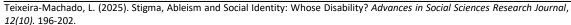
Advances in Social Sciences Research Journal - Vol. 12, No. 10

Publication Date: October 28, 2025 **DOI**:10.14ti38/assri.1210.19447.





Stigma, Ableism and Social Identity: Whose Disability?

Lavínia Teixeira-Machado

Educa'on in Health Department, Federal University of Sergipe, Brazil

ABSTRACT

This article presents a theoretical and critical essay that explores central themes, including stigma, ableism, and social identity, and situates them within contemporary agendas on human rights, inclusion, and social justice. Structured as a historical, conceptual, and comparative review, it integrates classical contributions (Goffman, Oliver, Tajfel, and Turner) with recent literature in Social Psychology, Sociology, and Disability Studies. The analysis highlights how ableism is socially and structurally embedded, shaping persistent barriers to participation and autonomy for persons with disabilities (PwD). By examining the tensions between identity, exclusion, and inclusion, the essay reveals the contradictions that sustain discrimination and marginalization. It also emphasizes the need for critical reflection and structural transformation to mitigate ableist practices and to foster societies that genuinely recognize and value human diversity.

Keywords: Persons with Disabilities; Ableism; Stigma; Social Identity; Disability Studies; Social Exclusion; Inclusion and Diversity.

INTRODUCTION

From the earliest records of human history, persons with disabilities (PwD) have been subjected to processes of social exclusion and stigmatization. In ancient civilizations, disability was oNen interpreted as divine punishment; during the Middle Ages, PwD were linked to witchcraN and supernatural curses; and in the modern era, they were confined to asylums or psychiatric institutions, frequently exposed to degrading scientific experimentation and even torture [1,2]. These historical trajectories reveal how disability has long been socially constructed through narratives of deviance, abnormality, and inferiority.

The concept of stigma, originating in ancient Greece, captures this dynamic of labeling and marginalization. A stigmatized person is perceived as possessing aWributes considered "abnormal" or "undesirable," resulting in discrimination, inequality, and exclusion from full social participation [3-5]. Closely related, ableism—a term developed in disability studies—refers specifically to the prejudice and discriminatory structures directed at PwD, rooted in the belief that disability denotes inferiority or incapacity [1,6].

During the late 20th century, disability rights movements challenged these entrenched paradigms, drawing inspiration from feminist struggles, Black movements, and the politics of gender identity [2]. Their advocacy culminated in significant achievements, most notably the United Nations Convention on the Rights of Persons with Disabilities [ti], which affirmed the human rights of PwD and recognized disability as a complex, dynamic, and socially determined phenomenon. Yet, despite these advances, structural barriers and agtudinal prejudice continue to reinforce ableism and perpetuate social exclusion [6,8,9].

Achieving genuine inclusion requires dismantling both architectural and agtudinal obstacles, strengthening accessibility, and fostering the autonomy and agency of PwD. Critical scholars, such as Oliver [6] and Scambiah et al. [10], emphasize that such transformations are not merely technical adjustments but rather structural and cultural shiNs toward social justice and democratic plurality.

Against this backdrop, this review critically examines how stigma and ableism shape the lived experiences and social identities of PwD. It explores the tensions between experienced identity and social identity, highlighting how normative expectations and rigid social structures exacerbate exclusion. By examining these contradictions, this review aims to highlight the persistent challenges posed by stigma and ableism, while promoting reflection on the conditions necessary for building more inclusive and equitable societies.

METHODOLOGICAL APPROACH

This article is a theoretical and critical essay, structured as a historical, conceptual, and comparative review of stigma, ableism, and social identity. Rather than collecting or analyzing primary empirical data, the work integrates classical perspectives with contemporary debates to produce a reflective and critical analysis of structural contradictions affecting PwD.

