

The Weight of Stigma: How Attitudes Towards Disability Must Shift Toward Inclusivity

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Abstract

Disability inclusion has become a central focus in education and social policy; however deeply rooted stigma and misconceptions continue to shape how individuals with disabilities are perceived and treated. Despite legal protections and advocacy efforts, negative attitudes continue to persist. As this influences educational access, social participation, and personal identity formation for people with disabilities. Understanding the origins and impact of these attitudes is critical for creating truly inclusive environments.

Attitudes toward individuals with disabilities have historically been shaped through stigmatization and exclusion. This has influenced how people with disabilities are treated in schools, society, and even how their humanity is viewed. Understanding how these perceptions develop is essential for fostering inclusive environments. This literature review examines the historical, social, and educational roots of stigma and how these attitudes influence the self-perception of individuals with disabilities. It explores how inclusion must go beyond access to educational materials. True inclusion requires a change in mindset, language, and policy. By exploring the evolution of beliefs surrounding disability, this review connects past misconceptions with present perspectives. The literature consistently emphasizes the need for continued change. These findings offer insight into how educators, policymakers, and communities can promote acceptance of all individuals.

Keywords: disability, inclusion, stigma, education, attitudes

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1. Introduction

For centuries, society has created an imaginary circle that only includes those deemed “normal”. Outside of this circle stand the individuals who do not fit within the narrow boundaries of what society accepts as normal (Davis, 1995; Goffman, 1963). People with disabilities have often been placed outside this boundary. They are commonly viewed through assumptions of limitations rather than seen for their full humanity. While inclusion has become a modern ideal, a shadow of stigma still lingers within classrooms, workplaces, and minds of others. Understanding how stigma has formed and how it continues to influence the way people think is essential for transforming exclusion into inclusion.

The concept of stigma is both historical and social, as it shapes how individuals with disabilities experience their own identity, self-worth, and opportunity. Examining how stigma develops allows educators, policymakers, and communities to recognize the biases that continue to define “normal”. In turn, these biases can be challenged. This awareness is crucial to improving both the social and academic experiences of individuals with disabilities to promote true inclusion.

This literature review investigates the origins and transformations of attitudes toward individuals with disabilities. It explores how stigma forms and how inclusion can replace exclusion through changes in perspective, policy, and practice. Key themes include the historical and social roots of stigma, the internalized experiences of individuals with disabilities, and the societal and educational attitudes that shape these experiences. Ultimately, this review emphasizes that inclusion must extend beyond access to education as it requires the reshaping of how society defines normalcy. By deconstructing stigma at its roots and reimagining inclusion as a cultural and moral responsibility of educators, policymakers, and communities, we can begin creating spaces where every individual is valued. This shift helps cultivate true belonging. The future of inclusion depends on one simple act: widening the imaginary circle until no one is left standing outside.

2. Historical and Social Origins of Stigma

2.1 Historical Origins of Stigma Toward Individuals with Disabilities

Stigma has been embedded in human societies, shaping how difference is perceived and managed. Erving Goffman (1963) first conceptualized stigma as a process in which individuals are seen as abnormal or inferior

based on traits society deems undesirable. This process results in a “spoiled identity” that diminishes one’s self-worth (Lash, 2022, p. 412). Over time, the understanding of stigma has expanded beyond individual prejudice to include its structural and cultural roots. The term itself originates from ancient Greek, meaning a physical mark or brand on the body, which reflects the deep historical roots of labeling and exclusion (Grinker, 2020, p. 55). This “mark” evolved into boundaries that separate those considered normal from those who deviate. Stigmatized individuals came to be viewed as incapable and responsible for their own suffering. These ideas are reinforced by capitalism, racism, and ideologies of personal responsibility that determine whose lives are valued (Grinker, 2020, p. 55-56). Stigma is not only a social prejudice but a cultural structure that persists across time. This structure can be dismantled through collective recognition that difference is part of the human condition (Grinker, 2020, p. 65).

