

Can prejudice, stereotyping, Stigma and Discrimination Against Disability be Deconstructed?

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Introduction

Social acceptance is an essential human need that guides a person's attitudes (thoughts, emotions and behaviours) in order to establish positive, meaningful and stable interpersonal relationships. However, when people feel isolated, devalued or socially rejected, they are likely to generate negative manifestations that can lead to anxiety and isolation [1-5].

Like any member of society, people with disabilities need to experience social inclusion, but it is common for them to come up against various environmental barriers. Among them, the most obvious are the different spaces and services that the community offers, such as education, health, work, leisure and recreation, physical activity and sport, transport, access to information, etc. [3,6].

In addition to physical and architectural difficulties, this group feels the constraint posed by attitudinal barriers - considered to be one of the main factors causing most limitations - which generate social prejudices [7-11, and others]. In this way, prejudice is considered to be a serious problem that negatively affects a significant number of people, while contributing to the deprivation of their fundamental rights [12, 13].

As Allport points out [14], the term prejudice (taken from the notion of 'prejudice', originally from the Latin *praejudicium*) has undergone changes in meaning over time. In this regard, the author highlights three stages:

- For the ancients, it referred to 'precedent', i.e. a judgement based on previous decisions and experiences;
- Later, the term acquired the meaning of a judgement made before the necessary examination, or in other words, a premature and hasty judgement;
- Finally, the concept acquired an emotional tinge, referring to the favourable or unfavourable state of mind that accompanies this prior and unfounded judgement.

In this sense, the author defined prejudice as 'a hostile or prejudiced attitude towards a person who belongs to a group, simply because he or she belongs to that group, thus assuming that he or she possesses the objectionable qualities attributed to the group' [14, p. 22].

Traditionally, the most widely used approaches to prejudice in social psychology have defined it as a negative attitude¹³ originating from conflicting intergroup relations. Following this idea, Navas Luque et al. [15] state that the group nature of prejudice is presented in three categories: i) judgements are made about social groups, or about subjects by virtue of belonging to them, and not about isolated individuals; ii) judgements are shared by broad sectors of a group or a specific society; and iii) aspects related to the nature and type of intergroup relations established considerably affect the direction, level and intensity of prejudice.

Under Allport's influence, other later definitions of prejudice have emphasized various common aspects of the term, such as that it refers to an intergroup phenomenon; that it supposes a negative disposition towards an element, or even an entire group; and that it is seen as unfair, negative and evil. According to Rodrigues et al. [11], in essence, prejudice has been considered an attitude, so it has been recurrent in social psychology to define it as 'a generalised, rigid and inflexible negative attitude towards a group or its members' [15; p. 5].

However, this definition has already been criticised for its restrictive view, which fails to adequately understand the current complexity of prejudice towards specific groups such as gender or disability. As Jackman [16] points out, groups such as gender experience both positive attitudes (e.g. women are loved and are models of strength) and negative attitudes (e.g. it is difficult to assume leadership, women are incapable of being entrepreneurs, or they must earn a lower income); they are not the subject of generalised negative attitudes.

In fact, prejudices can be ambivalent, both positive and negative, and are not necessarily inflexible, but depend on the context and sensitivity to changes in the social structure [11,17]. In this respect, Coelho and Da Silva [18] argue that human beings are not born prejudiced, since prejudices are constructed during cultural learning and social power relations.

In this way, as Eagly and Diekmann [19] attest, prejudice must be perceived taking into account both the psychological structure of the subject (beliefs and feelings towards the group or its members) and the environment of the context in which it is produced (the position that groups occupy within the social structure). Taking both factors into account, it is assumed that the conditions for the existence of prejudice are created when there is an incongruence between stereotyped ideas about a social group (e.g. people with disabilities) and the attributes necessary for success in certain social roles (e.g. leadership and management, autonomy, head of the family).

¹³ Although prejudice involves emotions that can be ambivalent, negative or positive, when applied to the term 'disability' or 'people with disabilities', it tends to denote a negative value, symbolising inappropriate stereotypes, discriminatory attitudes and stigmatisation.



