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# Introduction: Defining Ableism

Ableism is when you say that I don't act disabled and expect me to take that as a compliment ...

Ableism is when "whole" is a word reserved for the able-bodied, or when you say that I'm beautiful despite my differences, and fail to recognize that I'm beautiful because of them ...

Ableism is when you leave us to ripen and rot hanging from the vine because you refuse to bite into our fruit. Ableism is the fruit of your fears ...

Ableism is when you assume I'm single ... when you assume I'm a virgin, when you assume I hate my body because in your narrow mind how could I not? ...

Ableism is when parents yank their kids away and tell them not to stare, automatically teaching them that disability is a dirty word ...

Ableism is when you make plans that do not include accessible venues, accessible spaces, so it becomes easier to erase me from your list ...

Ableism is when disabled parents are told they should not be parents ...

Ableism is making heroes out of people who take disabled kids to the prom and never talk to them again because that one "good deed" is good for at least 10 years, if not a lifetime ...

Ableism is a lifetime of isolation, a lifetime of segregation, a lifetime of untold stories of "Once upon a time there was a cripple who could" and for every cripple that could there was and is an able-bodied person who should but doesn't ...

Ableism is the fact that we can embarrass you just by sitting in the same room and breathing the same air ...

Ableism is the way media portrays us as either objects of pity or inspiration ...

## 2 Introduction: Defining Ableism

Ableism is how you want to lock us in the closet and how you believe that giving us new labels like physically challenged and differently abled is no longer labeling us ...

Ableism is making buses accessible but not the streets leading to the bus stop ...

Ableism is when you say that if God hasn't healed me, it is only because I don't have enough faith ...

Ableism is how your faith considers me a punishment from God, or how you try to pray my differences away as if they were demons ...

Ableism is your ability to find reasons to push us aside to keep us in cages, leave our struggles out of the history pages ... pretend we never existed ...

Ableism is when you think I don't have a disability because you can't see it ...

Ableism is asking my friends what I would like to order because you fear not being able to communicate with me. Ableism is the fact that you don't even try ...

Ableism is calling my needs "special" and then ignoring them ...

Ableism is believing I need to be fixed. Ableism is you refusing to fix what's really broken ...

Ableism is painting our lives like a tragic story ...

Ableism is our story told by nondisabled voices captured through a nondisabled lens ...

Ableism is you feeling like I should be grateful for the ramps and the parking spaces as if access was not a basic right ...

Ableism is when you force unsolicited help upon me because, to you, it seemed like I needed it ...

Ableism is you thinking that my asking for help gives you the right to decide for me ...

Ableism is when you wish for a world without disabled people, and you say that to me and expect me to agree with you ...

Ableism is when you say that if you became disabled, you would want to die ...

Ableism is wishing you could help us die, or wishing you didn't have to help us live ...

Ableism is believing disabled people are better off dead ...

(Selections from "Naming Ableism" by  
Maria Palacios 2017. Full poem on pp. 34–36)

While research on ageism, heterosexism, and anti-fat attitudes has been steadily increasing, the study of ableism or disability prejudice is still in its infancy (Corrigan 2014). First referenced over 35 years ago in the women's news journal *Off Our Backs* (House 1981), ableism is an uncomfortable subject, a difficult dialogue, and not just because people feel bad for those who happen to be blind, deaf, or living with chronic physical, intellectual, or mental health conditions.

Disappointment, disregard, discomfort, and disdain are provoked, in part, because disability is a group that anyone can join – at any time. This can be scary, especially for those less familiar with diverse disabled people.

However, this book was designed to provoke difficult dialogues about disability – a social status that incites both hostile and benevolent forms of prejudice – and a group that provokes stereotypes of incompetence and dependency, and behaviors that range from staring and unwanted assistance to abandonment, dehumanization, and hate crimes. As illustrated in the opening poem by educator, author, and activist Maria Palacios, sometimes these prejudices are motivated by fear and contempt – at other times pity, inspiration, and compassion are involved as well. Extending the multitude of volumes on racism, sexism, and intergroup prejudice more generally, this book is among the first to integrate the social scientific literature on the origins and manifestations of prejudice against disabled people as a social group writ large – a group that confronts pervasive discrimination for the right to live independently, to work, and to parent.

More than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning. In the years ahead, disability will be an even greater concern because its prevalence is on the rise. This is due to ageing populations and the higher risk of disability in older people as well as the global increase in chronic health conditions such as diabetes, cardiovascular disease, cancer and mental health disorders. World Health Organization (WHO 2011, p. 5)

## **The Largest Minority Group: Who Qualifies?**

Disability is a membership status on the rise both globally and in the United States (WHO 2011). One in five people currently qualify as living with disability,<sup>1</sup> and many more will acquire the status on either a permanent or temporary basis, the longer they live (Fujiura and Rutkowski-Kmitta 2001). Yet, for reasons this book will tackle head on, disability is a status that seems avoidable – even preventable – unlike old age and the inevitability of death. People don't like to think about disability. Some even characterize it as a fate worse than death: "I'd rather be dead than disabled," is a comment that continues to resonate in popular discourse (Reynolds 2017).

Though surprising to some, disabled people make up the largest minority group in the United States, with 19% of the population or 56.7 million disabled people identified by the US Census (Brault 2012). But the census underestimates the population since it does not count institutionalized people with disabilities incarcerated in prisons or in nursing homes.<sup>2</sup> Some people are born into disability with conditions like Down syndrome, dwarfism, or other congenital impairments.<sup>3</sup> The vast majority of impairments, however (e.g. cerebral palsy, amputation, brain injury, multiple sclerosis), occur after birth, through accidental injury

or the progression of disease (Vos et al. 2016). Furthermore, fractured limbs, concussions, low vision, hearing loss, and depression are quite common throughout the lifecycle, and many people experience multiple disabling conditions that vary in appearance and severity (Centers for Disease Control and Prevention 2013). According to US projections, given a 75-year life expectancy, newborns will average 11 years with disabilities that limit their activities, and those who live past 75 can expect an additional four to five years of disability (Melzer et al. 2000; Zola 1993). When it comes to disability – it’s more a question of when it will happen – not if. I’ve often wondered whether the open-enrollment nature of disability is part of the reason ableism has been such a contentious topic, even among the experts who study stereotyping and prejudice.

In 2003, there were no fewer than 67 US federal statutory definitions of disability. (Krahn et al. 2015, p. S199)

The concept of disability itself is highly contested (McDermott and Turk 2011). Who qualifies as disabled (and who doesn’t) continues to be a moving target since defining characteristics change depending on the source, setting, and historical time period. For example, the same person who is considered disabled at school may not qualify as disabled at work. Different organizations have different inclusion criteria. Some people qualify as disabled if diagnosed with a specific impairment (e.g. autism, spina bifida, depression). Yet, a diagnosis alone does not predict a person’s ability to function in different settings or with particular accommodations. People with the same exact diagnoses can differ widely in terms of their functional abilities, prognosis, and predictability of symptoms.

Not only can the same impairment result in very different limitations for different people, but very different impairments can produce similar limitations: both heart and back problems can reduce mobility. For this reason, many definitions of disability focus on age-specific activity restrictions related to self-care (e.g. bathing, dressing) and other activities of daily living (e.g. managing money, shopping). Questions about activity restrictions typically focus on what people *cannot* do (e.g. “Can you get outside the home?”), which fail to account for the use of technologies and other modifications like the availability of ramps to and from a wheelchair user’s destination. Finally, some disabling conditions like facial scars, HIV/AIDS, or a record of “mental illness” are not associated with any physical limitations; yet, people still experience barriers that restrict their participation in a variety of settings. To address these complexities, the International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term that incorporates impairments, activity limitations, and participation restrictions (Jelsma 2009).

The Americans with Disabilities Act (ADA 1990) also includes a three-pronged definition of disability to protect citizens against discrimination or unfair treatment on the basis of disability: “A person with a disability is defined as a person

with a physical or mental impairment that substantially limits one or more major life activities; or a person with a record of such a physical or mental impairment; or a person who is regarded as having such an impairment.” However, before the 2008 amendments, the ADA excluded protection for those with medically correctable conditions (e.g. hearing aids) and those treatable with drugs (e.g. bipolar disorder, epilepsy). This lack of consensus about disability status is also reflected in recent public opinion polls.

