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The Origin of the Prejudice Against the Disabled. Selected Theories

ABSTRACT This paper aims at discussing prejudice against people with disabilities. Prejudice is a fascinating, albeit uneasy research field. Despite the numerous studies carried out on the subject since long, a lot of issues concerning the origin, persistence, and weakening of prejudice, particularly with regard to the disabled, have remained unresolved. The autor's intention is to ponder over the issues in question as they have been tackled by scholars so as to demonstrate the role both of the empirical research and selected theoretical concepts in explaining the phenomenon of prejudice. An important aim of this paper is also to demonstrate that the problem of prejudice against people with disabilities requires further analysis, whereas theoretical considerations and any further studies over the issue of disability should focus on the education "against" social prejudices.

KEYWORDS PREJUDICE,
DISABILITY, THEORIES
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Social prejudice – an analysis of the concept

The literature of the subject provides us with diverse definitions of prejudice; a result of the fact that individual authors adopt different theoretical perspectives on this issue. The earliest definitions of prejudice focused on this phenomenon's affective

aspects. One of the first researchers on the question, Gordon Allport, defined prejudice as antipathy resulting from a false or inflexible generalization. In his opinion, prejudice can be either felt, or expressed, and it can be a whole group-oriented, or directed merely at this group's member (Allport 1954: 9, qtd. after Wojciszke 2006). Associating prejudice with emotions and thus making the latter the most important component of the relation with the subject of prejudice was accepted by subsequent researchers of the topic. The research that followed identified prejudice attitudes (Dovidio et al. 1996; Stephan, Stephan 2007). The assumption appeared that prejudice had both cognitive, affective, and behavioral components (Stephan, Stephan 2007: 47–48; Nelson 2003: 30). *Ergo*, prejudice can be based on affective (anger), cognitive (beliefs about a group), and behavioral factors (avoidance or hostile behavior).

Similarly to the previous one, the above presented approach did not gain full acceptance. The emerging criticisms concerned mainly to the role of particular attitude components in prejudice formation (Devine 2008). As a result, various, oftentimes extremely different definitions of this phenomenon cropped up. Their insightful analysis allowed for a conclusion, however, that certain scholars (Devine 2008; Nelson 2003) did agree on selected questions. Namely, these scholars assumed prejudice to exist between the groups and are positively or negatively evaluative towards a group. Furthermore, the scholars in question assumed prejudice to comprise a biased picture of a given group, based on real or imagined characteristics of this group. In other words, prejudice can be defined as the biased assessment of a group, based on real or imagined characteristics of its members (Nelson 2003: 33). This definition concerns both positive and negative prejudice such as the positive attitude towards members of one's own group and negative attitude towards members of "foreign" groups.

Studies on the social prejudice against the disabled established that such prejudice could occur, with changing intensity, among people of e.g. dissimilar gender, age, education, social position, and self-esteem, anxiety, or intelligence level. For example, Andrew Sękowski (1994a, b; 1996; 1999) found that the predictors of the lack of prejudice against the disabled turned out to be general intelligence, creativity, high self-esteem as well as ambivalent partial self-assessment, acceptance of the social, religious and moral values together with the negative attitude to economic and prestige values. On the other hand, prejudice against people with disabilities are determined by the following factors: low intelligence, low creative ability, impulsiveness, low self-esteem, the preference of prestige and economic values along with low assessment of moral, social and religious values. Yet another example of such research is the study of the relationship between prejudice and anxiety, own body image, or neurosis. Both the high anxiety level and the distorted body image or neurosis have demonstrated to be significant reasons for prejudice against the disabled (Klimasiński 1976).

