to their own career advancement, specifically from younger employees (Van der Heijden et al., 2009).

Emotional reactions varied among participants, with most reporting moderately strong feelings. This variability highlights the subjective nature of emotional responses to microaggressions and underscores the importance of considering individual differences in coping strategies and resilience (Lewis et al., 2023). However, 69% of older adults reported negative emotions following an age-related microaggression. This finding is consistent with the results of the Lewis et al. and Gietzen et al., studies in which the most frequent emotional reaction was negative. Moreover, this validates Sue and Spanierman's (2020) discussion of the harmful effects of microaggressive stress. Our findings confirm anger/rage as being a common negative emotional reaction, supporting other previous research (Nadal et al., 2014; Gietzen et al., 2022).

Some results concerning emotional reactions to microaggressions differed from previous literature with different populations (Sue & Spanierman, 2020; Blume et al., 2012). For example, similar to Gietzen et al. (2022), this study found that feelings of anxiety are typically not endorsed by victims of age-related microaggressions. Also differing from previous studies, feelings of sadness were often reported by older adults following an age-related microaggression. We hypothesize this may be due to the acceptance and internalization of ageist beliefs. For example, one participant wrote, “After a lot of thought I decided to not pursue the issue as I had tried several times previously, but it was no use. I realized that my own sadness level was such that pursuing my issue would cause me more stress than accepting situation itself.” Older adults may internalize these ageist beliefs about their own worth and capabilities, leading to feelings of sadness (Levy, 2003; Chasteen et al., 2021). This internalized ageism may lead to resignation or hopelessness about the future, rather than anxiety about potential future instances of discrimination (Levy, 2009). This finding may also reflect a coping mechanism to deal with the fact that older adults are accustomed to being the recipient of age-related microaggressions in their daily lives (Chasteen et al., 2021). As stated, many participants believe age-related microaggressions occur quite often to older adults over the age of 65. Therefore, it can be reasonably assumed that they are confident these interactions will continue to occur, negating anxiety around potential future occurrences, which aligns with the stereotype embodiment theory (Levy, 2009).

Approximately 72% of the sample indicated moderate to extremely strong intensity of emotional reaction to being the victim of an age-related microaggression. These data indicate that many older adults have significant emotional reactions, even if these reactions are not expressed or shared. Conversely, 6.10% respondents indicated they were unbothered by the

interaction ( $n = 20$ ) and 27.71% rated their intensity of emotionality as *not strong at all*. We agree with Gietzen and colleagues (2022) that a large portion of the responses indicated the presence of learned helplessness, “It really didn't bother me much as I took into the consideration their ignorance,” and “I just chalked it up to being normal, it didn't really bother me. This generation doesn't understand.” These examples mimic learned helplessness, however, might also be potential adaptive coping mechanisms. This might also be due to the fact that older adults tend to have better emotion regulation skills, and therefore less intense reactions (Rosati et al., 2020). Further investigation is warranted to determine the underlying cognitive schemas of older adults unbothered by age-related microaggressions.

In terms of behavioral responses, our findings aligned well with findings from previous studies (Gietzen et al., 2022; Nadal et al., 2014; Lewis et al., 2023). *Passive coping* ( $n = 113$ ) was most common, followed by *direct confrontation* ( $n = 108$ ) and *doing nothing* ( $n = 88$ ). Passive coping strategies, such as avoidance or deflection, may provide short-term relief but could perpetuate the cycle of microaggressions (Nadal et al., 2014). However, the results of one study suggest that if a target strongly confronts an offer to help, the target might be viewed as overreacting likely because benevolent offers to help are considered culturally appropriate (Chasteen et al., 2021). Therefore, it is seen as less acceptable to confront these benevolent forms of ageism, resulting in an increase in behavioral responses of passive coping and doing nothing (Chasteen et al., 2021).

By not addressing the behavior directly, passive coping might inadvertently reinforce the notion that such actions are acceptable. Furthermore, the research dictates that target reactions seem to be an important cue for evaluating the appropriateness of these forms of benevolent ageism for young adults (Chasteen et al., 2021). This could be due to young adults becoming

more sensitive to social justice issues and are more likely to advocate for inclusion and equality (Pew Research Center, 2019). The finding that young adults adjust their perceptions of acceptability to a greater extent following the target's reaction (Chasteen et al., 2021) bolsters the need for older adults to directly confront the deliverer.

While these results aligned with research done by Gietzen et al., (2022), Lewis and colleagues (2023) found doing nothing to be the most common behavioral response, followed by direct confrontation and passive coping. We believe this discrepancy may be due to the difference in research methods utilized. More specifically, the open-ended nature of this study allowed for older adults to describe varying examples of age-related microaggressions. Further investigation is warranted as to why participants did not feel compelled to challenge microaggressions despite having negative reactions.

It was encouraging to see that direct confrontation, although used somewhat less frequently, was the second most common response to microaggressions. This represents a proactive approach to addressing age-related discrimination (Nadal et al., 2014) that challenges ageist attitudes and educates the deliverer about the impact of their actions. Further research will be necessary to determine if respondents perceived direct confrontation to be effective, and if so, under which circumstances. It would also be pertinent to inquire as to what participants said to determine guidelines for effective response options.