According to nationally representative surveys, Americans still do not agree on what conditions should qualify as disabilities, particularly when it comes to mental “illnesses” like schizophrenia, depression, and addiction (Shannon-Missal 2015). Agreement is even lower among older adults, Republicans, and those without disabled people in their household. In 2015, less than 58% of Americans believed that speech, language, and learning disabilities should qualify as disabilities under the ADA. Yet, in 2015, most (39%) students (ages 6–21) receiving special education services in the United States experienced specific learning disabilities, followed by those with speech-language disabilities (17%) (Lauer and Houtenville 2018). The disconnect between public perceptions and reality makes the study of disability and disability prejudice ripe for investigation.

As I see it, the theoretical framework and analytical lens of Ableism is a gift from the disabled people rights movement [sic] and disability studies to the social sciences and humanities. (Wolbring 2012)

## **Ableism Defined**

The term ableism emerged out of the disability rights movements in the United States and Britain to serve as an analytical parallel to sexism and racism for those studying disability as social creation (Wolbring 2012). With interdisciplinary origins, ableism has been defined as “ideas, practices, institutions, and social relations that presume able-bodiedness, and by so doing, construct persons with disabilities as marginalized ... and largely invisible ‘others’” (Chouinard 1997, p. 380). Yet ableism affects the “able-bodied” too, as many impairments are not physically apparent in, or on, the body. Alternative definitions describe ableism as “a doctrine that falsely treats impairments as inherently and naturally horrible and blames the impairments themselves for the problems experienced by the people who have them” (Amundson and Taira 2005, p. 54). According to Hehir (2002), ableism is “the devaluation of disability that results in societal attitudes that uncritically assert that it is better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check, and hang out with nondisabled kids as opposed to other disabled kids” (p. 2). Sometimes referred to as disablism (Miller et al. 2004) or disability oppression, ableism privileges a nondisabled perspective and promotes the inferior and unequal treatment of disabled people (Campbell 2009).

While multiple definitions help frame the scope of the concept, in the present volume, ableism is simply defined as prejudice and discrimination toward individuals simply because they are classified as disabled – regardless of whether their impairments are physical or mental, visible or invisible. In the field of social psychology, prejudice is traditionally conceptualized in terms of three related components. These are the A, B, Cs of ableism:

- Affective emotions or attitudinal reactions,
- Behavioral actions/practices, and
- Cognitive beliefs/stereotypes that go beyond general negativity.

To illustrate how this works at the interpersonal level, imagine meeting someone with a disability: if feelings of disgust or pity emerge (affect), one may offer to help or simply avoid interacting (behavior) – especially if one believes the person with a disability needs assistance or can't think clearly (cognition). Ableism can operate at multiple levels affecting personal self-perceptions, interpersonal interactions, and intergroup relations. Like other prejudices, there are both individual and institutionalized forms of ableism and discrimination as well.

## **Ongoing Disparities: Institutionalized Ableism**

Based on the most recent US Census and nationally representative surveys, large disparities remain between disabled and nondisabled people in terms of educational attainment, employment status, healthcare, and other indicators of societal participation (Erickson et al. 2017; Kraus et al. 2018). In terms of educational attainment, in 2015, students with disabilities were twice as likely to have earned *less than a high school* education by age 25 compared to nondisabled peers. Furthermore, by age 25, only 10.3% of disabled students had earned a four-year college degree compared to 21.4% of nondisabled students, who were twice as likely to have achieved more than a four-year degree (Lauer and Houtenville 2018). Although the percentage of students with disabilities who pursue higher education has steadily increased (National Council on Disability 2014), some argue that the special education system itself contributes directly to the problem of underachievement. Special education, as a segregated system, can become a dumping ground for students with disabilities, especially for those with multiple minority statuses (Ferri and Connor 2005). In the United States, Black students make up 17% of total school enrollments but 33% of those labeled “mentally retarded,” which is nearly three times higher than the figure for white children. Black students are also twice as likely to be labeled emotionally disturbed compared to White students (Macedo and Marti 2010). In fact, a disability diagnosis has been deployed as a nonracial basis for expulsion from school – contributing to the school-to-prison pipeline (Reid and Knight 2006; Redfield and Nance 2016).

The legacy of marginalization and segregation is not limited to the special education “short bus,” as ableism is reflected in employment and healthcare disparities as well. For example, based on representative survey samples, compared to nondisabled people (12%) more than twice as many people with disabilities (27%) said they needed to see a doctor but did not because of cost (Krahn et al. 2015); and inadequate transportation was cited as a significant barrier to health-care twice as often by people with disabilities compared to those without.

Accessible transportation is a basic necessity for many Americans to secure and maintain employment. Regardless of the number or effectiveness of programs and incentives designed to promote job opportunities for people with disabilities, in most instances, workers cannot secure and maintain a job if they do not have accessible transportation to get to it. (National Council on Disability 2014, p. 28)

In 2016, 76.8% of people (18–64 years old) without disabilities were employed compared to only 35.9% of people with disabilities; and only 23% of these disabled people worked full-time, year round (Lauer and Houtenville 2018). This 40% employment gap has remained constant for the past 10 years across economic downturn and recovery (Kraus et al. 2018). In 2016, median work earnings were over \$10 000 lower for those with disabilities while their poverty rate was more than twice as high (26.7%) as those without disabilities (11.6%).<sup>4</sup>

Moreover, ableism pervades many other “major life activities” including participation in political, parental, and romantic arenas. Disabled people are less likely to marry, and if they do are more likely to get divorced. The rate for first marriages for people from 18 to 49 years of age is 71.8 per 1000 but only 41.1 per 1000 for people with disabilities – significantly lower than the general population (Cohen 2014). These rates vary widely for different ethnic groups: African Americans with disabilities have among the lowest marriage rates. Furthermore, while divorce rates in the United States have increased in general over the past 25 years, if a spouse becomes disabled, the likelihood of divorce is much higher, particularly among young, educated men with acquired disabilities that prevent them from working (Singleton 2012). Based on analyses of the American Community Survey, Cohen (2014) found that people with disabilities are up to twice as likely to get divorced compared to those without disabilities. Similarly, parents with disabled children are also up to two times more likely to divorce than those in the general population (Hartley et al. 2010; Wymbs et al. 2008).

Finally, disabled people are at much higher risk for secondary health conditions like obesity and heart disease, and are at greater risk of both unintentional injury and intentional victimization and violent crime (see Chapter 2). Specifically, disabled people are “more than twice as likely to report rape or sexual assault compared to people without disability. Women are victimized more often than men ... [and] both men and women with disabilities are at significantly increased risk for intimate partner violence” (Krahn et al. 2015, p. S201–S202).

## Historical Approaches to the Study of Disability Prejudice

Since its inception in the mid-1980s, the field of Disability Studies, like Black Studies and Women's Studies, has underscored the importance of disability as a social construction – a concept created to provide some basis for shared ideas about reality. In the case of concepts like race, gender, and disability, the reality that is created (and perpetuated) is often hierarchical: Some groups are positioned with more privilege and power over other groups who remain disadvantaged. Because they are social creations, these concepts mean different things in different places, and change with time as societies evolve and regress. For example, some still consider homosexuality a lifestyle choice; yet, increasingly science has documented its biological bases (Mustanski et al. 2002). Likewise, disability has seen many alternative constructions throughout history, equating it with the supernatural, the animalistic, the biological, and most recently, the socio-political (Burch and Rembis 2014; Wendell 1996).

Some scholars who have taken up the issue of ableism focus on large-scale political, economic, and structural issues that systematically oppress those who differ from the norm (Charlton 1998; Hollomotz 2013). Others have written from a humanities perspective to theorize the philosophical contours of ableism, and challenge the concept of normalcy (Campbell 2009; Scuro 2017). Within the field of psychology, psychoanalytic critiques have been applied to explain how ableist beliefs can affect the socialization of self through discourses about trauma and control, projection, and the rationalization of bias (Goodley 2011; Watermeyer 2012). Rehabilitation psychologists have also expanded their research on personal adaptation to disability to examine the interpersonal and environmental factors affecting the attitudes of nondisabled people toward disabled people – a topic that has dominated the study of disability prejudice for many years (Dunn 2010).