Social prejudice can also be an effect of professional experience. This has been demonstrated by the studies carried out among groups professionally aiding the disabled: teachers, health care workers, and parents and siblings of the handicapped. Harold E. Yunker and Richard Block (1979) found that health care professionals (doctors, nurses, physiotherapists) associated people with disabilities whom they helped social status lower than their own. The research carried out by psychologists (Tolor, Geller 1987) revealed that the above mentioned professionals displayed a relatively positive attitude towards children of the disabled. Yet, even such a positive attitude was played out differently depending both on the degree of a child's disability and the type of difficulties the disability itself entailed. Psychologists, in turn, showed the greater acceptance of children with psycho-educational

and functional disorders than those with organic and sensory-motor dysfunctions, possibly due to the effect corrective work with them can bring about. Also, they act more positively towards children with AIDS, chronically ill, with sensory disorders and educational difficulties than those neglected, drug- and alcohol-addicted, with appetite disorders (anorectic and bulimic), psychotic, autistic and with motor-sensory dysfunctions. Perhaps due to the possibility and effects of corrective work. Furthermore, they also exhibit more positive attitudes towards children with AIDS or chronic illness; children with sensory disorders and learning difficulties as compared to children addicted to drugs or alcohol as well as children with either eating disorders (anorexia/bulimia), or those who are psychotic, autistic or hyperactive.

The same attitude prevailed among tested psychologists, regardless of the scope of a personal contact with a disabled child (in the local community, school, social group or family). Similar results were also obtained by Dariusz Nawrocki (1986) who had examined the influence of special education (special pedagogy) on the readiness to establish contacts with people with the Down syndrome. It appeared that students of special education – a factor theoretically facilitating the establishment of contacts with the handicapped people – demonstrated similar reluctance towards people with disabilities as students of cultural studies (without a special training). Similarly, the study by William English (1971) showed that occupation could determine the scope of the negative attitude as regards people with disabilities. The mentioned studies revealed that greater aversion to people with visible body disabilities existed among stewardesses than secretaries. English believes that it is not the profession itself that has determined the attitude in question but rather a greater concern about the looks which stewardesses typically display. Had the researched groups been male, they would have displayed even more negative attitudes towards the disabled. This latter conjecture has been suggested by numerous authors claiming that females show less prejudice towards disabled people than males (Clinton 2009).

Quoting further research demonstrates the increasing complexity of the issue. The majority of studies (Ostrowska 1994; Żółkowska 2004) reveal how varied and variously manifested prejudice appears to respondents. Social prejudice correlates with a huge number of variables, a fact which does not necessarily mean that such variables are causes for the occurrence of the attitudes in question. Accordingly, the empirical research on the subject alone do not bring us any closer to demarcating the main reasons enhancing social prejudice towards disability. The reference to general theories of social prejudice seems far more important in this context. The patterns of prejudice development as expressed in these theories can be used to mark out prejudice formation and maintenance mechanisms as they are applied against people with disabilities. These theories can be divided into three groups. The first one assumes the situational origin of social prejudice, the second – the individual origin of this prejudice, while the third group of theories consists of multifactorial conceptions.

Situational theories of social prejudice

Muzafer Sherif (1961) presented a very simple explanation for the formation of social prejudice. He created a concept called the *theory of real conflict* which claims that intergroup conflicts contribute to the creation of social prejudice the most. According to Sherif's theory, conflicts of interests that exist between groups lead to an increase in intragroup solidarity, a sense of firm group identity, and high isolation from other groups. In these circumstances, one can speak of a "groupcentrism" of sorts manifesting itself in that one assigns high value to one's own group and devalues groups regarded as threatening.

Consequently, the real antagonism between groups, with regard to a particular question, metamorphoses into a generalized and lasting aversion to representatives of social groups identified as “the other.” The theory of real conflicts, however, does not fully explain the causes of social prejudice against people with disabilities. Simply put, such people could never pose a threat to the interests of the majority of healthy society members. Also, there exist few studies confirming the validity of the above discussed theory in relation to persons with disabilities.

Yet another theory of social prejudice seeking the origins of the mentioned attitudes in situational factors is the socialization concept. (Eagly 1983) In this theoretical perspective, social prejudice results from children observing how members of their group act towards other groups. If the behavior of children’s own group members towards “others” is discriminatory (and devaluing in particular), children easily create simplified representations of such groups. What is more, with such a stereotype in mind, the same children will be programmed in the future to negatively approach representatives of specific social groups. In other words, already in his or her childhood, a person is programmed to be prejudiced against specific groups. Such a point of view far better explains the problem of prejudice against the disabled. There are empirical arguments for children being able to take social prejudice after their parents. However, this latter theory does not account for how prejudice is formed, how parents or grandparents become prejudiced etc. Finally, the theory in question also fails to explain why it is so difficult to eliminate prejudice which, in itself, is so easy to learn. Multiple attempts at unlearning social prejudice has not brought encouraging results, either (Nelson 2003; Heatherton et al. 2008).