The history of stigma toward disability reveals how laws, institutions, and public attitudes have shaped life experiences. People with disabilities hold valuable historical knowledge, yet their voices have often been excluded from the dominant narrative (Ellis, 2020, p. 93). In the United Kingdom, the Mental Health Act of 1959 aimed to shift public perceptions and reduce institutionalization, although attitudes did not shift overnight (Ellis, 2022, p. 94). For centuries prior, individuals with disabilities were often sent to asylums. These spaces were intended to be protective, but instead they deepened stigma and reinforced exclusion (Ellis, 2022, p. 94). By the 1970s, community care marked a movement from isolation to inclusion. Yet social prejudice persisted despite the legislative process. Replacing terms such as “mentally handicapped” with “learning disability” signified a shift toward empowerment (Ellis, 2022, p. 95). As understanding deepened, museum exhibitions and public history projects began to center on the lived experience of individuals which started to reframe disability (Ellis, 2022, p. 95). The ongoing history of disability reflects a constant negotiation between exclusion and inclusion, as it reveals the endurance of stigma and the potential for social transformation.

2.2 Social and Cultural Influences of Stigma Toward Individuals with Disabilities

Stigma surrounding disability is not only historical, but deeply cultural. Stigma is shaped by the beliefs and social framework of different communities. Across societies, disability has often been interpreted through moral or spiritual explanations rather than medical understanding. In many contexts, disability has been linked to perceived moral failings or behavioral causes (Soffer, 2019, p. 440). Such interpretations shape how disability is perceived and contribute to the persistence of stigma. To reduce these biases, it is essential to challenge cultural misconceptions about the causes of disability, as well as the emotional judgments attached to them (Soffer, 2019, p. 441). Beliefs vary across cultures, so strategies to reduce stigma must be culturally responsive and adapted to the specific social realities of each community.

Cultural representations throughout history have also influenced how disability is socially constructed. In early literary and historical contexts, disability did not exist as a fixed category. Instead, difference was judged through moral and social lenses. Applying modern definitions of disability to early work can distort how language, identity, and perception were shaped by the cultural attitudes of the time (Wilson, 2017). The relationship between a person’s appearance, identity, and the reactions they receive demonstrates how stigma operates as both a social and cultural process. Through historical and cultural lenses, stigma emerges not just from individual bias but also from the reflection of how society constructs its meaning around differences. The ways disability has been represented and discussed reveals how the cultural framework defines normalcy and reinforces exclusion.

2.3 Theoretical Perspectives of Stigma Towards Individuals with Disabilities

Affect theory is frequently used within disability studies, as it provides a lens for understanding how emotions influence social perceptions of disability. It emphasizes that emotions and feelings are socially shaped and expressed through relationships and cultural norms (Goodley, 2017, p. 199). Feelings are not purely individual; they are learned, exchanged, and reinforced through communities and media. These emotional patterns construct social hierarchies and can lead to exclusion (Goodley, 2017, p. 199). Within the context of disability, emotions such as pity, disgust, and fear have been attached to individuals with disabilities. This reinforces the belief that difference is undesirable. This emotional history continues to influence how society responds to disability, which often limits individuals to roles defined by others’ perceptions. A shift in perspective that focuses less on what people with disabilities can do and more on who they can be is needed (Goodley, 2017, p. 213).

While affect theory highlights the emotional and cultural dimensions of stigma, other theoretical perspectives focus on how social structures shape the experiences of people with disabilities. Stigma does not exist in isolation; it is reinforced through policies, practices, and broader systems of power (Charmaz, 2020, p. 22). Social structures assign meaning to people through language, relationships, and institutional norms. When society labels disability as “different”, it not only devalues individuals but also reinforces inequality. Neoliberal ideologies further perpetuate stigma by framing disability as an individual’s problem rather than a social one. These beliefs prioritize independence and economic productivity, which often leads to victim-blaming attitudes

toward people with disabilities (Charmaz, 2020, p. 22). As a result, policies influenced by such values may fail to protect and empower individuals and further reinforce exclusion. Stigma is not only emotional and cultural but deeply tied to the social and political systems that determine whose lives are valued and whose are dismissed.