A review of textbooks on the psychology of prejudice and discrimination, however, revealed very few, and mostly brief, sections on disability prejudice as a category of study (Chin 2010; Nelson 2006; Whitley and Kite 2009). As a consequence, most students of psychology, like the public more generally, continue to assume that disability has more to do with people's biological impairments (e.g. blindness, deafness, or spinal cord injury) than with their socially disadvantaged status, and they are not alone. My own field of social psychology has been slow to recognize disabled people as a social group (see Nario-Redmond 2010). This is unfortunate considering that the study of disability as a social creation began in the 1940s with Beatrice Wright, an early pioneer of disability studies and a student of Kurt Lewin. Lewin is recognized as the founder of social psychology, the man who championed the idea of: "No action without research. No research without action" (Adelman 1993, p. 8). Lewin's work inspired one of the most influential papers in my development as a social psychologist doing disability studies: "Disability Beyond Stigma: Social Interaction, Discrimination, and Activism." In this paper, Fine and Asch (1988) called for a return to Lewinian principles and a *minority-group approach* to disability prejudice. This was 30 years

ago when these authors challenged the individualistic assumptions driving the study of disability in social psychology; yet, few have taken up that call for intergroup theorizing and action-based research, until recently (see Dirth and Branscombe 2018).

Instead, social psychological research has focused almost exclusively on the stigma and anxiety associated with specific impairment conditions like paralysis, autism, and schizophrenia. In fact, this focus on the stigma of individual impairments has influenced the questions researchers have asked, and the methods they have used for the past five decades. To illustrate, one very popular method for assessing disability attitudes asks people about the closest relationships they are willing to have with those who experienced any number of conditions, including mental illnesses, blindness, deafness, dwarfism, missing limbs, etc. The approach resulted in a rank ordering of those impairment groups that people would: institutionalize, live next to, or accept as co-workers, friends, or romantic partners (see Chapter 5). Studies using these “preference hierarchies” proliferated, although some have called for the permanent halting of this approach to measuring disability prejudice which can neither explain why some conditions rank higher than others nor predict prejudicial treatment more broadly (Olkin and Howson 1994).

By failing to conceptualize disability as a social category, a group membership, questions about ableism as a more global set of reactions toward disabled people as a whole (regardless of impairment) cannot be considered. This is changing as scholars begin to recognize that the study of stigma and attitudes is incomplete without an analysis of the experiences of disabled people as a group in order to uncover the broader social and political implications of ableism and its effects on the participation and well-being of current and future citizens with disabilities.

The subject of ableism is now being explored descriptively through personal narratives, and discourse analyses, at both micro and macro levels. What remains lacking is a distinctly *intergroup* perspective that incorporates contemporary theory and research on the psychology of prejudice, mindful of recent critiques and new interdisciplinary approaches (Dixon and Levine 2012). An intergroup perspective on ableism recognizes that while prejudice often occurs between individuals interacting at the interpersonal level, prejudice also represents beliefs and motivations that derive from belonging to particular groups – groups of “us” and “them” – groups often motivated to maintain their status differences (Tajfel and Turner 1979). Until very recently, the discipline of social psychology had not articulated disability as a socially contingent category, a disadvantaged minority status influenced by intergroup power dynamics and the material environment in ways that shape ableist attitudes, stereotypic beliefs, and discriminatory behaviors (Nario-Redmond 2010).

Therefore, the ground is extremely fertile for new research at the intersections of disability studies, social, and community psychology. There has been growing recognition that traditional approaches focused only on “what’s wrong” with the

individual are not sufficient because they don't account for persistent inequalities, prejudice, and discrimination experienced by this marginalized group. A social psychology of disability is needed to explore the mechanisms, myths, values, attributions, and emotional reactions that lead to biased intergroup judgments, group identity formation, self-stereotyping, and the tensions between interpersonal liking and collective action for change.

Among contemporary prejudice researchers, a self-critical approach has been gaining traction that recognizes how changing historical policies (e.g. ADA) have shifted the dynamics between disabled and nondisabled groups, altering the forms that ableism can take. Increasingly, prejudice is recognized as a complex manifestation of beliefs, mixed emotions, and behaviors that transcend expressions of general negativity (Glick and Fiske 2001). Prejudice, and disability prejudice in particular, can be benevolent and kind, paternalistic, pitying, and inspired by charitable intentions that nevertheless allow for the justification of control, restricted rights, and dehumanizing actions. For example, as more disabled people are gaining employment and access to higher education, ableism in the form of jealousy can emerge, especially when accommodations are framed as "special privileges," like extra time on tests, books on tape, and the ever coveted disability parking placard.

The changing socio-political landscape is also directing the focus of scholarly research to explore the shifting power dynamics of interpersonal and intergroup life for disabled and nondisabled people alike. This emerging multi-disciplinary scholarship remains somewhat marginalized itself as it is fragmented across many fields of study, appearing in the journals of psychology, sociology, rehabilitation medicine, social work, political science, and disability studies. One of the goals of the present volume is to translate across these disparate literatures on disability attitudes, stigma, stereotypes, prejudice, and discrimination to uncover convergent trends and theoretical advancements, and to call for future research on a myriad of questions yet unanswered. This volume aims to address five key questions:

- What does ableism look like? What are its common manifestations?
- What are the causes of ableism against disabled people, and how are these perpetuated?
- How do disabled people respond to ableism, and how do responses affect well-being?
- What works to reduce ableism, promote understanding, and increase equality?
- What research questions remain unanswered for a future research agenda?

The following section summarizes each of the chapters to follow, which are based on a thorough review of the contemporary and classic research on disability prejudice, and critiques of the prejudice problematic – the approaches that have driven research on stereotyping, prejudice, and stigma for the past 50 years. Each chapter situates findings within the context of intergroup relations theories,

identifying methodological limits, and suggesting contingent interpretations along with next steps. The chapters are organized into three parts: the origins of ableism (Chapters 2, 3, and 4); its consequences for targets' interpersonal and social relationships (Chapters 5 and 6); and advances from interventions to reduce ableism and activism to promote equality and social change (Chapters 7 and 8).

Specifically, following this introductory chapter, I review research testing the various theoretical origins associated with disability prejudice, beginning with the most distal or remote explanations about our evolutionary predispositions and universal motives. This is followed by more midrange explanations focused on ideologies, media portrayals, and language. I then review the more proximal explanations for ableism and its impact on disabled people, including the cognitive-affective mechanisms and contextual factors that sustain, qualify, and alter its expression. The final chapters examine the impact of interventions that have been effective in reducing prejudice and ableism more specifically, and the disability rights advocacy and collective action efforts that have resulted in specific social changes, followed by an agenda for future research.

## **Chapter 2. The Evolutionary and Existential Origins of Ableism**

The evolutionary and existential origins of ableism are among the more distal explanations for prejudice, less accessible to awareness. They focus on the relatively universal and unconscious tendencies that humans from around the world demonstrate, revealing some of our most basic needs for safety, belonging, and significance. This chapter first describes the basic premises of evolutionary theory, and its implications for disability prejudice. According to evolutionary theory, one of the root causes of prejudice derives from biological predispositions that were adaptive in early hunter-gatherer societies – where communal living offered safety, and attention to potential threats helped protect the group (Kurzban and Leary 2001). The idea is that human ancestors who inherited the tendency to be watchful and wary of danger were more likely to survive, reproduce, and pass on these same traits to their children. This evolved capacity for watchfulness is considered to be threat specific, which may help to explain why prejudice comes in a variety of forms. For example, if a stranger acted in ways that signaled competition, the most adaptive response might be anger (and beliefs that justified retaliation). However, if a stranger or even someone from within the group acted in ways suggestive of illness or disease, the most adaptive response might be avoidance (and beliefs that justified the elimination of this threat).

Some disability prejudice, therefore, might be an evolutionary holdover from those who inherited a disease-avoidance system that became overly sensitive to people whose appearance or behavior signaled poor health – even if they were not infectious. If some people inherited an overactive disease-detection mechanism, they might stare and respond fearfully to others with disease cues like open sores, spasms, or missing limbs, which tend to characterize some of the world's deadliest

infections (Oaten et al. 2011). As a consequence, those who limp, tremor, or have uneven arms or eyes may trigger a false alarm in people who express discomfort and avoid contact even with objects touched by people with certain disabilities (Maguire and Haddad 1990). Some evidence in support of these ideas comes from tests of the disease-avoidance model of disability prejudice. Park et al. (2003) found that some people do overgeneralize their adaptive fear and disgust toward pathogens by avoiding those with disabilities who are not contagious. These evolved tendencies are even more likely when people feel vulnerable to disease, like when pregnant or in hospital settings.