Individual concepts of the origin of social prejudice

The *Identity Theory* developed by Henri Tajfel (1970; 1978) constitutes an example of a theory explaining the formation of prejudice in reference to individual factors. It originates in the assumption that the basic need of every human being is creating and then maintaining a positive self-concept. Because the social prestige of one’s own group is an important element in determining human self-esteem, one is determined to seek ways to increase the value and importance of his/her own group. A simple way to accomplish this task is to lower the value of another social groups. Thus, we are inclined to differentiate people into “us” and “them.” “We” are good, intelligent, balanced and so on. “They” are evil, stupid, irresponsible, etc. According to this concept, people with particularly low self-esteem should be more inclined to hold prejudice against people with disabilities, than people with high self-esteem.

To a degree, this theory has been confirmed by empirical studies showing that higher socio-economic status correlates with the acceptance of disability (English 1977). The same theory also explains why young people at puberty – an identity-shaping period – are less tolerant of members of other social groups, including people with disabilities. Last but not least, the theory in question also highlights interesting tips related to an understanding of the identity crisis experienced by young people with disabilities, a sidekick thread, really, in my analysis. Tajfel’s theory also demonstrates that the best way to eliminate prejudice against people with disabilities would be to raise the self-esteem of people with particularly severe prejudice pattern. Still, on a general, social scale, this is not an easy task to perform (Kowalik 1999).

In recent years the concept of *stereotyping* (Trobe 1989; Chlewiński, Kurcz 1992; Kurcz 1994) has been gaining in popularity. In this approach, according to Zbigniew Benedyktowicz, a person is doomed to stereotyping (Benedyktowicz 2000: 88). This is

inevitable due to a large number of information coming from the environment and the limited capability of our cognitive processes. If possible, a person aims at simplifying his/her orientation in the environment (Aronson et. al. 1997: 131–132). Such environment orientation simplification involves organizing a person's social knowledge into conceptual categories that contain a limited number of properties associated with specific, closely correlated objects (Macrae et. al. 1999: 42). According to Adam Schaff, a social stereotype is a result of such a categorization (Schaff 1978). Therefore, if we perceive individuals who, because of a criterion s/he represents, we include into one category, it will mean that we will assign them to all the other criteria inherent in this category (Boski, Jarymowicz, Malewska-Peyre 1999). Thus, an identification of a given social object will take place, alas, within the limits of a very simplified recognition, with the tendency to expose the similarities of individuals labeled as belonging into one category, while also displaying differences between individuals categorized as "different." In this way, the process of stereotyping will be completed.

The transition from stereotype to prejudice has not been clearly defined yet. There are scientists (Kowalik 1999) who believe that difference perception as regards of recognized values plays an important role in this process. These scientists speak of the so-called quality and value stereotypes, in terms of the expected characteristics of persons belonging to a particular social category in the case of the former, and with reference to the goals which people assigned to a category follow in the latter case. If an opposition between a person's own hierarchy of values and the values accepted by other social groups is discerned, then we try to avoid people belonging to these "other" groups, for we recognize their goals as contrary to ours. This mechanism, in turn, triggers the resentment and hostility towards these groups as well as increases the clarity with which their own stereotypical demeanour we think gets displayed (Stephan, Stephan 2007). The stereotyping theory helps account for some of our own stereotypical behavior towards the handicapped (e.g. for treating them all uniformly). Still, it does not explain the reasons why social prejudice against a particular group of disabled people exists at all. In other words, we are still awaiting an explanation why a body defect as a criterion is so persistently associated with a set of exclusively negative attributives. Nevertheless, the concept of stereotyping entails two important solutions as regards preventing social prejudices. The first solution involves the popularization of the disabled person stereotype enriched with new, positive attributive qualities. The second solution hinges on demonstrating the similarities in the sphere of values accepted both by people with disabilities and those without disabilities.