The approach is grounded in three main strategies:

- 1. Historical review tracing the evolution of social conceptions of disability from ancient civilizations to the present, highlighting how cultural, religious, and political contexts have shaped stigmatizing practices.
- 2. Conceptual and theoretical integration drawing on foundational contributions from Goffman (stigma), Oliver (ableism), and Tajfel & Turner (social identity), while incorporating recent literature in Psychology, Sociology, and Disability Studies to deepen the dialogue between classic and contemporary frameworks.
- 3. Critical and comparative reflection contrasting historical forms of exclusion (e.g., confinement in asylums, witchcraN accusations) with contemporary manifestations (e.g., structural ableism, agtudinal barriers, social exclusion), and examining how normative expectations and rigid social structures continue to erode the autonomy and agency of PwD.

This methodology positions the essay as a theory-driven and qualitative reflection, seeking to interrogate entrenched social paradigms and to illuminate the contradictions that perpetuate stigma and ableism, while pointing to possibilities for social justice, accessibility, and inclusion. Although this essay does not rely on the collection of primary empirical data, methodological rigor was ensured through a systematic process of literature selection, critical comparison, and theoretical integration. The choice of authors and references prioritized seminal works in the field alongside recent contributions from Disability Studies, Social Psychology, and Sociology. The aim was not to exhaust the available literature, but to articulate a reflective and critical synthesis that could reveal structural contradictions and open new avenues for research, policy, and inclusive practices.

STIGMA, ABLEISM, AND SOCIAL IDENTITY IN CRITICAL PERSPECTIVE

This section critically examines how stigma and ableism shape the social identities and lived experiences of persons with disabilities. Drawing from classical theories and recent

contributions in Disability Studies, Sociology, and Social Psychology, the discussion highlights the historical roots of exclusion, the mechanisms through which stigma operates, and the structural and symbolic dimensions of ableism. By comparing past and present forms of discrimination, the analysis underscores how rigid social norms, cultural representations, and institutional barriers continue to constrain autonomy and participation. At the same time, it considers pathways of resistance, identity re-signification, and inclusive practices that challenge dominant narratives and open possibilities for social justice.

Stigma: Historical Concepts, Types, and Impacts on Social Identity

Throughout history, stigma has been a decisive factor in the marginalization of PwD. A striking illustration is the life and work of Frida Kahlo, who transformed her experiences with postpolio syndrome and a severe accident into artistic expression that challenged conventional notions of identity and vulnerability [11]. Kahlo's trajectory exemplifies how stigma, rather than being solely a mark of exclusion, can also become a space of resistance and re-signification. In sociological terms, stigma refers to an aWribute that leads an individual to be perceived as "different" and, consequently, devalued or marginalized in society [3,5]. For PwD, stigma is particularly pervasive, shaping barriers to full participation in social, educational, and professional life [12]. Importantly, as Goffman [3] argues, stigma is less about the aWribute itself and more about the social meanings aWached to it. This makes stigma a relational and contextual process that profoundly impacts self-esteem, social identity, and opportunities for inclusion.

While most analyses focus on negative stigma—stereotypes that generate exclusion, emotional suffering, and restricted opportunities —it is also necessary to consider positive stigma. This occurs when individuals are assigned idealized or exaggerated expectations (e.g., being considered "inspirational" simply for living with a disability) [12]. Although apparently favorable, positive stigma can limit agency and reinforce restrictive roles, contributing to inequality [13].

Stigma thus directly intersects with social identity, which is shaped by normative expectations and rigid social categorizations. PwD are frequently perceived as discredited or discreditable members of society [14,15]. The visibility of disability oNen prevents concealment, intensifying the social disidentification process and restricting strategies of identity management [1,6]. Understanding stigma, in this sense, is essential not only to explain exclusion but also to illuminate possible pathways of resistance and recognition.

Disability, Social Identity, and Personal Adjustment

The construction of social identity is central to understanding how stigma affects PwD. As Social Identity Theory [16] and Self-Categorization Theory [1ti] highlight, belonging to social groups profoundly influences self-perception and intergroup relations. PwD must oNen negotiate between their personal experiences of disability and socially imposed identities marked by deficit or abnormality.

This negotiation is further complicated by family and community contexts. While families frequently serve as a first line of support, overprotection can paradoxically reinforce segregation, limiting socialization and opportunities for autonomy [9,12]. A balance between care and independence is therefore crucial for fostering resilience and self-determination.