People don't usually catch disability like the flu despite that fact that around the world disabled people provoke repulsion and are treated *as if* they are contagious. They are isolated and shunned from public venues. People with cancer, cleft palates, birthmarks, and burns report being treated as if they were contagious, and responded to with gestures of disgust. Such "germaphobic" tendencies have important implications for interventions designed to promote inclusion and physical connection. If some people have a predisposition to avoid those who trigger contagion fears, interventions that put people into close contact to reduce disability prejudice might actually increase anxiety. Alternatively, with increasing exposure, such fears might become obsolete over time. Unfortunately, by assuming prejudice is primarily learned (and therefore can be unlearned), prejudice researchers have focused less on the challenges from evolutionary (Neuberg and Cottrell 2006) and existential psychology (Pyszczynski et al. 2015), which both focus on more deep-seated and unconscious fears.

The second half of Chapter 2 summarizes theory and research on the existential fears associated with disability prejudice, dehumanization, and hate crimes. According to Terror Management Theory (TMT), some people are avoided because they remind others of their vulnerability to deterioration and death. Disability prejudice therefore, may be used as a way to escape awareness of our own frailty, which can be threatening to those who would rather not think about the prospect of acquiring a disability (or a disabled family member). Disability reminds people that strength, intellect, and language are neither guaranteed nor permanent. Like all animals, humans break. We all have accidents, and someday we will die. Research in over 25 countries has shown that fears of death are linked to prejudice against Jews, Muslims, immigrants, and disabled people (Pyszczynski et al. 2015). Although many cultures promote the superiority of humankind, evidence shows that viewing humans as superior to animals is another strong predictor of intergroup prejudice. If disabled people serve as unwanted reminders that life is not predictable, they may not only be excluded, they may also become the targets of violent crimes.

Ableism may also stem, in part, from a need to feel distinct from other animals. TMT lays the groundwork to examine how fears of death and the need for a meaningful, uniquely human existence can underlie prejudicial reactions – especially toward those who threaten beliefs about what it means to be human (Goldenberg et al. 2000). People work very hard to keep reminders of their

animal natures at bay: we cover up blemishes, perfume body odors, and make private and sanitary the elimination of wastes. Enter people with disabilities who may crawl, shake, and drool. They can be blatant reminders that we, as animals, are made of flesh and blood. Research has yet to test whether making people aware of their animal natures increases ableist attitudes, but evidence shows these reminders do increase thoughts of death. Perhaps this is why birth control regulations are imposed on those whose human status continues to be questioned. People with disabilities are frequently denied personhood, and have a long history of dehumanizing treatments (Braddock and Parish 2001). People whose bodies or bodily fluids signal our essential creatureliness (and vulnerability to disability) may become targets of condescending but taming forms of social control, or animalistic hate crimes involving urination and defecation (Haslam and Loughnan 2012). Others, whose prosthetics and assistive devices appear machine-like, may become the targets of mechanistic forms of dehumanization: disabled residents in institutional settings have been deprived of medication and heat in the winter justified on the basis that they are unfeeling machines that do not feel pain (Bryen et al. 2003).

Critiques of both evolutionary and existential approaches, alternative interpretations, and next steps needed to corroborate the evidence to date will also be discussed. As long as disabled people are conceptualized as less than fully human, they will be treated in ways that benefit those whose lives are considered more valuable.

### **Chapter 3. Justifying Ableism: Ideologies and Language**

Where else do such ideas about disability as a fate worse than death originate? From childhood on, people are exposed to many stories about human variability, the causes of disability, and why some people are more deserving of opportunity than others. In contrast to the universal origins of prejudice, this chapter focuses on the intermediate origins of ableism reflected in the complex belief systems used to justify and perpetuate both privilege and oppression. The chapter begins with a review of how ideologies like Social Darwinism, Individualism, Meritocracy, and the Protestant Work Ethic provide handy explanations that can be used to make sense of status differences and discriminatory practices.

Disabled people have endured a long history of persecution, from institutionalization and forced sterilization to medical experimentation and systematic extermination (Morris 1991). How are such practices that result in persecution, economic exploitation, and hate crimes justified? Across most forms of victimization, ideological beliefs about disabled people's deservingness of specific treatments can be found (Sherry 2016). Few people know that before World War II, over 240 000 disabled people were starved, gassed, and poisoned. Yet, these actions were not considered war crimes. Instead, they were rationalized as mercy killings intended to free families from "a lifetime of sacrifice"

(Gallagher 1990). Ableist beliefs that cast disability as burdensome may be even more common when resources are scarce, or when disabled people are described as taking opportunities away from those benefiting from the way things are (Sidanius et al. 1994). Idealistic beliefs about improving society through human enhancements, designer babies, and selective abortions in the case of disability still persist today as part of the New Eugenics movement (Allen 2001).

Several contemporary and clashing ideologies underscore competing definitions of disability itself, which have significant consequences for social policy. The moral, medical, and social models of disability are analyzed in relation to theories of system justification and social dominance. This work examines how different explanatory frameworks about disability can either fortify or weaken unequal status relationships that keep some groups at the top of the social hierarchy and others at the bottom. The disability models provide for very different explanations about where the problems of disability are located, and therefore dictate very different ideas about where solutions should be sought (Altman 2001). For example, when disability is attributed to supernatural forces, people may be more likely to endorse the need for divine intervention. Whether exorcism or other religious rituals are sought may depend on whether disability is attributed to demon possession or to the workings of a merciful God whose power is revealed through prayer (Braddock and Parish 2001).

Ideological beliefs are often transmitted through popular discourse and other forms of social influence. Chapter 3 goes on to review how language and media portrayals are both used to maintain social inequalities and to challenge the status quo. For example, talk is a form of action that both reflects and creates reality. The phrase “wheelchair bound” is a violation of journalistic guidelines that caution against describing disabled people as passive and imprisoned when mobility devices could also be described as liberating. Unwanted forms of helping can result from repeatedly hearing that people are “confined to wheelchairs” (Linton 1998). Simply overhearing someone use derogatory slurs leads people to devalue those described (Blanchard et al. 1994). Similarly, if the media consistently describes people as “suffering from” disability, viewers are more likely to reflect these restricted accounts. For example, those labeled as a danger to themselves are still forcibly medicated and committed to institutions in the name of protection; an entire “tragic persons’ industry” exists for those with “special needs.” When ramps and audio captions are characterized as “special needs,” people may not identify them as civil rights. It wasn’t until disabled people started describing their problems in terms of discrimination that disability rights activism became possible (Chapter 8).

Finally, Chapter 3 highlights the shifting nature of disability descriptions and media portrayals, particularly in everyday conversations where people often gesture toward prejudice through jokes, memes, and other humorous quips. What qualifies as ableist speech is hotly debated and changes with the times. What was previously considered acceptable may later be contested as prejudicial and vice versa. For example, previously stigmatized terms like freak, gimp, mad, and crip

have been reclaimed as positive expressions of pride within the disability community. Furthermore, public expressions are not always managed to avoid prejudicial talk, especially when people are motivated to verify their biased allegiances. Many people remain unclear about what counts as offensive or funny when it comes to disability, but as minority groups gain power, humor may be used to relieve tension and help people process new social arrangements. The power of disability humor can also raise awareness of the everyday insults and microaggressions disabled people confront (e.g. the YouTube trend “Sh\*t people say to ... disabled people”). Bridging the gulf between curious inquiry and offensive probes is a topic in desperate need of research informed by the experiences of disabled people who should not have to conform to normal standards or disclose their conditions just to put nondisabled people at ease. Future research is also suggested on the process by which popular discourse shifts between what was formerly considered acceptable, and what is increasingly recognized as ableist.

## Chapter 4. Cultural and Impairment-Specific Stereotypes

When language and media portrayals consistently associate certain characteristics with disability (e.g. helplessness, dependence, asexuality) while failing to link the group with other roles and capabilities (parenthood, independence, competence), cultural stereotypes become engrained in memory, shaping what people notice and fail to notice about others. Novels, movies, and cartoons are full of examples that perpetuate stereotypes by portraying disabled people as tragic victims, angry villains, and incompetent dupes (Haller 2010). Even contemporary, award-winning films (e.g. *Million Dollar Baby*; *Me Before You*) reinforce stereotypes whenever the disabled character chooses to die so as not to be a burden to loved ones (Dolmage and DeGenaro 2005). As noted in Chapter 3, the removal of life-sustaining food and breathing tubes can be justified as mercy killing as long as disabled people are characterized as suffering burdens.

