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Self-stigma in the visually impaired

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The blind and visually impaired are one of the groups prone to stigma. Stigma imposed by social environment may lead to self-stigma, that is expressing negative opinions about oneself as a result of the carried sigma. Self-stigma usually develops in three stages: first the stigmatised person realizes that they have been stereotyped, then they accept the stereotype and finally apply it to themselves. Thus, to develop self-stigma, the person has to be aware that they are perceived by the society in a stereotypical way (a blind person is usually perceived as passive, dependent and reliant on other people's help), accept it and acknowledge themselves that this is their real image. Not every visually impaired person is will develop self-stigma. The article presents selected factors and preventive measures that may reduce the risk of self-stigma.

KEY WORDS: self-stigma, the blind, the visually impaired, stigma

Typhlopsychologists and typhloeducators agree that one of the most important tasks of education and rehabilitation of people with visual impairment is to prepare them for life among sighted people. This can be done by providing them with help in acquiring skills and abilities allowing them to behave according to the role that is determined by their age and position in the social environment. However, it should be noted here that social adaptation does not depend only on the person with disability, but also on the environ-

ment in which they live, including the environment of sighted people.[1] Unfortunately, it often happens that the environment is dominated by the tendency to perceive blind and visually impaired people from the angle of differences (mostly unfavourable) between them and the sighted. In this situation, a change in the social mentality, including first of all the recognition of advantages in people with disability and helping them to use their strong points and talents would be desired.[2] Social stigma can not only hinder the rehabilitation process of people with visual impairment, but also cause the occurrence of the self-stigma with all its negative consequences. And, the analysis of the author will cover this latter phenomenon. In the first part, the author will try to explain psychological mechanisms underlying social stigma, as well as to present the most common beliefs of the society about the functioning of people with visual impairment. In the next part, the author will focus on the phenomenon of self-stigma, discussing the stages of its development, specifying the conditions which favour its strengthening, as well as characterising some behaviours of blind and visually impaired people that indicate its existence. The analysis of the author will end with reflections on the prevention of this negative phenomenon.

At the beginning of the analyses on the phenomenon of self-stigma in people with visual impairment, the author would like to address the concepts of social stigma and stigma (mark of shame) that underlies it. "Social stigma is a response to the individual (or characteristic for a wider group or social category) stigma. In turn, stigma (mark of shame) is a feature that, after being noticed, reveals existing, though not expressed, expectations regarding appearance, behaviour, and ways of fulfilling social roles".[3] Stigma is a cognitive

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[1] T. Majewski, *Psychologia niewidomych i niedowidzących*, PWN, Warsaw 1983, pp. 139–140.

[2] R. Ossowski, *Teoretyczne i praktyczne podstawy rehabilitacji*, Wydawnictwo Uczelniane WSP, Bydgoszcz 1999, p. 235.

[3] I. Kudlińska, *Stygmatyzacja społeczna jako perspektywa teoretyczno-badawcza (na przykładzie badań nad stygmatyzacją ludzi biednych)*, "Acta Universitatis Lodziensis Folia Sociologica" 2011, no. 38, p. 52.

construction, appearing as a result of a dissonance arisen in the consciousness between the expected identity and the actual identity of a person possessing a negative feature or attribute. This difference discredits the person.[4]

Although there could be numerous reasons for stigma (physical deformities, character defects, race, nationality and religion), in all "stigma variations (…) the same sociological properties can be found".[5] When a person who could easily interact with others is stigmatised, they are observed with suspicion or other negative emotions, not only when they presents characteristics that testify to their weakness, but also characteristics that could otherwise make a positive impression. Stigma modifies the anticipations in relation to them, and results in the attribution of features that they do not necessarily have, but which are consistent with one's view.[6] The perception of a human being based on only one attribute, which stands out on the first plan, results in a simplified, only one-dimensional image, without noticing other real features.

Stigma in people with visual impairment is caused by various psychological mechanisms[7], such as e.g. cognitive dissonance. It can result from misunderstanding of some blind people's behaviours, such as not turning their heads towards the interlocutor. Such behaviour causes discomfort in a sighted person who does not know specific needs of the blind. It can be eliminated, for example, by trying to justify the situation by assuming that the blind is ashamed, shy, or unwilling to interact. Another psychological mechanism may be a sense of belonging to social groups and identification with

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[4] I. Kudlińska, *Stygmatyzacja społeczna jako perspektywa teoretyczno-badawcza (na przykładzie badań nad stygmatyzacją ludzi biednych)*, "Acta Universitatis Lodziensis Folia Sociologica" 2011, no. 38, pp. 52–53.

[5] E. Goffman, *Piętno. Rozważania o zranionej tożsamości*, translated by A. Dzierżyńska, J. Tokarska-Bakir, GWP, Gdańsk 2005, p. 35.