Thus, a prejudiced attitude is generated when there is an incongruity between the stereotype (e.g. people with disabilities are dependent and incapable) and success in a certain social group (e.g. top athlete, successful businessman). However, prejudice is only directed at those who create the incongruity, and is not extrapolated to the whole group [5,13].

On this basis, prejudice is seen as a social problem when a large number of people occupy - or aspire to occupy - roles that don't match the stereotype in which they are framed [19]. As Navas Luque *et al.* state [15], prejudice should be approached from a contextual, ambivalent and specific perspective; and not just as a linearly hostile and negative concept between members of different groups.

With regard to prejudiced attitudes between groups, we consider it necessary to clarify the idea of 'group identity', which is perceived as a fluid and metamorphic historical-cultural construct, mediated by discourse and power relations. Therefore, the constitution of group identity must be situated and contextualised in a specific space-time continuum, which takes into account the influences and pressures imposed by the social group. This implies that the interactions, interests and power relations present in society influence the subject's constitution as a person [13,20,21].

We must bear in mind that this group identity is confirmed by difference and therefore by its relational character. This means that the subject's identity is not just an individual construction, but a process of shared responsibility with others during socialisation. In this way, we want to emphasise the importance of the role played by others in the construction of one's own identity, and one of the secrets of identity is that 'it is the articulation of difference and equality' [20, p.52].

Up to this point, we can guess that both identity and difference are generated from a specific context in which the individual is immersed, and cannot be apprehended outside the parameters of established social meaning. In this way, the constitution of identity occurs through the influence of dominant groups - who implicitly or explicitly indicate socially valued attributes - which create groups of inclusion and exclusion.

In this respect, Goffman [22] states that there is a social paradox that encompasses the identification and differentiation of the subject: if on the one hand, based on inclusive movements, society tends to encourage the inclusion of the stigmatised person as a 'normal' element of the social fabric; on the other hand, the same society considers that the stigmatised person must reaffirm the identity of their difference in order to enrich social plurality.

Thus, for Magalhães and Cardoso [20] there are various types of differences that shape group identity, some more visible than others, established by comparison with the socially constituted paradigms of 'normality'. In this sense, disability is a type of difference that commonly 'falls outside the standards of social normalisation' and is characterised by specific psychological, physical and/or sensory attributes.

However, what is essential is not the attribute itself, but the social significance that is given to it, which is why Coelho and Da Silva [18] state that there is little point in trying to teach a person that they should be respectful and tolerant of others based on the fact that they are different from them. What should be taught 'are the processes by which differences are produced through relations of asymmetry and inequality between social groups throughout human history' (opus cit., p. 694).

In this respect, we can infer that the identity of the group and its difference from others is continually being established and re-established by the dynamism of society. Thus, the notion of identity versus difference can be understood as the product of the power relations of the various social groups, and it is necessary to identify them in order to reflect on their origins and strategies for affirmation.

To give an example, if we asked a group of ordinary people to describe a disabled person, they would usually see a person in a wheelchair (or with a white cane in their hand), accompanied by a multitude of epithets based on disability, impossibility and disadvantage when it comes to carrying out tasks in daily life, work or even sport (nothing could be further from the truth!). In fact, this image is influenced by the media, films and books published outside the scope of specific research. This simplified portrait of the vast world of disability is based on the characterisation of an entire group - under certain attributes - of which there is usually no personal experience.

According to França *et al.* [12], these initial images correspond to stereotypes, which are based on beliefs and are considered to be pre-established and superficial characteristics attributed to and associated with groups. These stereotypes serve to define, qualify and homogenise them (e.g. people with disabilities are incapable of... let's put any infinitive here). From a psychosocial perspective, a stereotype is the result of social relations converted into generalised and abusive beliefs, since they are applied homogeneously to all members of a group and usually have a negative bias [13,17,20,23].