Chapter 4 summarizes key lessons on the content, functions, and use of disability stereotypes as the more proximal, cognitive components of disability prejudice. In general, a stereotype is defined as a set of attributes used to characterize a group and its members (Ashmore and Del Boca 1981). Although faulty and incomplete, stereotypes are not uniformly negative. They serve important psychological functions that allow perceivers to go beyond what is directly observable, and to predict how people are likely to behave. For example, if teachers expect to have a student with a disability in their classroom, they may anticipate needing to accommodate the student’s perceived “special needs” or to help them overcome presumed dependence.

To date, most studies regarding disability stereotypes have focused on specific impairments such as physical, sensory, learning, or psychiatric conditions; yet, research examining the stereotypes of disabled people as a whole have been less common as psychology has been slow to conceptualize disabled people as a

minority group (Nario-Redmond 2010). In reality, disabled people share many experiences with discrimination and restricted social status that are often reflected in stereotypic beliefs about the group. This chapter also summarizes research on the cultural stereotypes of disabled people which may not be personally endorsed, but can nevertheless impact judgments, interpretations, and decisions that influence policies. My own research team found strong consensus for cross-impairment cultural stereotypes generated spontaneously by both disabled and nondisabled people. These global or cross-impairment stereotypes characterize disabled people as dependent, incompetent, asexual, weak, passive, unattractive, and heroic (Nario-Redmond 2010). Such work directly contradicts previous assumptions that broad-based, consensually shared stereotypes about disabled people are unlikely due to the diversity of impairments that exist (Biernat and Dovidio 2000).

Disability stereotypes serve many of the same functions as do other minority stereotypes. They are used to define people in ways that best distinguish one group from another (Schaller and Conway III 2001). For example, if the cultural stereotype of disabled people includes traits diametrically opposed to sexuality and nurturance, this can influence opinions about their suitability as partners and parents. Moreover, these representations can impact plans for public facilities that might include accessible bathrooms without the provision of accessible changing tables (Anderson and Kitchin 2000). Stereotype contents influence stereotype use, and when shared across many perceivers, these consequences can be far-reaching. Furthermore, because stereotypes are often activated automatically, they influence people unconsciously. Without any awareness that one's perceptions are being influenced by disability stereotypes, some have questioned whether people can be held accountable for their biased judgments and decision making (Fiske 1989).

Other researchers have speculated that the stereotypes considered most diagnostic of group membership may help to maintain clear intergroup boundaries (Linton 1998; Tajfel and Turner 1979). By defining disabled people as incompetent and dependent, nondisabled people can define themselves as knowledgeable and self-reliant. Stereotypes also function to impose restrictive roles that rationalize discriminatory treatment: when an entire group is defined as incapable and incompetent, it is easier to justify special protections and joblessness. According to the Stereotype Content Model, stereotypes can be predicted as a function of structural variables related to a group's current status in society and competitive (or cooperative) orientation (Fiske et al. 2002). Specifically, people with disabilities (e.g. blind, intellectually and physically disabled) are thought to be stereotyped as "incompetent" because of their low status, but "warm" because of their noncompetitive social position. The implications of the work for prejudicial attitudes and behaviors is elaborated in Chapter 5.

Much more work is needed to examine how ableist stereotypes affect medical decision making and policies governing the allocation of resources. For example, pregnant women are often advised to abort if they test positive for Down

syndrome, dwarfism, webbed fingers, and even conditions that may develop later in life like Alzheimer's (Allott and Neumayr 2013; Hubbard 2006). It is the deselection of only certain types of embryos that is problematic if based on assumptions that life with disability is a fate worse than not living at all.

Although stereotypes are resistant to change, they can be altered, especially when individuals are sufficiently motivated to update their current understandings. Cultural stereotypes also change over time in response to changing social circumstances (Haslam et al. 1999). Future research is needed to investigate the extent to which deeply engrained automatic biases change in response to updated representations of disabled people. Chapter 4 concludes with suggestions for studies that identify the boundary conditions of competency and other stereotypic evaluations: are people more likely to express bias toward disabled people when they appear consistent with disability stereotypes or when they violate stereotypic expectations; and how do disability stereotypes affect the judgments of those who appear less stereotypically impaired (e.g. with less visible, more fluid or temporary conditions)? If not readily categorized as disabled, some stereotypes may not be readily invoked, until disability is disclosed.

## **Chapter 5. Hostile, Ambivalent, and Paternalistic Attitudes and Interactions**

Moving from the origins of ableism to its consequences, the next two chapters focus on the distinct evaluative or attitudinal components of disability prejudice (Chapter 5), and how these impact disabled people (Chapter 6). Prejudicial attitudes include the emotional reactions aroused in response to disability, but also reflect cognitive beliefs which often motivate discriminatory behaviors (Esses and Beaufoy 1994). Attitudes are defined as relatively enduring, global evaluations about a person, group, idea, or issue (Eagly and Chaiken 1993). The expression of attitudes are the effects – the consequences of deep-seated universal fears, learned ideologies, and culturally bound stereotypes – but they can also be a source of prejudice when they contribute to restricted access, increased surveillance, and exploitation. Chapter 5 begins with key lessons from the large body of research on when negative (e.g. hostile, aversive) disability attitudes are most prevalent, and when more positive (compassionate, enviable) and mixed (pitiable, inspirational) or ambivalent reactions should emerge.

Research is contextualized according to the traditional methods popular in the quest to understand variations in attitudes toward disability, disabled people, and different impairments. Theory-driven perspectives are emphasized throughout, including approaches that examine when disability attitudes include both positive and negative evaluations at the same time, and how these ideas have been advanced by modern scholarship. For example, theories of ambivalent prejudice predict that when disabled people are assumed to be incompetent but warm, they are also the targets of disrespectful, condescending attitudes, and infantilizing actions.

Consistent with this reasoning, pity and sympathy are the typical emotional responses to low-status, noncompetitive groups like the elderly and disabled (Fiske et al. 2002). Other evidence testing theories of ambivalent prejudice (Katz et al. 1988; Glick and Fiske 2001) shows that positive or negative expressions of prejudice depend on whether disabled people behave in ways that are consistent or inconsistent with expectations. Disabled people who take on the “sick role” or are assumed to be dependent and incompetent are treated with benevolence and charitable concern while those who violate stereotypical expectations (e.g. participate in work, sex) are treated as threatening and receive more hostile reactions. Paternalistic attitudes and beliefs have been used to reward disabled people for their subordination, docility, and gratitude with supportive services and care, which then justifies the use of exploitation and control under the guise of protection. More hostile and aggressive forms of prejudice are more likely to emerge in response to those who challenge the status quo.

Conversely, feelings of contempt, jealousy, and a sense of begrudging admiration may be aroused when minority groups are perceived as cold, competitive, and capable, which may drive more actively harmful behaviors including aggression (Cuddy et al. 2007). Active harm can also result from feelings of envy toward groups – especially when envy arouses anger. The Stereotype Content Model helps to explain how envied groups can go from being tolerated to being attacked when intergroup circumstances change. For example, when privileged groups lose status to those considered inferior, envy may give way to anger and backlash against those viewed as encroaching on the privileges of the dominant group (Cuddy et al. 2007). During economic crises, envied groups are more likely blamed for widespread social problems (Glick 2005). Envious blame toward certain disability subgroups (e.g. ambitious, educated, or activist) is expected – especially when higher taxes and dwindling social security benefits are attributed to government-sponsored programs earmarked just for them. Resentment toward students with disabilities who receive extra time on tests or other “special” privileges (e.g. note takers, larger bathrooms) is also common (Harris 1991). This section concludes with a discussion of how kind or benevolent intergroup emotions work to maintain systems of inequality (Jackman 1994). Feelings of admiration and even inspiration may emerge along with narratives of disabled people as brave and heroic – especially those who “courageously overcome their limitations.”