The prevalence of participants ( $n = 88$ ) choosing to *do nothing* highlights the complex nature of navigating age-related microaggressions. This finding is in direct alignment with the Gietzen et al. (2022) results where 61% of their sample, and 67% of our sample did not disarm the microaggression, meaning they did not directly confront the deliverer. As mentioned, this could stem from various factors, including a lack of perceived efficacy in addressing the

behavior, possible fear of retaliation, or desire to avoid further conflict (Nadal et al., 2014; Chasteen et al., 2021). This finding underscores the need for further awareness of micro-ageist attitudes and interventions that empower individuals to respond effectively to ageism while also addressing broader systemic issues (Sue & Spanierman, 2020).

The semantics of the delivery of age-related microaggressions and their influence over participants emotional responses emerged as a factor requiring further exploration. The majority of participants who reported negative emotional reactions ( $n=229$ ) also reported that either the words that were said or how the microaggression was said bothered them ( $n=237$ ). Only  $n = 33$  stated *neither/I'm not sure*, demonstrating the importance of the sentence structure and tonality of delivery. Whether it was the words used or the manner in which they were delivered, participants expressed varying degrees of distress based on the semantic of the interaction. This demonstrates the importance of considering both verbal and nonverbal aspects of communication in understanding the impact of age-related microaggressions. Given the similarity in frequencies between those who were bothered by the specific words that were said ( $n = 103$ ), and how it was said ( $n = 134$ ), further research is needed to identify underlying complexities which might account for what characteristics of microaggressions people respond most negatively to. Further research should investigate how the semantics of delivery and characteristics of the older adult recipient interact to determine emotional responses to age-related microaggressions, particularly given that personal characteristics of recipients can impact response to these interactions (Lewis et al., 2023).

Perceived intent also played a crucial role in participants interpretations of age-related microaggressions, with the majority attributing them to intentional acts rather than mistakes or accidents. Validating the results of Gietzen et al., (2022), excluding participants who answered

“*I’m not sure*” our results suggest that older adults evaluate age-related microaggressions as intentional at least 74% of the time. This demonstrates that while the intent may often be benevolent, the victims perceive the interaction as assailing because of their chronological or perceived age (Chasteen et al., 2021; Gietzen et al., 2022). Moreover, this perception of intent further contributes to the emotional and behavioral responses of older adults and highlights the need for interventions aimed at increasing awareness and addressing ageism on a societal level.

### **Future Directions/Limitations**

This study has several strengths and novel contributions such as expanding our understanding of the topography and subtypes of various age-related microaggressions as well as how older adults experience them. However, several limitations should be noted. First, while the sample size was extended from previous research, future research should be expanded to include a larger, more diverse sample, including individuals who are members of marginalized populations. Most of the microaggression literature has focused on prejudice against older adults without considering their multiple intersecting identities. Therefore, it is imperative we obtain a more diverse sample of older adults to corroborate the findings within this study.

Moreover, the demographic data was conducted on all  $n = 303$  participants that initially began the survey. Therefore, we were unable to analyze the demographic data for differences between participants who stated they did not experience an age-related microaggression and those who did. Given the high prevalence of participants who believe occurrences such as the ones they described happen every day to other people over the age of 65, it is interesting that only 11% of participants reported 3 interactions/examples of age-related microaggressions in their day-to-day lives. Future research should seek to investigate this discrepancy between peoples’ belief that this happens to other people almost daily, but their inability to recall 3



examples within their daily lives. It is also recommended to obtain prevalence data on the beliefs of people who did not report any experiences of age-related microaggressions and how often they think other people over the age of 65 experience them.

In alignment with the recommendations provided Lilienfeld (2017), we believe future research should employ focus groups to expand our understanding of the individual differences that might affect how older adults perceive age-related microaggressions. Our study is bound by the limits inherent to survey research, and that all participants had to have access to the internet and Prolific. All participants had to be proficient in written communication and technological systems. Focus groups would combat the sampling bias by incorporating individuals who are not comfortable with technology or written communication.

Within Lilienfeld's (2017) recommendations for future microaggression research, he suggests to "abandon the term microaggression and substitute an alternative term that does not imply that deliverer statements are aggressive and extremely subtle." While we removed the term, "microaggression," from our research, we found a significant portion of the microaggression examples provided by participants mirrored the examples we provided. Further studies should seek to utilize terms such as "everyday ageism," without providing examples, to determine whether negative examples of microaggressions are still prevalent and bothersome. Moreover, it would be prudent to ask older adults which terms they prefer or most identify with and why.

While our research intends to assist in identifying and measuring commonly experienced microaggressions and their varying subtypes with older adults, future research could investigate how younger adults perceive the intent of age-related microaggressions, and how these perceptions of intent differ from those of older adults. This may be particularly important for acts

that are intended to be helpful/benevolent. If patronizing behavior can be predicted from subscales such as with the Ambivalent Ageism Scale, it will allow for interventions to reduce these harmful behaviors towards older adults.

Our final recommendation is to explicitly direct future research towards the long-term physical and psychological effects to exposure of age-related microaggressions and how certain factors such as health status, self-esteem, or personality traits such as negative affect might predict the effects of microaggressions on the victims. As well as furthering our understanding of the relationship between the experience of age-related microaggressions and mental health variables such as depression or quality of life.