Stereotypes simplify and organise reality while serving to justify and rationalise actions and behaviour [3,24,25]. In this sense, the fact that they facilitate a quick reaction to the world usually hides the reality that stereotyping leads to incorrect generalisations, because the agglutinating factor prevents individuals from differentiating themselves with their personal traits [11,28]. Stereotypes are thus defined as: Socially shared belief systems about certain individuals, usually members of a social category, which refer to assumptions about group homogeneity and common behaviour patterns adopted by group members, the foundations of which are found in implicit theories about the factors that determine the behaviour patterns of individuals assessed through the application of a categorical judgement. Usually, but not exclusively, based on assumptions about psychological essences or traits, conceived as interchangeable between members of the group or category. [24, p. 203].

According to this understanding, we can say that the stereotype is of cognitive origin, and therefore a consequence of the process of categorisation; which tends to simplify reality and aims for psychic economy. Likewise, stereotypes are blurred by group identity - and therefore differentiation between groups - and are based on assumptions of homogeneity. According to França *et al.* [12], when thinking about members of a certain group, an idea or belief that is socially shared about that group appears almost automatically (e.g. disability equals uselessness, pity or disadvantage).

In this way, prejudices based on stereotypes tend to promote negative aspects that involve numerous attitudes, thoughts and feelings that can predispose us to discriminatory behaviour (e.g. avoiding contact with disabled people, or changing our walk when a disabled person approaches us). Following this idea, Rodrigues *et al.* [11] state that contemporary social psychologists have identified stereotyping as the cognitive dimension of prejudice; negative feelings towards a reference group as the affective dimension; and discrimination as the behavioural dimension.

As Magalhães and Cardoso state [20], stereotypes, the manipulation of information, as well as stigmatisation and the way the subject deals with it, are formed from the point of view of the group and as a result of the process of constructing identities and power relations in the social context.

For social psychology, the term 'stigma' refers to a wide range of indicators that can initiate the process of stigmatisation. According to Martins [29], Erving Goffman has been one of the most influential and outstanding sociologists of the 20th century in different areas, including the study of stigma. For this author, society establishes ways of categorising people and the total attributes that are considered common and natural for each member of that category.

Thus, in the routines of social relations, the first aspect when we encounter a new subject is to identify and categorise them based on their attributes. This preconception, converted into a normative expectation, can be shaken when the expected attributes of the subject - virtual social identity - do not coincide with the authentic attributes of the subject - real social identity. Therefore, when there are discrepancies in a negative sense, stigma arises [4,17,25].

Consequently, stigma would be a special attribute that produces a deep and substantial discredit in others, and a public stigma relegates the person who possesses it to a 'deteriorated' or stigmatised status, being seen as defective, weak or in a disadvantageous situation in opposition to what is considered 'normal' [4,22]. We can deduce that the attribute that stigmatises a subject confirms the group identity of the other as well as their own 'normality', understood as a relational process of identity (the person is 'normal' when compared in some characteristic with another person).



However, initially established in sociology, the concept of stigma has shifted to other complementary perspectives such as psychology and psychosociology. Thus, stigma, which was developed as an intrinsic process of social interaction through categories such as classification, social status, deviance or normality [4,17,22], has moved on to psychological approaches in which greater emphasis has been placed on the processing of social information, emphasising categories such as stereotypes, prejudices, attitudes and discrimination. At the same time, the psychosocial approach sought to understand how people construct categories and relate them to stereotypical beliefs.

Regardless of the approach, social stigma seems to have a functional value for the stigmatising individual, their group and society in general. Thus, stigma covers those who deviate from established cultural norms, threatening the absolute validity of socialised values. In this way, a theory of stigma is constructed, thought of as an ideology that justifies inferiority and avoids the danger it represents, internalising animosity based on other differences, such as those of social class [4,26].