[6] Ibidem, pp. 34–36.

[7] E. Jackowska, *Stygmatyzacja i wykluczenie społeczne osób chorujących na schizofrenię – przegląd badań i mechanizmy psychologiczne*, „Psychiatria Polska" 2009, no. 6, pp. 664–666.

"own" group, or those who can see. Then, the group of blind people becomes an unfamiliar group, which is assessed on the basis of simplified schemes and unproven opinions. Yet another mechanism that is applicable to this case is the phenomenon of generalization of behaviour. When it is perceived that a blind person cannot for example read the information on the board about a departing train, it is assumed that they cannot travel independently. Yet another mechanism is the phenomenon of a self-fulfilling prophecy. Because of a stereotypical image of the blind, only these their features which confirm this opinion will be noticed. For example, the belief that blind people are unable to deal with their daily lives independently will result in noticing such phenomena as the fact that they move with the help of a guide in a new area, or that in a new situation they require a description of a room in which they are located instead of paying attention to the fact that in many known situations they will not need this kind of help.

When a person has an attribute that shows their disability, people are inclined to see in them not only other defects, but also other attributes that are not entirely negative, but somewhat embarrassing. Mentioning this, Erving Goffman gives an example of blind people who are often treated as having other disabilities. People, for example, speak loudly to them, as if they suffered from hearing impairment, or support them as if they were lame. Sometimes, they are also treated as possessing the sixth sense, a supernatural way of learning about reality in the situation of being deprived of the main teleanalyzer.[8]

E. Goffman claims that in order to form stigma, the mark has to be not only visible but also intense.[9] In case of blind people, some of them have clearly visible traits in their appearance which testify to their difference. They include, visible nystagmus, eyeballs inserted into the eye sockets, blindisms manifested by shaking the head, swaying, impoverishment of facial expression. Although there are

[8] Ibidem, p. 36.

[9] Ibidem, p. 85.

people whose stigma is invisible even after a closer look, they are also identified as blind on the basis of attributes such as a white cane, dark glasses or a guide dog. It is worth stopping for a moment at this point to confirm that knowledge about people with visual impairment, even as superficial as the one regarding their attributes, is updated on the basis of stereotypical views that are not always reflected in reality, where, for example, relatively few blind people have a guide dog. Although stigma of the blind is usually visible, it does not have to be intense, that is, it does not have to interfere with social interactions. When a blind person walks along the pavement and moves smoothly, can go in the direction they has chosen and does not disturb the path of movement of other people, their stigma is visible, but it does not attract enough attention to assess it as significant. However, during a conversation with a blind person when they have a problem with keeping their eye on the interlocutor, and they look in a different direction than he does, then the interlocutor may feel uncomfortable in this situation and consider their stigma intense.

On the basis of the author's study of the image of people with visual impairment in the eyes of the able-bodied society[10] it can be stated, among others, that although the society has a rather positive view of blind people, it is stereotypical. The respondents attributed to people with visual disability such features as timidity, excessive sensitivity, low self-confidence, patience, seriousness. In the answers of the respondents also typical stereotypes concerning blind people, such as the belief about their passivity, were revealed. One of the reasons for this may be occasional contacts between the respondents and blind people, usually limited to situations when they really need help from sighted members of a society (e.g. at a tram stop when they cannot read the number of the approaching tram). This may favour the division of roles into sighted people, helping

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[10] J. Gładyszewska-Cylulko, *Obraz osoby niepełnosprawnej wzrokowo w oczach pełnosprawnego społeczeństwa w kontekście przemian kulturowo-społecznych*, „Wychowanie na co Dzień" 2013, no. 12, pp. 9–13.

(stronger, active, resourceful) and blind people, in need of help (weaker, passive, helpless). What is worth noting, similar results were obtained in countries as culturally and socially different, as Poland and Australia.[11]

Stigmatization "can be manifested in four forms, as lack of help, avoidance, applying coercion and institutional segregation".[12] Stigmatizing people say, for example, that blind people should learn in special schools, and work in supported employment enterprises. In addition, they are convinced that the blind feel better in their own company and do not need contacts with sighted people. According to Elżbieta Czykwin, being a stigmatized person reduces the sense of control, which affects self-confidence and trust in the world, and also has an impact on undertaking actions aimed at influencing reality, including the social one.[13] Stigma affects the self-image because "the stigmatizing attitude is a kind of negative social interaction, and according to the fundamental knowledge of clinical psychology, the sense of Self of a human being at different stages of development and adulthood shows a high correlation coefficient with the quality of interpersonal relations. This dependence is causal and bilateral, meaning that low self-esteem (critical self-esteem) increases the likelihood of social rejection and isolation".[14] Danger can arise when stigmatized people start considering the category associated with stigma to be the central Self category. Then, it constitutes "a binder connecting various other elements of the self-image into a coherent whole. The essence of this coherence is the negative emotional stigma and internalization of certain socially

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[11] J. Gładyszewska-Cylulko, *Postrzeganie możliwości i potrzeb osób niewidomych w Polsce i Australii*, „Niepełnosprawność. Dyskursy pedagogiki specjalnej" 2017, no. 26, pp. 29–43.