3. Self-perception and Internalized Stigma Among Individuals with Disabilities

3.1 Societal Stigma Impacts Self-Esteem of Individuals with Disabilities

Stigma is a multifaceted phenomenon that operates on cognitive, emotional, and behavioral levels (Bachman et al., 2019, p. 94). It involves negative stereotyping and various forms of social exclusion towards specific groups. Public stigma refers to the negative attitudes held by society towards these groups, which often becomes a collective and self-reinforcing process (Bachman et al., 2019, p. 94). Over time, these external judgments can be internalized, which leads individuals with disabilities to adopt society's negative beliefs about themselves. This process is called self-stigma. When self-stigma develops, it can lower self-esteem, harm mental health, and shape how individuals view their own disability (Bachman et al., 2019, p. 97). This internalization of public bias reinforces exclusion, as individuals begin to see themselves through the lens of stigma. Research on autism spectrum disorder (ASD) illustrates this dynamic. While ASD is sometimes perceived less negatively because it is often associated with intelligence and creativity, individuals still report feelings of judgment and devaluation (Bachman et al., 2019, p. 97). These findings demonstrate that stigma operates not only externally but also internally, which influences self-perception and well-being across personal and social dimensions.

3.2 Disability and Identity Development within an Individual

Identity refers to how individuals understand and define themselves through personal experiences, relationships, and the social context they navigate. For individuals with disabilities, identity formation is often shaped by external systems that categorize and define difference. Within many institutions, particularly schools, disability is frequently viewed through the medical model. This is a framework that focuses on diagnosis, prevention, and "cure" (Mueller, 2019, p. 263). Within this view, disability is framed as a problem to be fixed so that individuals can function "normally". This approach reduces the complex social and personal dimensions of disability to issues of correction or deficiency. Labeling practices in education influence how individuals with disabilities have their identities constructed and experienced. Many of these systems are designed by educators without disabilities, which can perpetuate narratives rooted in pity, shame, or tragedy (Mueller, 2019, p. 264). Within this context, students' identities are often built around a deficit-based perspective that emphasizes their limitations over strengths. Schools hold power in defining what disability means, which leaves students with limited agency in understanding and shaping their own identities (Mueller, 2019, p. 264).

Students internalize these external definitions through their daily experiences. Some view their disability as something that slows them down or makes them appear less capable, leading them to conceal their needs to fit in (Mueller, 2019, p. 271). Others define their disability through the lens of their Individualized Education Program (IEP) goals, seeing it as a checklist of tasks rather than a part of their identity (Mueller, 2019, p. 274). Some students demonstrate strong self-awareness by recognizing that their disability does not make them less capable. Instead, it drives them to work harder to reach the standards of normalcy (Mueller, 2019, p. 278). Disability identity is fluid and continually shaped by evolving social norms and institutional influences. This process underscores how powerfully schools and systems shape not only how students learn, but also how they come to understand and define who they are.

3.3 Self-Advocacy and Empowerment Among Individuals with Disabilities

Self-advocacy and empowerment are central to resisting stigma and reclaiming identity among individuals with disabilities. Self-advocacy refers to the ability to speak up for oneself and make decisions that challenge inequality and restrictive norms (Sebrechts, 2024, 1120). Empowerment emerges from recognizing one's worth in contexts where stigma seeks to undermine it. Together, they represent a form of resistance to the social power structures that perpetuate exclusion. Through advocacy and community groups, individuals with disabilities can redefine stigmatizing beliefs and transform perceived limitations into strengths by fostering a unified and confident sense of self (Sebrechts, 2024, 1121).

Daily empowerment can also occur through reimagining concepts such as independence and productivity. By redefining "dependence" as interdependence, this perspective emphasizes collaboration and community rather than isolation (Sebrechts, 2024, 1128). By rejecting narrow societal standards and embracing pride in disability identity, individuals protect their self-esteem and assert their belonging within humanity. Acts of self-advocacy and empowerment not only challenge social expectations but also promote a more inclusive understanding of identity.