As a way of clarifying this, let's use a fragment from the story 'The Land of the Blind' by Herbert George Wells, where a man with sight, Nunez, arrives in a valley where all the inhabitants have been blind for generations:

- Slowly Nunez realized this: that his expectation of being admired and revered thanks to his origin and gifts was not going to be realized; and after his precarious attempt to explain the vision to them was brushed aside as nothing more than the confused version of a newly created being describing the wonders of incoherent sensations, he resigned himself, somewhat amazed, to the knowledge they wanted to pass on to him (Herbert George Wells, *The Country of the Blind*, 1904; *Travelman Short Stories – Science Fiction No. 1 – 1998*).

In history, sight was seen as a negative attribute that broke the cultural framework of the majority group and was a deviation from the characteristics that were expected in a human being. Following Goffman's idea [22], sight became the stigma that identified the character, not because of the attribute itself, but because of the social and cultural meaning given to it.

Consequently, a person or group is stigmatised when they have, in reality or in the perception of others, some attribute or characteristic that constitutes a negative or devalued social identity in a given context [9, 13]. In this case, since the stigma was focused on the character - the one who didn't correspond to the social and cultural model imposed by the majority - it can't be considered a process of stigmatisation, since no pejorative or disadvantageous meaning was attributed to the vision [2,20].

According to Silveira et al. [27], stigmatisation can be understood as a dynamic social process, shaped by historical and social forces, and moderated by the context and the moment from the perspective of the stigmatiser, the stigmatised and the interaction between the two. Consequently, this process is capable of producing social and personal consequences in the cognitive, affective and behavioural dimensions, such as reduced self-esteem, loss of status, isolation, rejection, reduced possibilities of benefiting from social services, and others [28].

Reinforcing this idea, Quiles and Morera [1] argue that belonging to a stigmatised group involves negative consequences such as economic, work and social disadvantages. In this sense, members of stigmatised groups assume, both on an individual and group level, that they are devalued in a general social context, which leads them to protect themselves from possible negative consequences in inter-group contact. As Molero et al. [9] suggest, in the case of people with disabilities, stigmatisation is manifested, on the one hand, by little attention and more or less subtle rejection on the part of the majority population; and on the other hand, by discrimination or difficulty in accessing the services and facilities to which all citizens should be entitled.

However, the effects of stigma on the person depend on both the relevance given to the stigmatising situation and the way in which the subject faces the stigma. According to Quiles and Morera [1], some of the personal elements that contribute to positive coping with stigma are related to optimism, group identity, interpersonal skills, previous experience with prejudice, economic security, status, education, etc. [1, p. 173]. However, even if the person builds strategies to cope positively with stigma, by definition stigma implies a devaluation of the person in the eyes of the stigmatising group.

Regarding contact between groups, Goffman [22] claims that there is an idea that impersonal contact between strangers leads to stereotypical responses, but when there is closer contact between the stigmatized person and the member of the stigmatizing group, the initial categorization gives way and gradually gives way to understanding and a new, more realistic reassessment of the subject's attributes. In this way, the manipulation of stigma can be considered as belonging to contact with strangers or simple acquaintances from public life, "placing itself at the extreme of a continuum whose opposite pole is intimacy" [pp. 46-47].

Therefore, close contact between "stigmatized" people and subjects from the stigmatizing group seems to favor the construction of previously non-existent relationship patterns; which, once established, allow new ways of interaction between groups considered different or incompatible [4,13,20,29].

Since Goffman's work [22] in the area of stigma, disability has been identified as a factor of stigmatization and, consequently, of rejection and discrimination [9]. We must bear in mind that when prejudice materializes, moving from the symbolic to the practical level, we are faced with a situation of discrimination [12].

In this sense, we can understand discrimination as the impediment to an individual from acquiring or exercising a fundamental or social right based on their membership of a certain group (social, economic, religious, cultural, racial, gender, disability, etc.). Thus, discrimination is an action or behavior based on hostility, preventing certain individuals or groups from enjoying their rights because they belong to a certain group.