Disabled people have increasingly reported on how condescending it feels to be told by strangers “you are so inspirational.” Like other forms of pornography, “inspiration porn” objectifies people and assumes incapacity. It also shames those without disabilities (e.g. “you have no excuse to complain, look at this disabled person who has it so much worse”). The more dangerous message is that if all it takes is a little hard work, perhaps disabled people don’t really need accommodations or legal protections: *if one disabled person can overcome their limitations, so should everyone else*. The implication is that those who fail to “overcome” depression, addiction, stuttering, or dyslexia must not be trying hard enough. When

disabled people are called inspirational, what is it that they inspire others to do? Will others take action to improve disability rights? These and many other questions remain unanswered.

Chapter 5 also reviews some of the more modern approaches to attitude measurement, including the novel Implicit Associations Test (IAT) that uses reaction times to capture unconsciously held associations. For example, people associate more negative terms (e.g. sad, awful, failure, war) with disability than with non-disability, and preferences favoring nondisabled over disabled people are among the strongest implicit biases documented (Robey et al. 2006). The IAT test was developed in response to critiques that the field needed alternative methods to capture the subtle, less controllable forms of prejudice (Dovidio et al. 2011). I discuss the small but growing number of studies on implicit disability prejudice, and the extent to which implicit forms of ableism correspond to explicit attitudes and behaviors. Several studies now corroborate the pervasiveness of implicit negative attitudes toward disabled people among professional caregivers (Enea-Drapeau et al. 2012), nurse educators (Aaberg 2012), special educators (Hein et al. 2011), and rehabilitation professionals (Pruett and Chan 2006).

Finally, Chapter 5 synthesizes studies on the implications of ableist attitudes for dynamic social interactions, including nonverbal behaviors like staring, exchange duration, and other more intentional forms of interpersonal discrimination (Langer et al. 1976). This work captures how the attitudes of both disabled and nondisabled people influence their reactions to one another. According to the social psychological literature, interactions between disabled and nondisabled people are typically characterized as awkward (Hebl et al. 2000). People unfamiliar with disability don't seem to know what to do, and may say things that are well-intended but come across as rude, intrusive, and just plain ignorant. Expecting to be treated badly, people with disabilities may also be reluctant to initiate interactions (Frable et al. 1998). Yet, both disabled and nondisabled people seem largely unaware of the discrepancies between their actions and intentions, and how inconsistent verbal and nonverbal behaviors contribute to distorted understandings. Classic interaction studies will be integrated to examine when expectations result in self-fulfilling prophecies (Kleck and Strenta 1980; Santuzzi and Ruscher 2002), and the factors that moderate both overt (explicit) and covert (implicit) attitudes, and ableist behaviors including race, gender, and disability status differences.

## **Chapter 6. Contending with Ableism from Internalized Ableism to Collective Action**

Although narratives and perspectives of disabled people are integrated throughout this volume, Chapter 6 is devoted to research documenting insider reactions to ableist treatments ranging from the subtle gestures of disgust, objectifying stares, and invasive questions to the more insidious forms of exploitation, harassment,

and harm. Co-authored with Dr. Arielle Silverman, this chapter provides several personal accounts to give readers a firm sense of the many ways ableism is manifested at the interpersonal, intergroup, and institutional levels. Chapter 6 first describes research on how disabled people have coped with stigma and social disadvantage, and then addresses the consequences of these coping strategies for health, self-advocacy, and collective actions for social change.

People with disabilities have choices when it comes to how they respond to ableist treatment – usually with the goal of protecting a positive sense of self or identity. While individual reactions to ableism are as diverse as the people reacting, research reveals some common response patterns. When people feel stressed or threatened by the possibility of being the target of stereotypes and prejudice, their well-being and achievement can be undermined (Chapter 6). One way to cope is through individualistic strategies that attempt to escape ableism by distancing from disability or hiding it from others. This can help people feel a sense of control and avoid discrimination. Yet, deliberately concealing a major aspect of the self-concept or refusing accommodations and other assistive devices can also contribute to self-blame, the internalization of hate, and a sense of hopelessness (Chapter 6). Denial of disability and strategic concealment can also backfire when one’s impairment is not easily escapable. Furthermore, these individual coping strategies do nothing to confront social inequality and injustice. An alternative approach to coping with prejudice involves group-level strategies that focus on improving the status of disabled people as a group. Under certain conditions, pervasive experiences with prejudice trigger stronger identification with the disability community, feelings of pride and a sense of empowerment to advocate for disability rights. There are also risks to those who challenge the status quo as dominant groups in society are reluctant to share power, and push back against those who demand equality – dismissing them as rude, angry, and ungrateful, especially those who reject unwanted “help.” Disabled people have also been punished (e.g. denied benefits; abused verbally and physically) for challenging the status quo while being rewarded with social services for “staying in their place” (Kteily et al. 2011).

Chapter 6 introduces Social Identity Theory (SIT) as generative framework (Tajfel and Turner 1979) for testing both individual and group-level responses to ableism, and the central role of group identity in explaining intergroup behaviors. According to this perspective, both perceivers and targets are recognized as members of social groups that exist in power and status relationships to one another, shaping the dynamics by which people come to understand their disadvantaged (and advantaged) statuses. Recent research documents that people with disabilities deploy both individualistic and collective strategies in response to ableist treatment. For example, those who self-identify as members of the disability community are much more likely to recognize discrimination, to affiliate with other disabled people, and to become involved in disability advocacy (Nario-Redmond et al. 2013; Nario-Redmond and Oleson 2016). Chapter 6

also reviews the conditions that facilitate both individual and collective responses to prejudice, including when members of disadvantaged groups are more and less likely to question the legitimacy of their social position and become politically active.

## **Chapter 7. Interventions to Reduce Prejudice**

Over the past 30 years, there have been numerous approaches to reducing prejudice toward disabled people. Some have had minimal effects while others have worsened stigma and discrimination. Chapter 7 provides a comprehensive review of interventions designed to improve understanding or reduce negative disability attitudes and other misinformed reactions. Much anti-prejudice research has focused on interventions to increase contact with minority groups under the assumption that friendly interactions will produce more equitable outcomes. Chapter 7 describes the considerable evidence from longitudinal, experimental, and field studies showing when intergroup contact is most effective, and how interactions depend on institutionally supported, cooperative, and equal status exchanges (Pettigrew and Tropp 2008). Longitudinal studies have found that nondisabled children who participate in cooperative exchange programs with disabled peers form more complex impressions about disability, and rate peers as more attractive than those who were not part of the inclusion program (Maras and Brown 1996). Nevertheless, increased access to higher education, employment, and public spaces may be more important than friendship when it comes to creating the optimal conditions for contact between groups on an equal status basis (Chapter 8).

Other approaches to prejudice reduction include diversity training and programs that de-emphasize disability or treat it as but one, value-neutral aspect of human diversity (Björk 2009). Unfortunately, many of these interventions have time-limited effects and fail to generalize beyond the specific intervention context (Brown 2011), particularly if focused on de-categorizing individuals (e.g. “I don’t even think of you as disabled”). Thus, students may learn to like disabled peers at school but this may not translate to inviting them to the house or to gathering with other disabled people with whom they have never met. This chapter also summarizes the factors that contribute to generalization of respectful attitudes beyond the intervention setting, and identifies the benefits and limitations of different program types, comparing the effectiveness of initiatives that minimize disability status (colorblind approaches) to those that keep disability-categorization salient (multicultural approaches).

Finally, interventions designed to induce empathy and perspective taking by attempting to simulate the disability experience are also described. These popular interventions include wearing blindfolds or ear plugs to simulate sensory impairments or using wheelchairs to enable a “more direct understanding” of physical

disabilities. Yet, such programs consistently fail to improve disability attitudes, and can make people feel helpless, confused, and more vulnerable to disability themselves (Nario-Redmond et al. 2017); some even became less willing to volunteer for a campus accessibility project. Finally, evaluations comparing between interventions are described along with suggestions for future research designed to promote more egalitarian outcomes, including how increased awareness of pervasive discrimination impacts behavior change.

## **Chapter 8. Beyond Contact: Promoting Social Change and Disability Justice**

Historically, prejudice-reduction interventions have failed to evaluate the perspectives of those targeted – members of minority groups (cf. Makas 1988). Furthermore, many interventions detract attention away from group-based disparities or minimize the importance of cultural identities (Wright and Lubensky 2009). Others have been criticized as promoting assimilative forms of inclusion which perpetuate minority disadvantage (Saguy et al. 2009). The final chapter of this volume addresses these limitations and provides an agenda for future research and sustainable social change.