4. Societal and Educational Attitudes Toward Individuals with Disabilities

4.1 Teachers' Attitudes and Their Impact on Students with Disabilities

Inclusive education emphasizes the right of students with disabilities to learn alongside their peers in the general education classroom (Röhm, 2022). However, institutional and individual stigma continue to act as major barriers to true inclusion. Even within inclusive classrooms, students with disabilities are often defined primarily by their disability. This shapes how teachers perceive and interact with students. Teachers' beliefs and expectations play a crucial role in determining how students are supported academically and socially (Röhm, 2022). These attitudes are often shaped by personal experiences, cultural influences, and public representations of disability (Röhm, 2022). Research shows that teachers' confidence and prior experiences influence attitudes toward inclusive education (Bowman & Harrison, 2024). When teachers view students as capable, stigma will decrease as expectations rise. When disability is viewed as a limitation, expectations drop and opportunities for inclusion shrink.

Stigma within educational settings functions as an ongoing process of social exclusion, shaping both perception and treatment of students with disabilities (Chatzitheochari & Butler-Rees, 2023, p. 1157). Although inclusive education promotes equality, discrimination persists through lack of support, poor accommodations, and exclusionary practices (Chatzitheochari & Butler-Rees, 2023, p. 1162). Class-based inequalities further deepen these disparities, as students from lower socioeconomic backgrounds often receive inadequate support. At the same time, those from higher-income families benefit from parental advocacy (Chatzitheochari & Butler-Rees, 2023, p. 1163). Daily classroom interactions reflect and reinforce these structural inequalities. Students labeled as "disruptive" are often treated as "less than normal". Students with disabilities, meanwhile, face stronger stigmatization and lowered social status (Chatzitheochari & Butler-Rees, 2023, p. 1166). Students with dyslexia are perceived as more "normal" but they receive less support. These patterns reveal how teacher attitudes, visibility of difference, and systemic bias collectively shape the educational experiences of students with disabilities.

4.2 Peer Interactions and School Culture that Shapes Stigmatizing Views

Peer interactions and school culture play a central role in shaping how stigma is experienced by students with disabilities. Many face social isolation, bullying, and mental health challenges throughout their schooling years. Although bullying often decreases with age, early experiences of exclusion can have lasting effects on self-perception and social relationships (Gillseppe-Lynch et al., 2021, p. 459). Peers frequently form quick judgments about individuals with disabilities, a pattern shaped by their level of awareness and understanding (Gillseppe-Lynch et al., 2021, p. 460). When peers lack knowledge, they are more likely to hold negative attitudes and avoid social interaction. Limited understanding, fueled by stigmatizing media portrayals, can link disability with danger or unpredictability, which reinforces fear and exclusion (Gillseppe-Lynch et al., 2021, p. 460). Accurate information and meaningful contact have been shown to reduce stigma and foster empathy (Gillseppe-Lynch et al., 2021, p. 469). Schools that promote intentional awareness and inclusive social opportunities can cultivate cultures of acceptance.

Schools are powerful spaces where disability is socially defined and negotiated through daily interactions. Despite inclusive policies, students with disabilities still experience levels of victimization rooted in longstanding stereotypes. Blame for bullying is often misplaced by excusing the perpetrators while holding victims responsible, which reinforces stigma (Liasidou & Ioannidou, 2021, p. 501). School culture often determines what is seen as "normal", which reproduces hierarchies of ability and worth. Bullying then becomes not only interpersonal cruelty, but a reflection of broader social power structures within education (Liasidou & Ioannidou, 2021, p. 501). Teachers play a pivotal role in this dynamic. When teachers model empathy and inclusion, they disrupt stigma; when they intentionally avoid students, they can legitimize exclusion (Liasidou & Ioannidou, 2021, p. 506). These cues shape how students perceive themselves and others, which leads students with disabilities to silence their experiences and internalize inferiority. Educators hold an ethical responsibility to challenge stereotypes, redefine difference, and build a culture of belonging. By confronting stigma and promoting equity, schools can shift from reinforcing inequality to fostering genuine inclusion (Liasidou & Ioannidou, 2021, p. 509).