At the psychosocial level, the visibility of disability heightens stigma by increasing the salience of difference. High levels of perceived categorical adjustment—that is, the degree to which disability is seen as a defining and immutable distinction—tend to exacerbate discrimination [18,19]. Conversely, when social identity frameworks recognize complementarity between groups, disability can be reframed as a valued dimension of human diversity rather than a deficit [20].

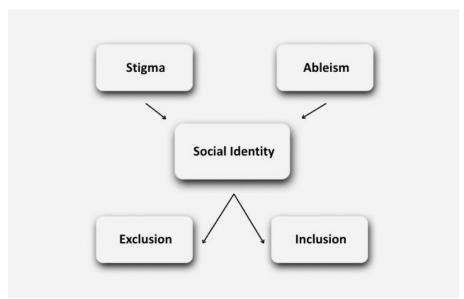


Figure 1: SAgma, Ableism and Social IdenAty: Pathways for Exclusion or Inclusion

Figure 1 describe how stigma and ableism converge to shape the social identity of persons with disabilities. This identity, when constructed based on norms and prejudices, can lead to exclusion; however, when reframed and supported by inclusive policies, it can foster inclusion.

Ableism: Whose Disability Is It?

While stigma emphasizes relational labeling processes, ableism refers to the structural ideology that frames disability as inferiority [6]. Ableism manifests in multiple dimensions:

- Interpersonal: negative agtudes, stereotypes, and prejudice in everyday interactions.
- Structural: architectural barriers, inaccessible transport, and discriminatory policies that systematically exclude PwD.
- Internalized: when PwD assimilate social prejudices, leading to diminished self-esteem and agency.
- Symbolic: stereotypical representations in media and culture that reinforce hierarchies of ability [19].

A revealing example of symbolic ableism is the phenomenon of "cripping up", when nondisabled actors portray disabled characters, oNen reinforcing stereotypes and sidelining authentic disabled voices [21]. Such practices underscore how ableism operates not only at material levels (e.g., lack of ramps or interpreters) but also discursively, shaping representations and narratives about disability. Importantly, ableism is not limited to explicit discrimination. It is embedded in cultural assumptions that valorize autonomy, productivity, and bodily normality as universal standards. This perpetuates the notion that disability is a

tragedy to be "overcome" or "cured," rather than a natural dimension of human diversity [22]. Addressing ableism, therefore, requires rethinking social structures, redesigning material environments, and deconstructing symbolic regimes that sustain exclusion.

Table 1: ComparaAve Synthesis: SAgma vs. Ableism

Aspect	Stigma	Ableism
Core	Social label that marks a person as	Ideology and system of beliefs that rank
Concept	"different" or "undesirable," leading	people by ability, devaluing PwD and
	to exclusion (Goffman, 1988).	privileging non-disabled norms (Oliver, 1990).
Nature	Relational and situational: depends	Structural and cultural: embedded in
	on how society perceives certain	institutions, policies, and social norms.
	attributes.	
Forms	- Negative stigma (discrimination,	- Interpersonal (attitudes, prejudice)-
	exclusion)- Positive stigma	Structural (barriers, inaccessible systems)-
	(idealization, unrealistic	Internalized (self-stigma)- Symbolic (media,
	expectations).	cultural representations).
Impact on	Limits social participation, affects	Restricts rights, autonomy, and agency;
PwD	selfesteem, reinforces feelings of	naturalizes exclusion as "normal."
	inferiority.	
Visibility	Stigma intensifies when disability is	Ableism naturalizes the expectation of
	visible and not concealable.	invisibility or correction of disability.
Analytical	Focus on identity, interaction, and	Focus on power relations, ideology, and
Lens	labeling processes.	systemic discrimination.
Possibilities	Reframing stigma through	Challenging ableist structures through
for	selfacceptance, social support, and	advocacy, inclusive policies, universal design,
Resistance	resignification of identity (e.g.,	and disability rights movements.
	Frida Kahlo).	