### **Conclusion**

Although requiring further replication, our findings nonetheless have important implications for research and awareness of age-related microaggressions. The findings highlight the pervasive nature of ageism in society and the detrimental effects of microaggressions on older adults. The study reveals that age-related microaggressions take various forms, including subtle insults, overt discrimination, and invalidation of older adults' experiences. These age-related microaggressions not only undermine older adults' sense of dignity and autonomy but also perpetuate ageist stereotypes and attitudes. Moreover, the study underscores the complexity of navigating age-related microaggressions, as evidenced by the diverse range of emotional and behavioral responses reported by participants. While some individuals choose to confront deliverers directly, others choose passive coping strategies, or do nothing at all. These responses reflect the complex interplay of power dynamics, social norms, and individual beliefs in shaping how older adults respond to ageism.

Moving forward, it is imperative to develop a compendium of frequently experienced and bothersome age-related microaggressions in an effort to construct a reliable measurement tool. Targeted interventions aimed at addressing age-related microaggressions and promoting age-inclusive environments may also lead to a reduction in frequency of micro-level ageism. Such interventions should focus on raising awareness about ageism, providing support for those who experience age-related microaggressions, and fostering dialogue to challenge ageist attitudes and behaviors. Furthermore, addressing age-related microaggressions requires a multifaceted approach that involves not only individual-level strategies but also systemic changes in institutions and society as a whole. This collaborative approach to combat ageism in all its forms will create a more equitable and inclusive environment for people of all ages.

The results of this study contribute to our understanding of age-related microaggressions and their impact on older adults. By examining the frequency, emotional reactions, behavioral responses, and underlying perceptions, this research provides valuable insights for developing interventions to mitigate ageism and promote age-inclusive environments.

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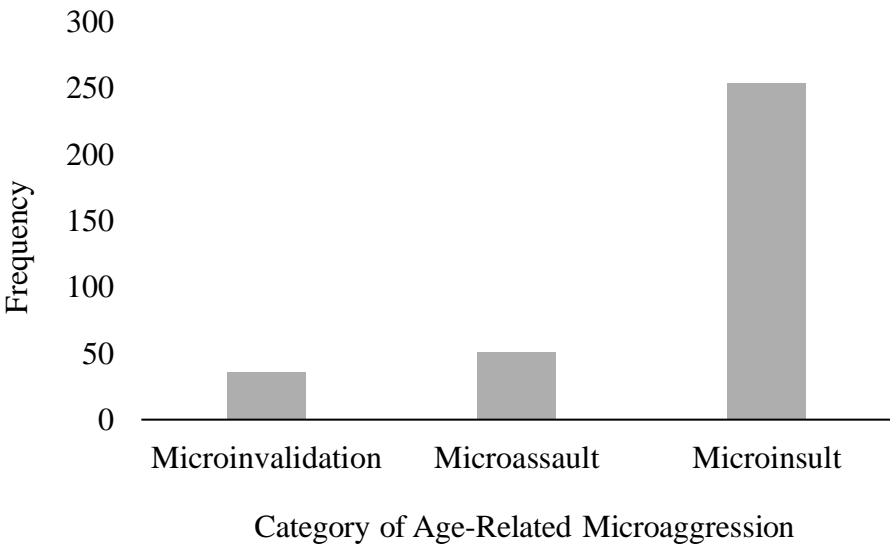