4.3 Parental Influences on Stigma and Navigating People's Views

Family relationships play a powerful role in shaping how individuals perceive disability and internalize stigma. When people with disabilities absorb society's negative attitudes, they may develop a self-stigma, which undermines their confidence and sense of belonging (Cai et al., 2025, p. 2). Within families, these beliefs are often modeled and communicated by parents. Disability stigma can be passed down through what Cai et al. (2025) describe as intergenerational transmission, where communication patterns and attitudes are reproduced across generations (p. 2). Two key communication styles shape this process: conformity-oriented families

emphasize obedience and authority, while conversation-oriented families encourage open discussion and expression (Cai et al., 2025, p. 2). When families promote open dialogue, children tend to develop empathy and more positive views toward disabilities (Cai et al., 2025, p. 7). Households that enforce silence or rigid expectations may reinforce stereotypes and discourage understanding (Cai et al., 2025, p. 9). Parental communication deeply influences whether children internalize prejudice or develop acceptance.

When a child with a disability enters the family, it often reshapes relationships and introduces new emotional and practical challenges. Parents must adapt routines and develop resilience, but many experience burnout and loss of identity in the process (Niedbalski, 2021, p. 388). Society often devalues disability, so parents may encounter social exclusion or judgment, which then reinforces isolation (Niedbalski, 2021, p. 388). Some families conceal their child's disability to maintain normalcy, while others actively challenge societal expectations and affirm their family's worth (Niedbalski, 2021, p. 393). These acts of resistance can be empowering but emotionally taxing, since labels erode parental confidence and belonging (Niedbalski, 2021, p. 397).

Parental experiences with stigma are complex, as they balance both resistance and redefinition. While early conceptions of stigma framed it as a "mark of disgrace", modern scholars view it as a political tool that maintains inequality by placing blame on marginalized groups (Thomas, 2021, p. 452). Despite this, many parents describe their children in affirming terms by expressing pride, gratitude, and love amid the challenges (Thomas, 2021, p. 455). Some normalize their experiences, while others reject the concept of "normal" entirely by reframing disability as an integral part of family identity (Thomas, 2021, p. 457). Parents often push back against stereotypes, such as the assumption that all children with Down syndrome are perpetually cheerful. Parents work to educate others while navigating judgment, especially in educational settings (Thomas, 2021, p. 459). Through this daily resistance, families transform stigma by challenging societal expectations and reshaping how disability is understood (Thomas, 2021, p. 463).

5. Inclusion Practices That Promote Acceptance and Belonging

5.1 Instructional Practices Supporting Inclusive Education

As schools and communities move towards building more inclusive environments, the use of technology has become a powerful tool for promoting acceptance and belonging among individuals with disabilities (Danker et al., 2022, p. 136). Yet many individuals with disabilities still face barriers to accessing digital spaces due to discriminatory practices that limit participation. These inequities contribute to social isolation. While people without disabilities average around 30 friends, individuals with disabilities often report having 10 or fewer (Danker et al., 2022, p. 136). Integrating mobile and assistive technologies into inclusive practices can bridge this gap by enhancing social inclusion, communication, and self-determination. Technology enables individuals to perform tasks and form connections they might otherwise struggle to access on their own. This fosters autonomy and active participation in community life (Danker et al., 2022, p. 140). However, digital inclusion also requires guided support. Educators and caregivers play a crucial role in teaching safe and effective technology use to ensure it functions as a bridge to inclusion rather than a new barrier (Danker et al., 2022, p. 145).

For individuals with disabilities to fully participate in society, inclusion must extend beyond technology to include supportive policies, legislation, and accessible environments. Physical presence in schools or communities does not automatically lead to meaningful social acceptance (Scior, et al., 2020, p. 165). Even in highly developed countries, cultural beliefs and misconceptions about disability continue to exclude individuals and their families from full participation (Scior, et al., 2020, p. 166). Achieving genuine inclusion requires both structural access and a change in attitude. Individuals with disabilities must be welcomed, valued, and empowered to engage fully in academic and social spaces.