Multifactorial approaches to social prejudice

The literature on the subject also mentions the famous *concept of the scapegoat* (Girard 1982), a theory difficult to qualify as either purely situational or individual because it takes into account both cause types of social prejudice (Kowalik 1999). According to this concept, prejudice is a result both of frustration and the aggression which follows frustration, and which is aimed primarily at objects perceived as blocking the needs of a frustrated person. Fear of retaliation, however, makes people experience aggression vicariously, via replacement objects. Those social objects (weak people, minority groups) become *the* object of prejudice. The experienced frustrations is seen as belonging elsewhere, therefore, after a time, replacement objects are slowly but surely to become a threat for peaceful existence. While commenting on this theory, Marta Goszczyńska wrote: "...people manifest an unconscious tendency to blame all but themselves for obstacles and conflicts they struggle with, and for all the misery, too" (Goszczyńska 1982). The concept in question emphasizes the fact that people may differ as to a degree of willingness to which they wish

to disclose their prejudice. People with authoritarian personality demonstrate as the most prone to so react. Still, the theory does not see to all problematic questions, for example, it does not explain why people continue to have social prejudice long after their needs have been met. Therefore, the fundamental issue of why this category of attitudes is so unsusceptible to change is still awaiting an explanation.

The search for such an explanation, essential in the formation of appropriate attitudes towards people with disabilities, led Stanislaw Kowalik to formulate his own concept of prejudice (Kowalik 1999). The researcher assumes that:

- any person has his or her own concept of the social order i.e., that part of the worldview which includes beliefs as regards rules both of social life (values and norms to be followed in life) and the organization of this life (the relationship between the objects of social life such as people, groups, and institutions);
- any individual concept of social order can be more or less in line with the actually existing social order. The constation on the existence of similarities between the concept of social order one conceives of and the real order of society organization makes people peacefully (i.e. without causing tensions) inscribe themselves in this life. However, the discrepancies between the two above mentioned concepts prompts the same people to try to rationalize the difference at first only to provoke discontent and readiness to contest the existing social order if the difference lingers;
- people differ as regards their own concepts of social order, and hence their evaluations of the divergence between their imagined and actual vision of social reality differs, too. There will always be people who accept or not the social rules. Also, there will be people whose concepts of social order are vague to the degree that they cannot unanimously assess their social reality. These people will feed on the evaluations other people made beforehand;
- contacts between people with different concepts of the social order (when one of such concepts is compatible with the existing social order) can lead to a prejudice-based relations. They are characterized by: a) constation on the existing discrepancies, made by at least one of the partners, of not only the difference between the imagined vision and the *status quo*, but also between the own and partner's visions, and b) strong desire to eliminate the latter difference;
- everyone is similarly motivated to react to a recognized discrepancy. This motivation boils down to demonstrating that both an individual perception and evaluation of the social world and the cognitive processes by which the concept of the social order has been created are to correct;
- the solution mechanics as regards the above discussed problem is that the assumptions related to certain universal characteristics of participants of an organized social life are contained within the frames of the imagined social order concept. Kowalik, after Norbert Groeben (1990), refers to such a set of assumptions as the epistemic and pragmatic human model. It goes without saying that an assumption as to the way of organizing social life must involve the adoption of an additional belief regarding the human traits enabling people's inclusion in a rules-oriented community. Groeben assumed that the epistemic human model comprises the following components: rationality, reflectivity, and the ability to adequately express views. The adoption of these features as a characteristic of every human being is *sine qua non* for perceiving social reality as a an organization or order holder. Similarly, in order to see a possibility for performing a joint action, one has to assume that all participants have the ability to: control and plan their own actions, agentively perform their intentions, and, last but not least, cooperate. These qualities

comprise the pragmatic human model. When we realize our worldview to be significantly different from other perspectives on the world, we can choose either to recognize that we are wrong in our own assumptions about this world (ergo, we have the ill-developed characteristics of the epistemic human model), or others do not fulfill the conditions assumed by the model. In effect, we resolve this issue a manner favorable to us, what, in turn, sustains our own concept of social order;

- recognizing another person's different concept of the social order entails the recognition of his/her epistemic incompetence. This leads to the person's being labelled unfit both for the epistemic and, occasionally, pragmatic human model and hence, leads to "dehumanization." This latter process hinges on depriving a specific group of people of universal human traits;
- after the dehumanization has taken place, discriminatory practices towards a dehumanized group become a standard as no morality is believed to apply to them anymore.