To date, prejudice-reduction programs have not been in the service of challenging intergroup inequalities. Instead, they focus more on increasing interpersonal liking and tolerance. It has been assumed that once advantaged group members change their attitudes, they will stop discriminating and open the doors of opportunity to the passive disadvantaged. To address these assumptions, lessons from the literature on collective action and the work of disabled people in changing ableist practices is reviewed. Specifically, this chapter synthesizes research on the outcomes of the disability rights movement, and the role of disability advocacy in addressing ableism and disability discrimination (Barnartt et al. 2001). Consistent with the social justice orientation of disability studies, an approach that applies the study of ableism for social change requires the integration of research about why stereotypes and cultural beliefs allow for ableist behaviors, how group identities influence feelings of threat and empathy, and how these reactions facilitate or impede self-advocacy and allyship.

Arguably, among the most enduring, positive impacts on ableist practices have been policy-based, including structural changes for inclusive integration at school and work, access to the built environment, and anti-discrimination legislation. This final chapter describes some of the latest research on the role of nondisabled allies (Ostrove et al. 2009), and the utility of coalition building across multiple minority groups. Finally, an agenda for future research is suggested that focuses on perceptions of intergroup injustice and behavioral change (e.g. volunteering, donating, protesting), including a clearer specification on what is meant by social change and the need to differentiate between compensatory, preferential, and mutually beneficial strategies for transformation.

## Identifying Assumptions and Calling for Action

As you, the reader, approach the following chapters – which begin with the indirect sources of prejudice, more removed from conscious awareness, and proceed to those that are more accessible to contemplation – consider how the research to date has been limited by yet untested assumptions. Empirically driven research is often based on the scientific understandings of the day. For many years, disability has been most typically and unquestionably framed as an *abnormal* condition – no different from the underlying impairment itself. Therefore, most research on disability in the social sciences has followed a biomedical approach that locates the primary problems of disability as residing within the disabled body and/or mind. Yet, when disabled people are consulted as expert knowers, in study after study, the most persistent difficulties disabled people face are *not* those associated with their biological conditions but stem directly from the damaging policies and practices that fail to include them as equal citizens (Linton 1998; Dirth and Nario-Redmond 2019). Similar to sexism, racism, and ageism, ableism is full of assumptions about what it means to be normal, whose lives are worth living, and why certain types of minds and bodies need to be controlled, protected, or improved.

What keeps a poor child in Appalachia poor is not what keeps a poor child in Chicago poor – even if from a distance, the outcomes look the same. And what keeps an able-bodied black woman poor is not what keeps a disabled white man poor, even if the outcomes look the same. (Ijeoma Oluo 2018)

Disability also differs from other minority-group experiences of prejudice, and disability status intersects these as well. Biases toward someone who is Black, female, and queer may interact in ways that manifest quite differently, and create distinct impacts, than biases toward those experienced by white heterosexual males – even if both share similar impairments. Throughout this volume, ableism is therefore distinguished from other forms of minority-group prejudice as certain dimensions of disability may qualify generalizations from studies of sexism, racism, and ageism. For example, similar to transgender and sexual minorities, people with disabilities are often (but not always) the only member of the family with a disability. This means they may grow up more isolated from a cultural community of disabled role models who could offer coping strategies for the prejudice they confront. Without exposure to alternative narratives about disability as a positive cultural identity or a common human condition, individuals with disabilities are at the mercy of dominant cultural beliefs (Chapter 3), and may come to accept that disability is a tragic abnormality or defect that must be cured, overcome, or otherwise eliminated. Such pathologized worldviews have broad implications for psychological well-being (Chapter 6), self-advocacy, and social change for disability rights (Chapter 8).

Furthermore, some disabled people face unique impairment-related concerns including unpredictable pain and fatigue, especially when their participation is restricted to nondisabled ways of moving and learning that offer few alternatives for communicating or that block access altogether. How can people recognize the capabilities of disabled peers whose voices are silent, not because they have nothing to say but because they are not in the room or are denied the means to contribute? In addition, because disability is an open-enrollment group, ableism may involve some unique threats to people who would rather not think about this prospect, and who manage to do so by controlling their exposure to disabled people (Chapter 2). Old age is another category that most people eventually join, and both disability and aging can instigate existential fears of social death and abandonment common to both ableism and ageism; yet, expectations related to achieving the wisdom of old age, and the benefits of retirement and grandparenthood, may also produce reactions that distinguish ageism from some forms of disability prejudice.

Despite different histories of oppression, the origins and consequences of ableism also mirror other minority group prejudices: A shared sense of social devaluation, exclusion, and inferiority are common across stigmatized groups, whether based on sexuality, gender, race, or age. Like other disadvantaged minorities, disabled people are frequently stereotyped (Nario-Redmond 2010), and at greater risk of negative outcomes including underemployment, inferior housing, poverty (Krahn et al. 2015), and abuse (Sherry 2016). Moreover, across groups, people who experience more discrimination in their daily lives report more physical and mental health problems, including higher blood pressure and stress hormones, higher rates of depression and suicidal thinking, and lower quality of life (Chapter 6). When people internalize ableist beliefs about themselves, lower self-esteem can follow. Nevertheless, the relationship between prejudice and self-worth critically depends on how people *interpret* the reasons for their marginalization. While some accept inferior treatment as inevitable and deserved, others come to recognize such treatment as unnecessary and unjust (Chapter 8).

A detailed comparison of the similarities and differences between ableism and related prejudices is beyond the scope of the present volume, which concentrates on studies that describe and explain disability prejudice. However, where research on disability is lacking, each chapter incorporates well-established theory and evidence from other types of intergroup prejudice. The reader is cautioned to recognize the limitations involved when generalizing from other disadvantaged group studies. Nevertheless, such studies are highly instructive for establishing a future research agenda that empirically confirms the extent to which previous theory and research apply to this diverse population. For example, meta-analytic studies testing theories of ambivalent racism and sexism offer guidance in how to test the factors that influence when, where, and for whom hostile forms of prejudice are predicted and when more benevolent or paternalistic prejudices are more likely on the basis of intergroup status and competitive relationships (Glick and Fiske 2001).

Social psychologists and disability studies scholars alike have called for increased transparency about the assumptions that have driven these fields for the past several decades. Ableism may not even be limited to prejudice against traditional impairment groups (e.g. blind, deaf, paralyzed), especially as technological advancements promote biases toward those who choose bionic limbs, prosthetic implants, and other supplements to enhance their abilities beyond what is considered typical for the human species (Wolbring 2012). The present volume articulates these assumptions while attempting to synthesize the evolutionary, ideological, and cognitive-affective sources of disability prejudice and its impacts on the lives of real people through personal accounts and interventions for social change and increased equality.

Ableism can be both blatant and unintentional, involving both hostile and compassionate reactions and practices that compromise the participation and equality of people with disabilities. In order to identify which solutions work, when, and for whom, much more work is needed to disentangle the origins that motivate prejudice and discrimination against those with disabilities. This work must include the perspectives of people living with a variety of impairments. The scientific study of ableism and its undoing will continue to be limited if the voices of those inside the disability experience remain underrepresented. This volume is designed to mitigate against this criticism by incorporating multiple perspectives and commentary from those with insider expertise. For example, Chapter 6 was written in collaboration with Dr. Arielle Silverman, a fellow social psychologist who has been blind since birth; and most members of my student research team have been members of the disability community.

From an early age, students need to be educated about how ableism operates and can be changed. It is my hope that this volume will stimulate many new educational conversations and curricular reforms. The term ableism itself helps clarify the notion that anyone can be impacted by ability-related discrimination if denied rights based on their physical, mental, and sensory differences. Disability is part of the multicultural landscape – a group many belong to or will join, and a major aspect of human diversity. Responding to ableism is everyone's responsibility.

## Notes

- 1 Global Burden of Disease as cited by the World Health Organization (2011) estimates 975 million (19.4%) persons live with a disability.
- 2 The prevalence of disability is much higher among prisoners compared to noninstitutionalized adults. According to the 2004 Survey of Inmates in State and Federal Correctional Facilities, 41% of prisoners reported a disability, particularly learning disabilities (Reingle Gonzalez et al. 2016). This reality is foreshadowed by the nearly one in three youth entering the juvenile justice system having a disability (Mader and Butrymowicz 2014).