5.2 Social and Emotional Learning Tools that Foster Inclusion

Social and emotional learning (SEL) plays a crucial role in fostering inclusion by promoting empathy, self-awareness, and positive communication. Society often frames disability as something to be "fixed" rather than understood and accepted (Lash, 2022, p. 413). This mindset can create discomfort and avoidance during interactions between individuals with and without disabilities. This discomfort is often expressed through nonverbal cues such as limited eye contact, physical distance, or anxious body language (Lash, 2022, p. 413). One SEL-based strategy to counter these stigmatizing dynamics is humor. For many individuals with disabilities, humor serves as both a coping mechanism and a tool for empowerment. It helps reduce stress, challenge stereotypes, and reframe negative narratives (Lash, 2022, p. 414). When used intentionally, humor can strengthen relationships, ease tension, and open dialogue about disability. However, it must be applied sensitively and avoid reinforcing stigma (Lash, 2022, p. 418).

Another effective SEL strategy is research-based theater (RbT), which uses live or virtual performances to convey lived experiences and cultivate empathy. Within educational and healthcare contexts, RbT has proven effective in improving comfort levels and attitudes toward individuals with disabilities by helping participants

connect emotionally with realistic narratives (Mayer, 2024, p. 2). The dramatic and reflective nature of RbT allows learners to confront stereotypes, broaden perspectives, and engage in meaningful discussions about inclusion (Mayer, 2024, p. 4). Through these practices, SEL fosters a culture of understanding and belonging that encourages individuals to view disability not as a deficit but as part of human diversity.

5.3 Policy and Advocacy that Supports Students with Disabilities

Policy and advocacy efforts that support students with disabilities must center on identity, belonging, and pride as tools to counter stigma. The Rejection Identification Model (RIM) suggests that when individuals reject stigmatizing societal views and instead form positive connections within their own group, the negative effects of discrimination are reduced (Bogart & Lund, 2017, p. 155). Disability self-identification varies, as some individuals with medical conditions identify as having a disability while others do not associate with the broader disability community (Bogart & Lund, 2017, p. 156). Factors such as stigma, age, income, and severity of impairment influence whether someone adopts a disability identity. Central to advocacy is the concept of disability pride, which reframes disability as a positive affirming identity. It emphasizes unique perspectives, strengths, and solidarity within the community (Bogart & Lund, 2017, p. 157). Research shows that pride and community connection can buffer against the harmful effects of stigma, which can strengthen self-esteem and resilience (Bogart & Lund, 2017, p. 158). Inclusive policies must move beyond basic accommodation and actively promote self-advocacy, representation, and empowerment for individuals with disabilities.

Policies and advocacy have been instrumental in improving access and rights for individuals with disabilities, particularly within education. According to the 2010 U.S. Census, approximately 56.7 million individuals reported having a disability; a number that has likely increased due to greater awareness and diagnosis (Sniatecki et al., 2018, p. 183). Equal access to education and training remains essential, yet stigma continues to be a significant barrier to inclusion (Sniatecki et al., 2018, p. 184). Historically, stigma within the education system excluded children with disabilities altogether. However, important legislation such as the Individual with Disabilities Education Act (IDEA), the Rehabilitation Act, and the Americans with Disabilities Act (ADA) have ensured access, expanded services, and protected the civil rights of individuals with disabilities (Sniatecki et al., 2018, p. 184).

In higher education, advocacy and awareness have helped increase participation and inclusion. Educators can further support this progress by initiating open discussions about disability and accommodations from the first day of class, which fosters trust and belonging (Sniatecki et al., 2018, p. 186). Schools can also invite guest speakers with lived experience and provide professional development to help staff understand disability-related issues. When policy and advocacy combine with education and awareness, they can create an inclusive culture where students with disabilities can fully participate, self-advocate, and thrive.