Analyzing the above long paragraph, one notices that Kowalik claims the source of prejudice to be more deeply rooted than it is commonly assumed. In the understanding as above, the prejudice must not refer to any negative qualities attributed to a particular category. Rather, the prejudice comprises specific features relating to the essence of humanity. From this perspective, the elimination of the prejudice against people with disabilities should be tantamount to "rehumanizing" them, whereas the prevention of an occurrence of discriminatory practices should boil down to shaping both the epistemic and the pragmatic human model. However, such practices might be problematic in themselves. Nevertheless, they logically evolve into yet another perspective on the question of social prejudice, namely, that the latter will naturally develop in mutual relations of people with different concepts of the social order. Therefore, the dehumanization process is never a one-way street; it can be a strategy that people with disabilities realize towards people without disabilities, too. This means that, while confronting the negative social attitudes, one should act onto both sides of such a relation.

The recognition of a disabled person as someone who acts spontaneously, irrationally, inconsistently etc. not only will impede the establishment of contact and cooperation with such a person; it will also provoke our assuming a position of superiority towards him/her. In effect, the dehumanization will bring very grave outcomes. For example, the concept of self-fulfilling prophecy drawn by William I. Thomas is one such outcome (Thomas, Thomas 1928). It assumes that people with strong albeit inaccurate beliefs concerning others act likewise towards them. This can be illustrated by one of the examples cited in Kowalik. A group of people with the Down syndrome underwent facial plastic surgery. The effects of the treatment resulted in the patients being undistinguishable from the non-disabled. One year after the procedure, all the patients who had undergone the treatment in question experienced an increase in IQ, by a dozen points on the average. This surprising effect of plastic surgery can be explained only with reference to the mechanism of the "self-fulfilling prophecy." Eliminating the specific "Down" appearance (thick lips and tongue, small and slightly slanted eyes) in these people prevented their social environment from treating them as defective and poorly performing. As a result, disabled people could demonstrate their actual intellectual abilities (Kowalik 1999).

Yet another concept allowing us to understand the mechanism of social functioning of disabled people is the theory of learned helplessness (Poznaniak 1993). The learned helplessness is a reaction to the perceived lack of a connection between undertaken actions and expected rewards. Such a lack results in cognitive and motivational deficits. It can either be seen as a result of people's own incapacity to perform accurately, or else be

attributed to external factors (e.g. bad will, or improper functioning of an institution). The learned helplessness can also eventuate from the mechanism of being externally driven. According to this concept, while adapting to a life with new limitations, the disabled would be socialized to perform as, literally and metaphorically, „lame.” This latter role would, in turn, entail subordination, passivity, and inability to manage their own behavior (Kozielecki 1977).

Stereotypes are a basis for labelling (social stigma) (Becker 2009). Derived from the deviance theory, the notion of labelling, or role-playing is helpful in understanding the mechanism of shaping the barriers that make the functioning of people with intellectual disabilities in society difficult. According to J. Mercer, a social group the least tolerant to behaviour anomalies is specialists diagnosing mental retardation processes. Their specialization can invoke social stigmas, too (Linberg, Jurkowski 1996).

Conclusions

In light of the above discussion, “the healthy” often perceive people with disabilities as less valuable, and of limited capabilities; as ones who have difficulties in taking the initiative, acting on their own and assume responsibility for their actions (Borzyszkowska 1999). As Kowalik’s research suggests, the “model” disabled person, from the point of view of the “able-bodied” society, is a result of stigmatizing the disabled and operates within the “similarity-difference” frame as related to an average group of people in a particular environment. Thus, the process of stigmatization translates into highlighting otherness in social life (Kowalik 1999). According to Władysław Dykcik (1996; 2005) an unfavorable treatment can have negative consequences for the functioning of persons with disabilities. The author writes that there exist few social traditions of treating the disabled with their own attitudes and expectations as subjects of cognitive and pragmatic practices. In effect, the unfair perceptions and stereotypes as indicated above lead to humiliation, dependence and impeded self-realization occupying the central place in the self-image of the disabled (Dykcik 1996; 2005).