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### Figures

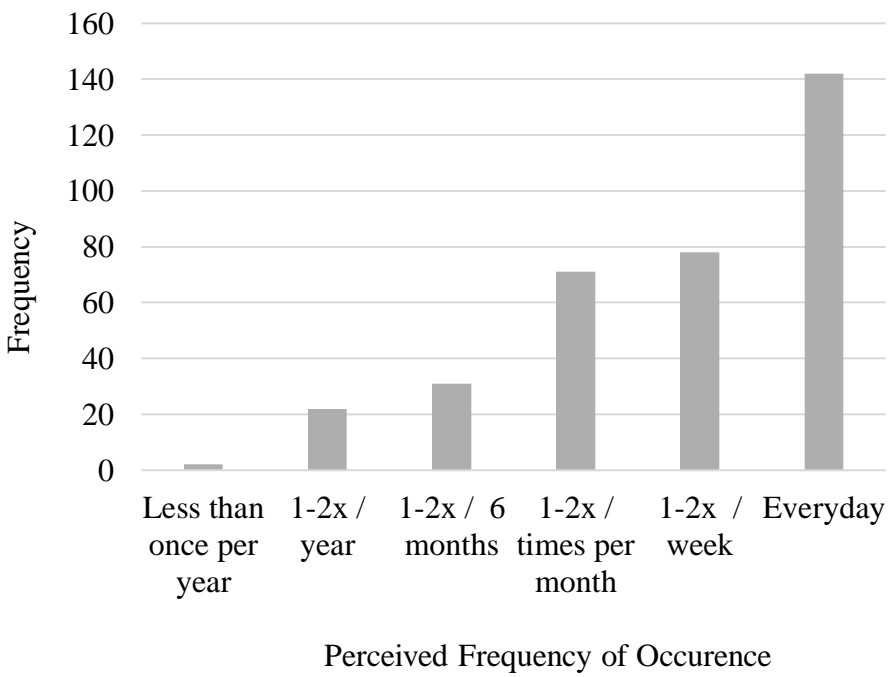
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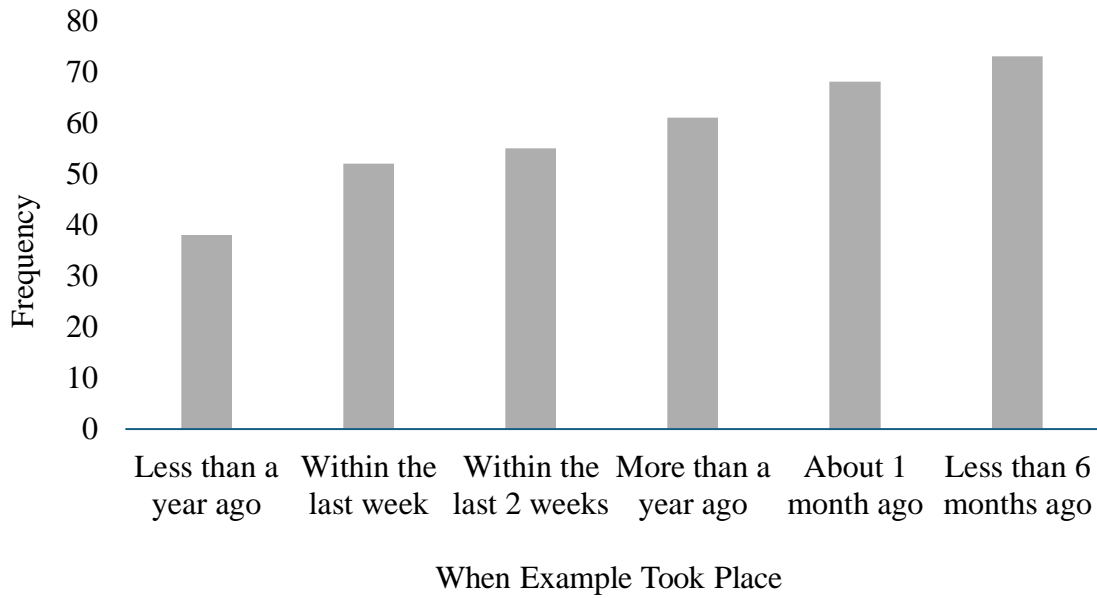
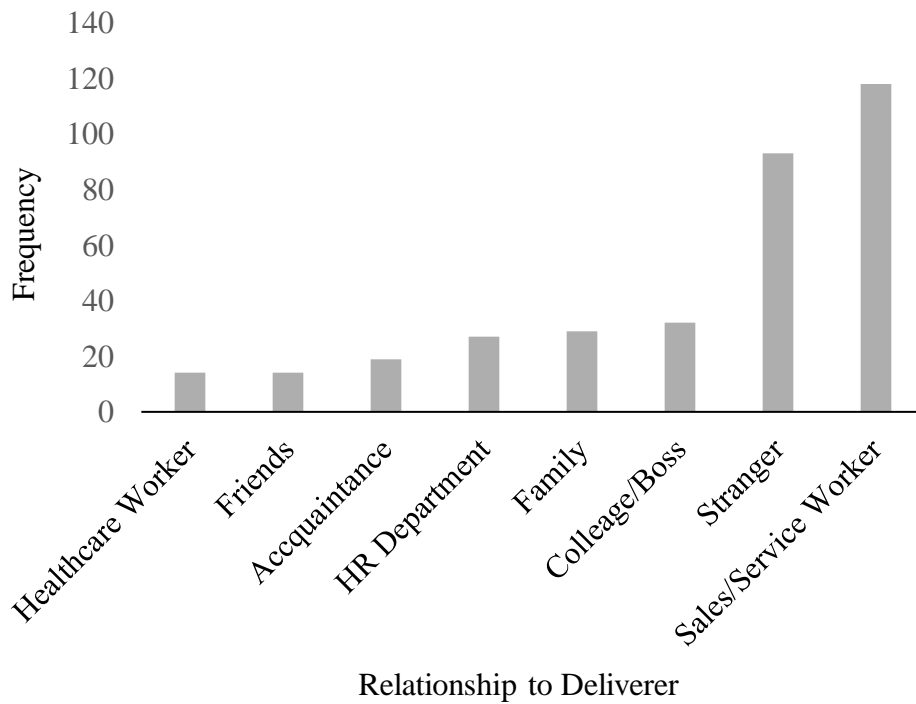
*Overall Occurrence of the Three Categorizations of Microaggressions*