6. Conclusion

The literature reviewed reveals that stigma toward individuals with disabilities is a complex social process shaped by historical, cultural, and institutional forces. Three major themes emerge from the research. First, stigma is deeply rooted in social and cultural perceptions that frame disability as a deficiency rather than a form of human diversity. Second, identity formation and self-advocacy strongly influence how individuals with disabilities navigate, internalize, and resist stigma. Third, inclusive practices within classrooms, families, and communities are the most effective tools for reducing stigma and promoting belonging.

These findings directly answer the central question of how attitudes toward individuals with disabilities have developed and how they can shift toward inclusion. The research clearly shows that inclusion is not achieved simply through physical placements or access to educational materials. True inclusion requires a transformation in mindset, language, expectations, and structures that have historically reinforced exclusion. When teachers, peers, and families actively challenge bias and promote empathy, individuals with disabilities experience greater empowerment and acceptance.

This review also highlights gaps in the current literature. Many studies overlook how historical stigma continues to shape today's educational practice, and few examine the long-term effects of stigma across a lifespan. Future research should explore how early interventions, inclusive curriculum design, and teacher training programs influence long-term attitudes toward disability. Additional studies are needed to assess how school, family, and community partnerships can reduce stigma. Centering the voices of individuals with disabilities in this research will strengthen the relevance and impact of future findings. Additionally, several methodological gaps limit the generalizability of current findings. Studies reviewed rely on Western, middle-class, or predominantly white samples, which restricts understanding how stigma and inclusion operate across diverse, cultural contexts. More research that includes multilingual families, varied socioeconomic backgrounds, and cross-cultural perspectives is needed to ensure that future conclusions reflect the experiences of all individuals with disabilities.

Overall, the literature suggests that shifting from stigma to inclusion is possible, although this can only be achieved when society widens its definition of normalcy and creates environments where every individual is

valued.

References

Bogart, K. R., & Lund, E. M. (2018). Disability pride protects self-esteem through the rejection identification model. *American Psychological Association, 63*(1), 155-159. <https://doi.org/10.1037/rep0000166>

Bowman, K. L. & Harrison, A. J. (2024). Pre-service teachers' attitudes toward inclusive education for autistic students: Understanding the mediating role of self-efficacy and autism knowledge. *Teaching and Teacher Education, 15*. <https://doi.org/10.1016/j.tate.2025.104966>

Bachmann, C. J., Höfer, J., Kamp-Becker, I., Küpper, C., Poustka, L., Roepke, S., Roessner, V., Stroth, S., Wolff, N., & Hoffmann, F. (2019). Internalized stigma in adults with autism: A german multi-center survey. *Psychiatry Research, 276*, 94-99. <https://doi.org/10.1016/j.psychres.2019.04.023>

Cai, X., Pan, L., & Wang, T. (2025). Intergenerational transmission of disability stigma: The mediating role of family communication patterns and the moderating effect of cognitive empathy. *BMC Public Health, 25*. <https://doi.org/10.1186/s12889-025-24135-8>

Charmaz, K. (2020). Experiencing stigma and exclusion: The influence of neoliberal perspectives, practices, and policies on living with chronic illness and disability. *Symbolic Interaction, 43*(1), 21-45. <https://doi.org/10.1002/symb.432>

Chatzitheochari, S., & Butler-Rees, A. (2022). Disability, social class, and stigma: An intersectional analysis of disabled young people's school experiences. *British Sociological Association, 57*(5). <https://doi.org/10.1177/00380385221133710>

Danker, J., Strnadova, I., Tso, M., Loblinz, J., Cumming, T. M., Martin, A. J. (2022). It will open your world up: The role of mobile technology in promoting social inclusion among adults with intellectual disabilities. *Journal of Learning Disabilities, 51*, 135-147. <https://doi.org/10.1111/bld.12500>

Ellis, R. (2017). Heritage and stigma: Co-producing and communicating the histories of mental health and learning disability. *Medical Humanities, 43*(2), 92-98. <https://doi.org/10.1136/medhum-2016-011083>

Davis, L. J. (1995). Enforcing normalcy: Disability, deafness, and the body. Verso. <https://www.law.uh.edu/assignments/spring2011/23598/davis.pdf>