- 3 Impairments are defined as problems in body function or alterations in body structure (e.g. paralysis or blindness; WHO 2011). While sometimes used interchangeably in the literature, according to the ICF, disability is an umbrella term that includes bodily impairments, activity limitations, and participation restrictions.
- 4 According to the 2017 Disability Statistics Annual Report, this earning gap has continued to increase since 2008 (Kraus et al. 2018).

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## Ableism ~ A Poem By Maria Palacios (2017)



[https://commons.m.wikimedia.org/wiki/File:Circular\\_staircase\\_of\\_the\\_Vatican\\_Museums.jpg](https://commons.m.wikimedia.org/wiki/File:Circular_staircase_of_the_Vatican_Museums.jpg)

Ableism is when you say that I don't act disabled and expect me to take that as a compliment. Ableism is when you assume that I'm automatically strong and courageous simply because I'm disabled. Ableism is when my blindness becomes your darkness ... when you wear my scars in your sleeve and pretend to understand my truths. Ableism is when you try to heal me, and fix me and promise me that I will walk, or see, or hear or that I will be everything I was really meant to be ... one day in heaven. Ableism is believing that heaven is an able-bodied place where

broken bodies finally become whole. Ableism is when "whole" is a word reserved for the able-bodied, or when you say that I'm beautiful despite my differences, and fail to recognize that I'm beautiful because of them. Ableism is when you leave us to ripen and rot hanging from the vine because you refuse to bite into our fruit. Ableism is the fruit of your fears. Ableism is when you think "sexy" is not a word that applies to me. Ableism is you bragging about your independence while you watch me struggle to get free. Ableism is how free you feel to assume. Ableism is when you assume I'm single ... when you assume I'm a virgin, when you assume I hate my body because in your narrow mind how could I not? Ableism is when your discomfort becomes a bigger barrier than a flight of stairs. Ableism is when parents yank their kids away and tell them not to stare automatically teaching them that disability is a dirty word. Ableism is when you tell me how inspiring it is to watch me work or watch me cook. Ableism is when you can't look at my scars without cringing or feeling like you have to say you're sorry ... or like you owe me an apology for *my* body because I'm such a monster, and your able-bodiedness almost makes you feel guilty, and I say almost because if it had, you would not be so quick to push me out of your mind with a "Thank God it's not me" curling under your tongue like a snake. Ableism is when you make plans that do not include accessible venues, accessible spaces so it becomes easier to erase me from your list. Ableism is when you can pretend disabled people don't exist. Ableism is not being able to join your schoolmates in the class picture or school play because there is no ramp to the stage. Ableism is our disabled lives played by nondisabled actors. Ableism is nondisabled actors who think they totally understand our struggles because they got to play our role. Ableism is having to roll on inaccessible sidewalks because I have no choice. Ableism is the fact that I have no choice, but you do. Ableism is when disabled parents are told they should not be parents. Ableism is when you feel that your baby is not safe with me, or when you pat me on the head as if I were a kid and call me cute. Ableism is when my service dog gets kicked off the plane because nondisabled

passengers complained. Ableism is when I ask you for help and you feel entitled to choose for me. Ableism is nodding your head in understanding instead of admitting that you don't have a clue what I said. Ableism is the fact that you're afraid to tell the truth. Ableism is making heroes out of people who take disabled kids to the prom and never talk to them again because that one "good deed" is good for at least ten years if not a lifetime. Ableism is a lifetime of isolation, a lifetime of segregation a lifetime of untold stories of "Once upon a time there was a cripple who could" and for every cripple that *could* there was and is an able-bodied person who should but doesn't. Ableism is the fact that it doesn't matter because unless you're the one being oppressed, unless it's YOUR body that fails, it's not YOUR problem and you can push it away. Out of sight, out of mind. Ableism is leaving behind the imperfect ones, the ones that slow you down, the ones that embarrass you. Ableism is the fact that we can embarrass you just by sitting in the same room and breathing the same air. Ableism is when you say it's not fair that I don't have to wait in line. Ableism is thinking that I'm out of line for demanding human rights. Ableism is when you say how lucky I am that I get to sit all the time while your poor able-bodied feet get tired. Ableism is you saying that, but deep down feeling grateful you're not me. Ableism is the way media portrays us as either objects of pity or inspiration. Ableism is inspiration porn. Ableism is when you say disabled people should not do porn because our bodies are not something anyone would want to see naked. Ableism is your naked bigotry, peeking through the keyhole of your closet. Ableism is how you want to lock us in the closet and how you believe that giving us new labels like physically challenged and differently abled is no longer labeling us. Ableism is making buses accessible but not the streets leading to the bus stop. Ableism is how the bus stop becomes like a *Forrest Gimp* story always waiting to be told. Ableism is when not even the back of the bus was available to us in the unwritten pages of our history and how we have to become our own crip version of Rosa Parks every single day to this day. Ableism is when you say that if God hasn't healed me, it is only because I don't have enough faith. Ableism is how your faith considers me a punishment from God, or how you try to pray my differences away as if they were demons. Ableism is the demons of your ignorance. Ableism is having accessible parking, but denying us access to the door. Ableism is how the Real Estate industry continues building inaccessible homes and acting as if eliminating a step would be an eyesore, an offence, a code violation. Ableism is the violation of our rights done so quietly and shoving us under the rug. Ableism is when you tell ableist jokes and expect me to think they're funny. Ableism is how your version of funny becomes my version of painful. Ableism is how the rich play monopoly with real properties and make none of them affordable or accessible. Ableism is when words like affordable and accessible are too good to be true. Ableism is saying there are no qualified disabled applicants. What you mean to say is: Disabled people who can pass as nondisabled are hard to find. Ableism is your ability to find reasons to push us aside to keeps us in cages, leave our struggles out of the history pages ... pretend we never existed. Ableism is when you say I'm the only disabled friend you've ever had. Ableism is

when you say that and still don't understand why we feel invisible. Ableism is when you think I don't have a disability because you can't see it. Ableism is expecting me to always be brave like Pollyanna. Ableism is thinking that if I'm in a bad mood, it must be because I'm disabled, and I must have a "chip on my shoulder." Ableism is expecting me to shoulder your ableist beliefs because the weight of my differences are too heavy for you to carry. Ableism is me having to carry the guilt you force upon me. Ableism is when you think Autism equals stupid, and when stupid becomes just another word to describe those like me. Ableism is when you use my hearing child to interpret for you. Ableism is when I find myself forced to use my hearing child to interpret for me. Ableism is when you say it's not your fault that I'm disabled, but act as if it were mine. Ableism is always having to blame someone. Ableism is asking my friends what I would like to order because you fear not being able to communicate with me. Ableism is the fact that you don't even try. Ableism is when your disabled child is the only one that didn't get invited to the party. Ableism is when a political party treats disability as a mockery of our struggles. Ableism is when cops see my disability as a threat. Ableism is when it's dangerous just to be out while cripple. Ableism is calling my needs "special" and then ignoring them. Ableism is believing I need to be fixed. Ableism is you refusing to fix what's really broken. Ableism is painting our lives like a tragic story. Ableism is our story told by nondisabled voices captured through a nondisabled lens. Ableism is you feeling like I should be grateful for the ramps and the parking spaces as if access was not a basic right. Ableism is when my basic rights are considered a burden. Ableism is when you force unsolicited help upon me because, to you, it seemed like I needed it. Ableism is you thinking that my asking for help gives you the right to decide for me. Ableism is when a relationship with me is something you keep from your friends. Ableism is when you have sex with me out of curiosity. Ableism is when your curiosity invades my space ... when your curiosity hurts when your curiosity kills *my* cat and leaves *me* wounded. Ableism is making those things essential to my survival out of my financial reach, but call yourself [an] ally if I qualify for the financial aid, or the loan or the insurance premium that would make you my friend. Ableism is when you pretend to care because you're paid to care but deep down you don't give a shit. Ableism is when you wish for a world without disabled people and you say that to me, and expect me to agree with you. Ableism is when you say that if you became disabled, you would want to die. Ableism is wishing you could help us die, or wishing you didn't have to help us live. Ableism is believing disabled people are better off dead. Ableism is when you turn your head the other way and say that your able-bodied privilege is not privilege and refuse to see that *your* privilege is the face of *my* oppression.