**Figure 2**

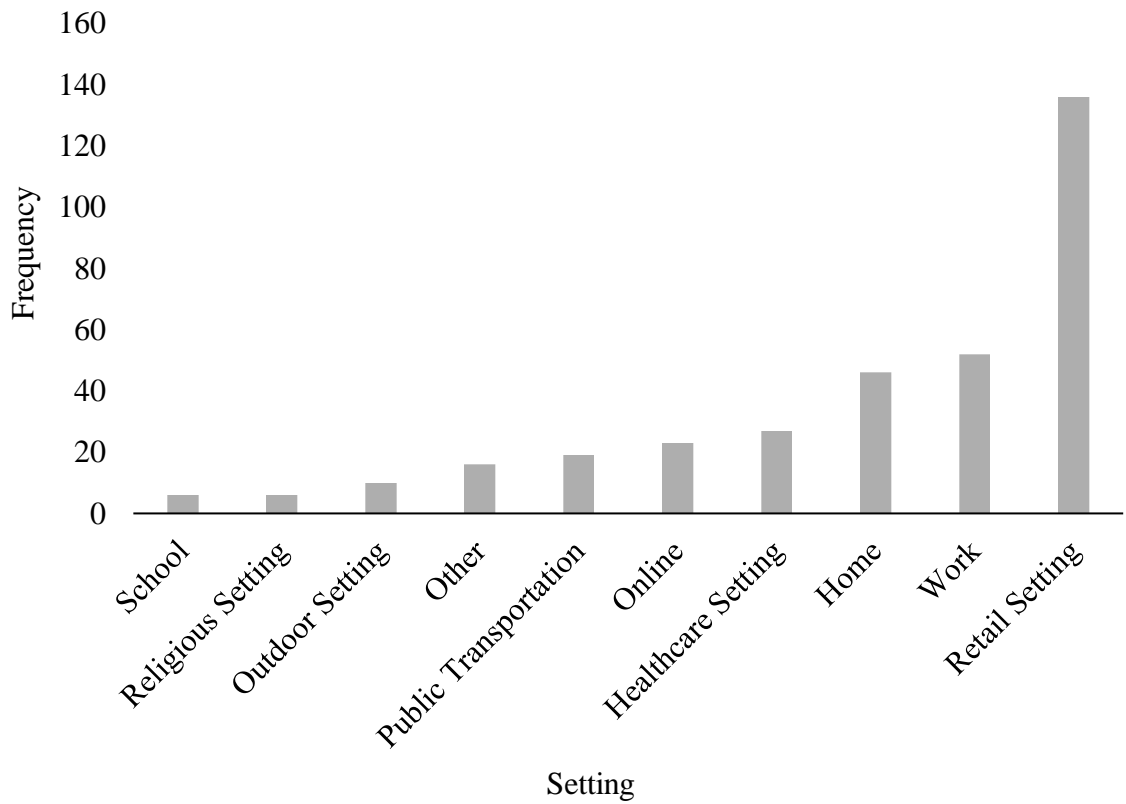
*Occurrence of Perceived Frequency of Older Adults Experiences of Microaggressions*