However, in the broad sense of the term, discrimination (as an act or effect of distinction) is not necessarily negative, as it can lead to the recognition of diversity as an indispensable element of social plurality. However, value discrimination generates egocentric attitudes, which according to Coelho and Da Silva [18] are based on three phases: i) recognition of diversity; ii) recognition that within this diversity there may be relations of inequality such as superior and inferior; and iii) an undeserved conclusion that superiors have the capacity to exploit inferiors. Therefore, this value discrimination creates a negative attitude which creates social destabilization and confrontations between power groups.

According to Allport [14], every negative attitude tends, in some way, to be expressed in action at some point, since few people keep their antipathies to themselves without making them evident. Thus, the more intense the attitude, the more likely it will end in hostile action. We can intuit that discrimination has more serious and immediate social consequences for outgroups than prejudice.

This is why numerous studies have shown that the perception of discrimination negatively influences various dimensions of a person's life, and that perceiving oneself as a discriminated element (for belonging to a stigmatized group) generates a negative effect on the individual's physical and mental health, which increases stress and promotes the abandonment of healthy behaviors [9,20,24].

Final Considerations

As a social being, acceptance in the surrounding environment is essential for human well-being. However, on numerous occasions, people with disabilities face social and attitudinal barriers that hinder their inclusion. These barriers are sustained by prejudices and stereotypes — usually negative [11,24] — that limit opportunities and perpetuate inequalities. These disparities not only affect individuals, but also structurally, shaping the identity and interactions of affected individuals, reinforcing exclusionary dynamics and creating additional barriers in social and institutional coexistence [9,22].

In fact, the analysis of the concepts presented reveals the complexity of social dynamics and intergroup power relations [5,12-13], which have perpetuated inequalities and resulted in the exclusion of people with disabilities. These prejudices, sustained by stereotypes, create a cognitive basis that simplifies and organizes reality unfairly, applying generalizations that exclude individualities [23-25,30]. Furthermore, stigma deepens this negative mark by attributing derogatory social meanings to the attributes of disability, which generates discriminatory attitudes such as practical actions that limit fundamental rights with an impact on all areas of these people's lives [4,18].



In fact, to overcome these inequalities, a contextual and inclusive approach is essential, as suggested by Navas Luque et al. [15], which considers not only the deconstruction of these concepts, but also the promotion of diversity. Therefore, based on the concepts discussed, some approaches are implicit that can collaborate in the processes of inclusion of people with disabilities:

- 1. Education and Awareness:** It is essential to invest in educating society to demystify stereotypes and prejudices associated with disability. Educational and intergroup strategies, such as those highlighted by Calderón-López [7], can break down stigmas and transform exclusionary practices. In fact, only by valuing difference and recognizing plurality as an enriching force will it be possible to create a more equitable and supportive society [9,20,25,30]. As highlighted by Coelho and Da Silva [2, 18], teaching about the historical and social processes that produce inequalities can help to deconstruct asymmetrical power relations and foster equality.
- 2. Positive Intergroup Interactions:** Studies such as those by Allport [14] and Pettigrew and Tropp [28-29] suggest that intergroup contact under equal conditions can reduce prejudice and mitigate the negative effects of stigma, helping to promote more harmonious and inclusive coexistence. This interaction helps to overcome stigmas and create new perceptions about the capabilities of people with disabilities [5-6,13,21,30].
- 3. Policy and Structural Reforms:** Eliminating architectural and attitudinal barriers is essential to guarantee equal access to opportunities and fundamental rights, such as education, work and leisure. Institutional changes that value diversity and implement inclusive policies are essential [3].
- 4. Valuing Diversity:** As stated by Magalhães and Cardoso [20], it is necessary to promote difference as an enriching element of social plurality, challenging normative standards that exclude those considered outside of "normality".
- 5. Promoting Social Participation and Autonomy:** To combat stigma and demonstrate their value in the social, economic and cultural context, it is crucial that opportunities are created for people with disabilities to develop their skills and potential [4,6,30,31].

These strategies, applied jointly and continuously, can contribute significantly to overcoming the challenges highlighted and building a more just and inclusive society.

Conflict of Interest

I declare that there is no economic interest or conflict of interest in this opinion work.

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