The ability to recognize prejudice against disabled people is of particular importance as regards taking action so as to prevent social exclusion. Measures aimed at recognizing prejudice processes and educating people how to avoid entering them are not easy to implement due to the presence of the mechanisms underwriting prejudice itself. This difficulty is related to the fact that – as highlighted by Iga Kurcz – one simply cannot just get the stereotypes out of his/her head (Kurcz 1994). As a major change in the way we think, the elimination of prejudice requires undertaking complex and time-consuming actions and is indispensable, particularly when the training of future teachers and educators at stake, for these are special importance professions, shaping the attitudes of next generations of children and adolescents.

Also, the research reveals that the attitude of teachers towards students with disabilities affect both the attitude of non-disabled students towards their disabled colleagues (Maciarz 1990; Flis 2005) as well as the effects of the rehabilitation process (Krause 2004). While planning educational activities, one can use e.g. instructions as to how assure contact (Allport, qtd. after Wojciszke 2006). It turns out that contact and personal experience are variables important in shaping the attitudes of teachers towards students with disabilities. The teachers who, in addition to their teaching duties, maintain personal contacts with disabled children and their families display more positive attitudes than teachers who do not do that (Hagen et al. 1983; Minczakiewicz 1996). Another way to eliminate prejudice is to build a *common group identity*. Indeed, as Bogdan Wojciszke remarks, intergroup reluctance

can be reduced both by elimination of visibly distinct group categories and encouraging members of separate groups to see themselves as constituents of one, bigger whole (Wojciszke 2006). The group co-operation and shown empathy are, too, important factors in lessening prejudice (Ajzen, Cote 2008; Wojciszke 2006) .

Still another way to do the latter is to enrich the knowledge on how to change intergroup relations so as to increase the groups' similarity (e.g. "Others" are also "Us") reduce anxiety, increase diversity (Aronson et al. 1997). According to Rodham Clinton, motivation can play a huge role in the education against prejudice. The research of this particular author demonstrates that, categorizing, the majority of people feels they harm others, hence our need to take action so as to develop the motivation to avoid "categorized" behavior. Studies show that automated stereotypes can be dealt with and eventually replaced by a natural attitude. Such an attitude discourages issuing hasty judgments as well as it encourages to make assessments on the basis of individual information about a person; a demeanour of people prejudiced in a small degree only. Yet, assuming an unprejudiced attitude requires a very strong incentive. Unfortunately, without proper education the said attitude is rarely displayed, for most people are discouraged from making this cognitive an effort (Clinton 2009). Through education, people can therefore keep changing their default perception based on prejudice in favor of giving way to the egalitarian attitudes and values (Leanne et al. 2008; Nelson 2003).

Education against social prejudice is of particular importance as regards taking action in order to prevent social exclusion. It is important to emphasize that people with disabilities are citizens having the same rights and responsibilities as everyone else, ergo, action is needed to be undertaken that will remove the obstacles to these people's full participation in social life. One way to do that is promoting a positive image of disabled people as potential contributors to the local community. Promoting action against social prejudice helps shape the environment where persons with disabilities can operate on the same principles as everyone else.

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ŹRÓDŁA UPREDZEŃ WOBEC NIEPEŁNOSPRAWNYCH. WYBRANE TEORIE

SŁOWA KLUCZOWE

UPREDZENIA,
NIEPEŁNOSPRAWNOŚĆ,
TEORIE POWSTAWANIA
UPREDZEŃ

STRESZCZENIE Przedmiotem rozważań podjętych w artykule są uprzedzenia wobec osób niepełnosprawnych. Uprzedzenia stanowią fascynującą, ale niełatwą dziedzinę badań. Pomimo prowadzonych od wielu lat licznych badań, ciągle pozostaje wiele niewyjaśnionych kwestii dotyczących powstawania, utrzymywania się i osłabiania uprzedzeń, szczególnie wobec osób niepełnosprawnych. Celem artykułu jest skłonienie do refleksji nad podejmowanymi przez badaczy problemami, a także ukazanie roli badań empirycznych i wybranych koncepcji teoretycznych w wyjaśnianiu zjawiska uprzedzeń. Ważne jest również ukazanie, że problematyka uprzedzeń wobec osób niepełnosprawnych wymaga dalszych analiz, a rozważania teoretyczne i kolejne badania powinny iść w kierunku edukacji „przeciw” uprzedzeniom społecznym.