**Figure 3***When Age-related Microaggression Took Place***Figure 4***Occurrence of Relationship to Deliverer*

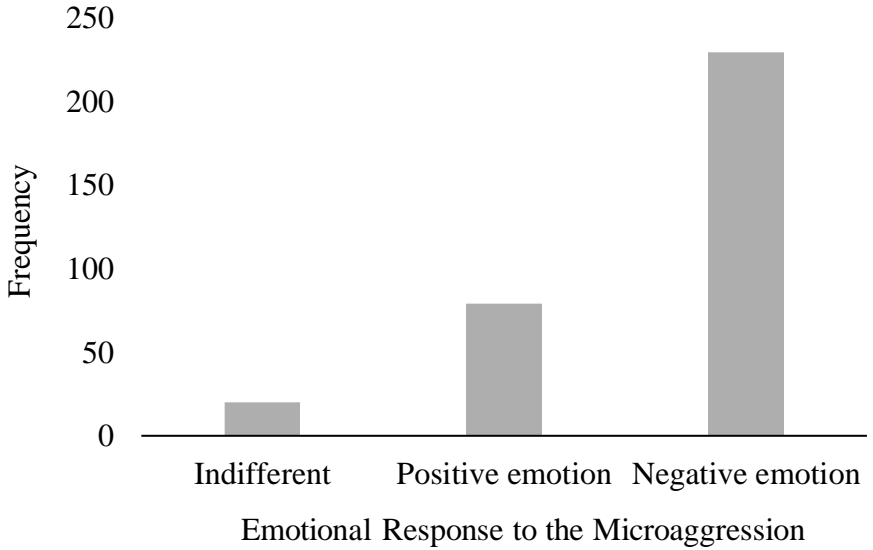
**Figure 5**

*Occurrence of Specific Settings of Microaggressions*



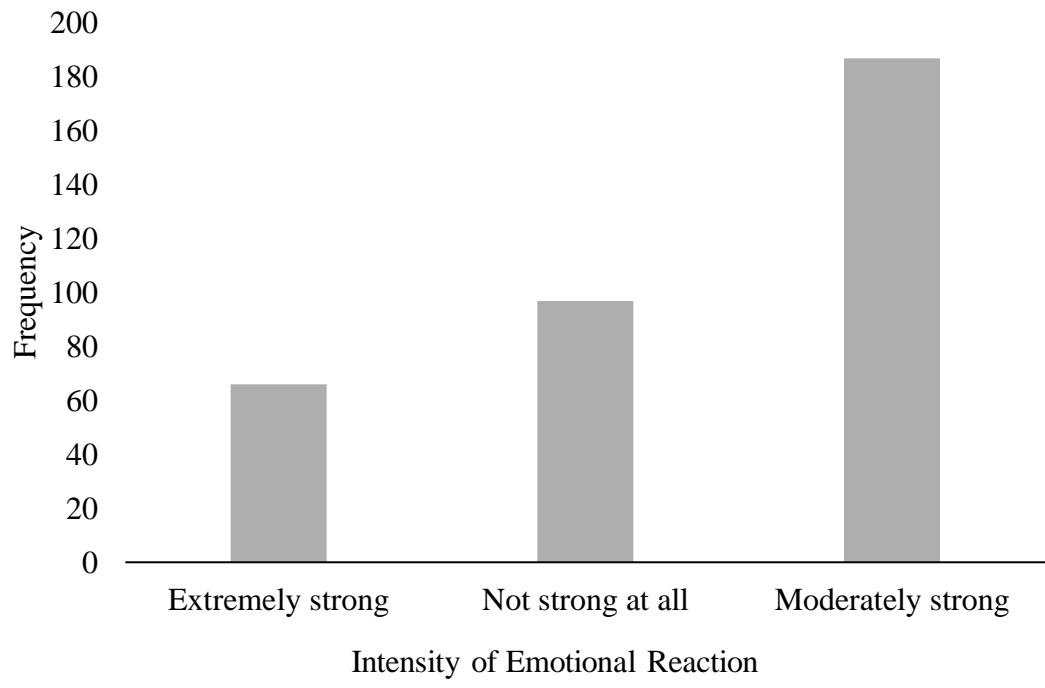
**Figure 6**

*Occurrence of Specific Emotional Reactions to Experienced Microaggressions*



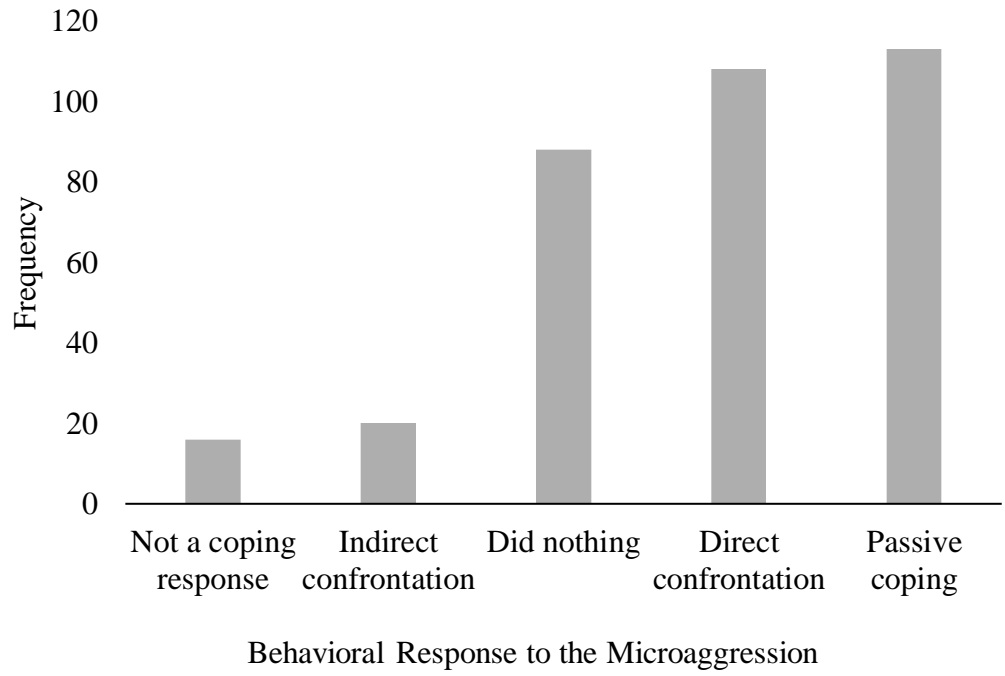
**Figure 7**

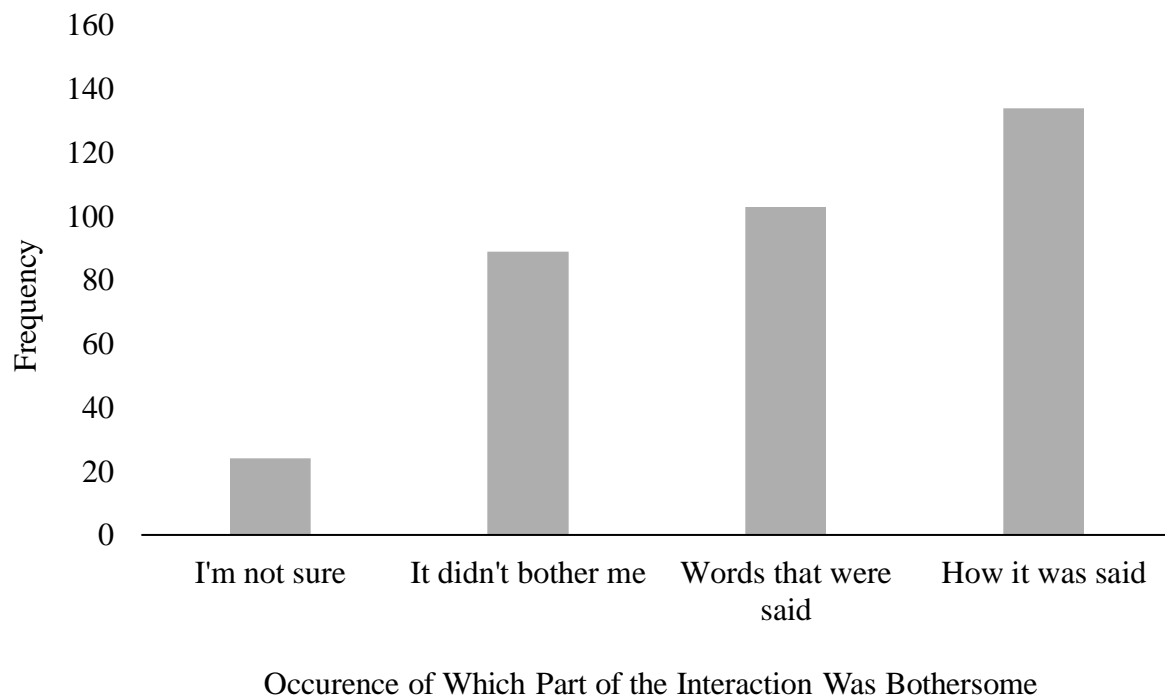
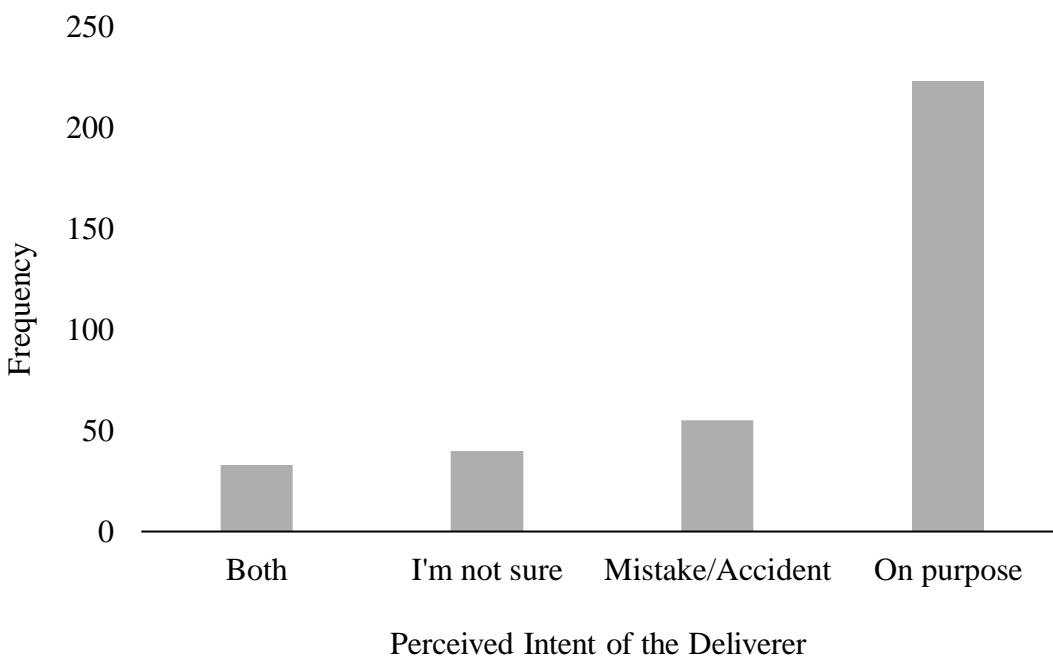
*Occurrence of Emotional Reaction Intensity*



**Figure 8**

*Occurrence of Behavioral Responses to Experienced Microaggressions*



**Figure 9***Occurrence of Microaggression Semantics***Figure 10***Occurrence of Perceived Intent*

## **Appendix A**

### **Informed Consent**

#### **Informed Consent for Participation in Research**

Title: “Age-Related Microaggressions: An Adapted Descriptive Study”

#### **Investigators:**

This study is being conducted by Stephanie Patt under the direct supervision of Jeffrey Buchanan, PhD, of Minnesota State University Mankato’s Department of Psychology.

Purpose: The purposes of this study are to determine whether individuals over the age of 65 have experienced age-related microaggressions (which are subtle forms of everyday ageism) and to understand what these age-related microaggressions look like.

#### **Participants:**

You have been asked to participate because you are 65 years of age or older. Participants must also not have been diagnosed with a memory impairment.

#### **Procedure:**

You will be asked to complete an online survey that will take approximately 20 minutes to complete. This survey will first ask you several questions about yourself and then will present a brief definition of everyday ageism. You will then be asked a series of questions about instances of everyday ageism that you have experienced. The study will end when all questions have been answered, at which time you may close your browser.