Gillespie-Lynch, K., Daou, N., Obeid, R., Reardon, S., Khan, S., & Goldknopf, E. J. (2021). What contributes to stigma towards autistic university students and students with other diagnoses. *Journal of Autism and Developmental Disorders, 51*, 459-475. <https://doi.org/10.1007/s10803-020-04556-7>

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall. <https://ia601503.us.archive.org/22/items/in.ernet.dli.2015.264015/2015.264015.Stigma.pdf>

Goodley, D., Liddiard, K., & Runswick-Cole, K. (2017). Feeling disability: theories of affect and critical disability studies. *Disability & Society, 33*(2). <https://doi.org/10.1080/09687599.2017.1402752>

Grinker, R. R. (2020). Autism, "stigma", disability: A shifting historical terrain. *Current Anthropology, 61*(21), 55-67. <https://doi.org/10.1086/705748>

Liasidou, A., & Ioannidou, E. (2021). Disability-related bulling and its discursive formations and enactments in the social ecology of schooling. *Studies in the Cultural Politics of Education, 42*(4), 499-512. <https://doi.org/10.1080/01596306.2020.1711514>

Lash, B. N. (2022). Managing stigma toward laughter: Disability stigma & humor as a stigma management communication strategy. *Communication Studies, 73*(4), 412-424. <https://doi.org/10.1080/10510974.2022.2102668>

Mayer, Y., Hershler, L. D., Bulk, L. Y., Cook, C., Belliveau, G., Xie, K., & Jarus, T. (2024). Promoting inclusion for disabled students in healthcare education: Using research-based theatre to enhance knowledge and empathy. *Nurse Education in Practice, 79*. <https://doi.org/10.1016/j.nep.2024.104085>

Mueller, C. (2019). Adolescent understanding of disability labels and social stigma in school. *International Journal of Qualitative Studies in Education, 32* (3), 263-281. <https://doi.org/10.1080/09518398.2019.1576940>

Niedbalski, J. (2021). Managing stigma: The experiences of parents of children with intellectual disability. *Polish Sociology Review, 3*(215), 387-404. <https://doi.org/10.26412/psr215.06>

Röhm, A., Grengel, M., Möhring, M., Möhring-Zensen, J., Nellen, C., & Hastall, M. R. (2022). Applying the mixed-blessings model and labeling theory to stigma in inclusive education: An experimental study of student and trainee teacher perceptions of pupils with adhd, dld, and intellectual disability.

Frontiers in Psychology, 13. <https://doi.org/10.3389/fpsyg.2022.910702>

Scior, K., Hamid, A., Hastings, R., Werner, S., Belton, C., Laniyan, A., Patel, M., & Kett, M. (2020). Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe. *Journal of Policy and Practice in Intellectual Disabilities*, 17(2), 165-175. <https://doi.org/10.1111/jppi.12330>

Sebrechts, M. (2024). Towards an empirically robust theory of stigma resistance in the 'new' sociology of stigma: Everyday resistance in sheltered workshops. *The Sociological Review*, 72(5), 1117-1135. <https://doi.org/10.1177/00380261231199889>

Sniatecki, J. L., Pelz, J. A., & Gates, T. G. (2018). Human rights advocacy for students with disabilities: Challenging stigma and promoting opportunity in social work education. *Journal of Human Rights and Social Work*, 3(4), 183-190. <https://doi.org/10.1007/s41134-018-0058-3>

Soffer, M. (2019). Culture, causal attributions to visual impairments, and stigma: A mediation model. *Disability and Health Journal*, 437-442. <https://doi.org/10.1016/j.dhjo.2019.01.006>

Thomas, G. M. (2021). Dis-mantling stigma: Parenting disabled children in an age of 'neoliberal-ableism'. *The Sociological Review*, 69(2), 451-467. <https://doi.org/10.1177/0038026120963481>

Wilson, J. R. (2017). The trouble with disability in shakespeare studies. *Disability Studies*, 37(2). <https://doi.org/10.18061/dsq.v37i2.5430>