FUTURE DIRECTIONS

This review has highlighted how stigma and ableism remain deeply rooted in historical, cultural, and structural dynamics that shape the social identities of PwD. By integrating classical perspectives from Goffman [3], Oliver [6], and Tajfel & Turner [16] with recent contributions from Disability Studies, Psychology, and Sociology, the analysis has shown how discriminatory practices persist despite important achievements in human rights and inclusion.

Critically reflecting on these contradictions reveals that social identity for PwD continues to be constrained by rigid normative expectations, agtudinal prejudice, and structural barriers. The persistence of ableism demonstrates that inclusion is not merely a legal or technical maWer but a cultural and political challenge that requires continuous contestation of hegemonic notions of normality and productivity.

Building on the critical reflections presented in this review, several directions for future development can be outlined. From this perspective, four main implications emerge:

1. Research: There is a need for deeper intersectional analyses that explore how stigma and ableism intersect with race, gender, sexuality, and socio-economic status. Future studies should also consider perspectives from the Global South, which remain underrepresented in the literature on disability studies and social psychology.

- 2. Policy: Efforts must move beyond the formal adoption of inclusive laws and conventions. Future agendas should focus on practical implementation, systematic monitoring of ableist practices, and stronger accountability mechanisms to ensure that inclusion is not merely symbolic but substantively transformative.
- 3. Education and Practice: Educators, health professionals, and cultural institutions must be equipped with critical tools to challenge ableist assumptions. Training programs should emphasize Universal Design for Learning, disability rights education, and inclusive pedagogies that reframe disability as a form of diversity rather than a deficit.
- 4. Representation and Culture: Media and cultural production must engage with authentic narratives led by PwD themselves, resisting symbolic ableism such as "cripping up." Promoting visibility and voice is essential to reshaping collective imaginaries about disability.

By prioritizing these directions, future scholarship, policies, and practices can contribute to dismantling structural ableism and fostering societies that genuinely recognize and celebrate human diversity.

CONCLUSION

As discussed, stigma and ableism stem from entrenched societal perceptions of disability as inferiority. By challenging these perspectives and embracing diversity, society can redefine norms to create an environment where PwD are seen as equals, not anomalies. Social progress depends on dismantling ableist practices in everyday life, education, and media representation. Addressing the deep-rooted stigma and ableism experienced by PwD, therefore, requires a societal shiN towards inclusion and equality. Recognizing the historical, social, and psychological dimensions of these issues involves redefining how we perceive disability and how we can begin to deconstruct ableist structures and move towards a more just society.

Looking ahead, several future directions emerge. For research, intersectional approaches should be expanded to consider how disability interacts with race, gender, sexuality, and socioeconomic conditions, particularly in underrepresented contexts such as the Global South. For policy, emphasis must move beyond legal frameworks toward effective implementation and monitoring, ensuring that inclusion translates into substantive equality. For education and practice, professionals across various fields must be trained to challenge ableist assumptions, adopt Universal Design for Learning, and foster pedagogies that recognize disability as a form of diversity rather than a deficit. Finally, for cultural representation, the authentic voices of PwD must be prioritized in media and the arts, countering symbolic ableism and reimagining disability narratives.

By integrating these future directions, the path forward is not only about dismantling stigma and ableism but also about building societies that genuinely embrace and celebrate human diversity.

References

- 1. Sullivan, L.E., and S. Vilches, Ableism: The causes and consequences of disability prejudice. 2021, Hoboken: John Wiley & Sons.
- 2. Wendel, S. The Rejected Body: Feminist philosophical reflec'ons on disability. 2013, New York: Routledge.