#### Risks:

The risks you will encounter as a participant in this research are not more than experienced in your everyday life. It is possible you may experience emotional discomfort related to describing experienced microaggressions. Should this occur, you may choose not to answer any of the survey questions, and you have the option to end your participation at any time by exiting out of the survey. The researchers strongly encourage you to use a secure internet connection and to participate in the study from a location where you would have privacy from others so they cannot view your computer or mobile device's screen.

#### Benefits and Compensation:

The results of this study will provide a deeper understanding of how older adults experience subtle forms of ageism, in the form of microaggressions. Prolific will compensate you for your participation.

#### Confidentiality:

The findings of this study will be completely confidential. Confidentiality will be protected in that your name will not be included on any records. All information collected during this study will be used for research purposes only and will only be accessible to the principal investigator, Jeffrey Buchanan PhD, the student investigator Stephanie Patt.

If you would like more information about the specific privacy and anonymity risks posed by online surveys, please contact the Minnesota State University, Mankato IT Solutions Center (507-389-6654) and ask to speak to the Information Security Manager.



Right to Refuse or Withdraw:

Participation in this study is voluntary. You may choose not to answer any of the survey questions, or you may end your participation at any time by closing the web browser. Your decision whether or not to participate will not affect your relationship with Minnesota State University, Mankato, and refusal to participate will involve no penalty or loss of benefits.

Questions:

If you have any questions, you are free to ask them. If you have any additional questions, you may contact the office of the principal investigator, Jeffrey Buchanan, PhD at (507) 389-5824. If you have questions about participants' rights and for research-related injuries, please contact the Administrator of the Institutional Review Board at (507) 389-1242.

Closing Statement:

Submitting the completed survey will indicate your informed consent to participate and indicate your assurance that you are at least 65 years of age.

Please print a copy of this consent form for your records.

Minnesota State University, Mankato IRBNet LOG #1997637

Do you consent to participate in this survey?

- Yes
- No

Skip To: End of Block: If Do you consent to participate in this study? = No

**Appendix B**  
**Qualtrics Survey**

Please provide your Prolific ID: \_\_\_\_\_

To which gender identity do you most identify?

- Male (1)
- Female (2)
- Transgender (3)
- Non-binary/Third gender (4)
- Prefer not to say (5)
- Other: Please specify (6) \_\_\_\_\_

What is your age? \_\_\_\_\_

Skip to: End of Survey If Condition: What is your age? Is Less Than 65. Skip To: End of Survey.

Q6 Highest Level of Education Completed:

- Less than high school (1)
- High school graduate (2)
- Some college (3)
- 2-year degree (4)
- 4-year degree (5)
- Beyond a 4-year degree (6)

Q7 Ethnicity:

- American Indian or Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Hispanic or Latin (4)
- Native Hawaiian or Pacific Islander (5)
- White (6)
- Other: Please Specify (7) \_\_\_\_\_

Q8 Have you been diagnosed with any memory impairments?

- Yes (1)
- No (2)

Skip to: End of Survey If Have you been diagnosed with any memory impairments? = Yes.

Q9 Now we are going to ask you a series of questions about social interactions that you have had in your day-to-day life where you were treated differently by someone because of your age.

Q10 Have you ever experienced a social interaction in your day-to-day life with someone else where you were treated differently because of your age? Examples may include but are not limited to offering you a seat on public transportation, denial of job opportunities, assumption of lack of knowledge with technology.

- Yes (1)
- No (2)

Skip to: End of Survey If Have you ever experiences a social interaction in your day-to-day life with someone else where you... = No.

Q11 To learn more about this, we would like to walk you through some questions related to your experience.

Roughly how long ago did you experience this social interaction?

- Within the last week (1)
- Within the last 2 weeks (2)
- About 1 month ago (3)
- Less than 6 months ago (4)
- Less than 1 year ago (5)
- More than 1 year ago (6)

Q12 In as much detail as possible, describe what was said or done by the individual/s?

---

Q13 In the example you gave, who said this to you?

Examples may include: friend, co-worker, server.

---

Q14 Where did this experience occur?

Examples may include: grocery store, a friends house, a park.

---

Q14 How did you feel when this occurred?

---

Q15 Rate how strong the reaction you described above was:

- Not strong at all (1)
- Moderately strong (2)
- Extremely strong (3)

Q16 What was it about this experience that most affected you?

- The words that were said (1)
- How it was said (2)
- It didn't bother me (3)
- I'm not sure (5)

Q17 Do you think the individual did this on purpose or was it a mistake/accident?

- On Purpose (1)
- Mistake/Accident (2)
- Both (3)
- I'm Not Sure (4)

Q18 What did you do in response to this event?

---

Q19 How often do you think other people over the age of 65 experience being treated differently because of their age in their day-to-day social interactions like the one you described?

- Everyday (1)
- 1-2 times per week (2)
- 1-2 times per month (3)
- 1-2 times every 6 months (4)
- 1-2 times per year (5)
- Less than once per year (6)

Q20 Can you think of another time you have experienced a social interaction in your day-to-day life with someone else where you were treated differently because of your age? Examples may include but are not limited to offering you a seat on public transportation, denial of job opportunities, assumption of lack of knowledge with technology.

Yes (1)

No (2)

If Q20 was answered Yes, then the participant would repeat Q11-Q19 up to two more times.