- 3. Goffman, E., S'gma: Notes on the management of spoiled iden'ty. 1963, New York: Simon & Schuster.
- 4. Crocker, J., B. Major, and C. Steele, Social s'gma. In: D.T. Gilbert, S.T. Fiske, and G. Lindzey, eds. The handbook of social psychology. Vol. 2. New York: McGraw-Hill, 1998. p. 504-553.
- 5. Link, B.G., and J.C. Phelan, Conceptualizing stigma. Annual Review of Sociology, 2001. 2ti: p. 363–385.
- 6. hWps://doi.org/10.1146/annurev.soc.2ti.1.363.
- 7. Oliver, M., The politics of disablement. 1990, London: Palgrave Macmillan.
- 8. United Nations. (2006). Convention on the Rights of Persons with Disabilities (A/RES/61/106). hWps://www.refworld.org/legal/agreements/unga/2006/en/90142
- 9. Verdugo, M.A., L.E. Gomez, B. Arias, and P. Navas, Family quality of life and individual quality of life: A review of the literature. Interna'onal Journal of Disability, Development and Educa'on, 2010. 5ti(4): p. 35ti-365. hWps://doi.org/10.1080/1034912X.2010.51ti320
- 10. Van Loon, J., G. Van Hove, and K. Scheerlinck, Unpacking the concept of family-centred care in the context of intellectual disability: A systematic review. Journal of Applied Research in Intellectual Disabilities, 2020. 33(5): p. 919–933. hWps://doi.org/10.1111/jar.12691.
- 11. Scambiah, H., R. Delbridge, M. Jones, K. Kelly, and L. Thompson, Confronting stigma: A review of the literature and insights for future research. Journal of Social Issues, 2011. 6ti(3): p. 56ti–583. hWps://doi.org/10.1111/j.1540-4560.2011.01ti16.x.
- 12. Hesse, M., and A. Boide, Frida Kahlo: a biography. 2018, Porto Alegre: L&PM.
- 13. Livingston, J.D., and J.E. Boyd, Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. Social Science & Medicine, 2010. ti1(12): p. 2150–2161. hWps://doi.org/10.1016/j.socscimed.2010.09.030.
- 14. Sato, T., and I. Inceoglu, Revisiting the stigma of giNedness: The role of ability beliefs, implicit theories of giNedness, and achievement motivation. Contemporary Educa'onal Psychology, 2019. 56: p. 166–181. hWps://doi.org/10.1016/j.cedpsych.2018.12.004.
- 15. Dirth, T.P., and N.R. Branscombe, The social identity approach to disability: Bridging disability studies and psychological science. Psychological Bulle'n, 2018. 144(12): p. 1300–1324. hWps://doi.org/10.103ti/bul0000156.
- 16. Fenton, A., K. Krmpotich, and A. Fudge Schormans, The normality of doing things differently: Bodies, spaces, and disability geography. The Canadian Geographer/Le Géographe canadien, 2019. 63(1): p. 14–22. hWps://doi.org/10.1111/cag.12502.
- 17. Tajfel, H., and J.C. Turner, The social identity theory of intergroup behavior. In: S. Worchel and W.G. Austin, eds. Psychology of intergroup rela'ons. Chicago: Nelson-Hall, 1986. p. ti–24.
- 18. Oakes, P.J., J.C. Turner, and S.A. Haslam, Perceiving people as group members: The role of fit in the salience of social categorizations. Bri'sh Journal of Social Psychology, 1991. 30(2): p. 125–144. hWps://doi.org/10.1111/j.2044-8309.1991.tb00930.x.
- 19. Hornsey, M.J., Social identity theory and self-categorization theory: A historical review. Social and Personality Psychology Compass, 2008. 2(1): p. 204–222. hWps://doi.org/10.1111/j.1ti51-9004.200ti.00066.x.
- 20. Oliver, M., and C. Barnes, The new poli'cs of disablement. 2nd ed. 2012, London: Bloomsbury Academic.
- 21. Forber-PraW, A.J., D.A. Lyew, C. Mueller, and L. Samples, Disability identity development: A systematic review of the literature. Rehabilita'on Psychology, 201ti. 62(2): p. 198–20ti. hWps://doi.org/10.103ti/rep0000134.
- 22. Guffey, E., ANer universal design: The disability design revolution. 2023, London: Bloomsbury Visual Arts.
- 23. Clair, M., C. Daniel, and M. Lamont, Destigmatization and health: Cultural constructions and the long-term reduction of stigma. Social Science & Medicine, 2016. doi: 10.1016/j.socscimed.2016.03.021.