[12] P. Corrigan, A. Watson, *Understanding the impact of stigma on people with mental illness*, "World Psychiatry" 2002, no. 1(1), p. 18.

[13] E. Czykwin, *Stygmat społeczny*, PWN, Warsaw 2007, p. 224.

[14] E. Jackowska, *Stygmatyzacja i wykluczenie społeczne osób chorujących na schizofrenię – przegląd badań i mechanizmy psychologiczne*, „Psychiatria Polska" 2009, no. 6, p. 657.

stereotypic contents".[15] This leads to a sense of vulnerability, worthlessness, reduced control and, consequently, to destruction. E. Czykwin proposes to apply here the term of "mistletoe stigma syndrome", using the analogy to the tree and the mistletoe growing on it. This small plant can lead to the destruction of the tree, being its parasite and taking away its water and mineral salts. And just as the mistletoe hinders the intake of life-giving food by the tree, the stigma placed in the centre of the self-image may cause self-isolation effects, which means that the interactions (also those previously established) become shallower or disappear.[16] In a stigmatized person, a continuous cognitive and affective conflict between the cognitive need for coherence and the emotional need for self-evaluation takes place, because a human being constantly strives for self-verification (or the coherence of observations on oneself) and self-estimation (or the coherence of these observations with information from outside). Nevertheless, the need for self-verification seems to be stronger.[17] Stigmatized people take different ways of dealing with life. The first of these may be the acceptance of the "new self" taking place in different manners. Another one can be the mastery of various areas of activity that at first glance seem to be impossible to learn. They can also use stigma as an explanation for all kinds of life failures. Moreover, they can perceive it as a kind of blessing, enabling a better understanding of the world and people.[18]

One of the consequences of stigmatization may be self-stigma. It usually takes place in three stages: first, people marked with stigma become conscious of the stereotype, then they agree with it and finally apply it to their own self. Thus, in order to create self-stigma in a given person, they must be aware of the stereotypical way in which the society perceives them (a blind person in the eyes of the society is generally passive, dependent, needs help from others) and

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[15] E. Czykwin, *Stygmat społeczny*, PWN, Warsaw 2007, p. 212.

[16] Ibidem, p. 224.

[17] L.A. Pervin, *Psychologia osobowości*, translated by M. Orski, GWP, Gdańsk 2005.

[18] E. Goffman, *Piętno. Rozważania o zranionej tożsamości*, translated by A. Dzierżyńska, J. Tokarska-Bakir, GWP, Gdańsk 2005, pp. 39–44.

agree with it ("Yes, visual impairment actually causes that a person has a tendency to passivity, is rather dependent and needs help from other people"). However, these two stages are not enough for self-stigma to occur, additionally a human being must accept that he has such features. When a person with visual impairment enters an environment, they expect acceptance, which in their opinion belongs to them either by assumption or because of having various attributes (e.g. empathy, creativity, willingness to cooperate). In contrast, they do not arouse any interest, they can face indifference or even ostracism. In this situation, a cognitive dissonance appears between the way they perceive themselves in the environment and they way they are perceived by the environment. One of the methods to deal with this kind of dissonance is to find one's characteristics that justify the negative behaviour of the environment in relation to oneself. Characteristics that indicate low social attractiveness may become dominating in self-perception, while features that were strong points in confrontation with others may become less significant in the self-evaluation. Sight loss, or limitation of its performance, can become a superior feature, according to which a person with visual impairment determines their social identity, but can also be treated not only as one of features, but an embarrassing attribute that should be hidden from the world. For example, visually impaired people can hide from others that they cannot see well (they pretend to copy from the board, although they are unable to see what was written on it, they do not use optical aids, etc.). They can also try to eliminate from the self-image the fact of "being a person with visual impairment". For example, they refuse to learn Braille, although the vision disorder progresses, they are reluctant to participate in vision rehabilitation claiming that they do not need it. It also happens that they do the opposite, which means that they take all possible actions to improve their visual performance, or attempt to learn skills that seem to be inaccessible due to their vision disorders, e.g., skiing, playing football. Unfortunately, even if they manage to make progress in this area, they will not become free from their handicap for sighted people.

As it was mentioned above, not all people with visual impairment will develop the phenomenon of self-stigma. Some researchers believe that stigmatizing does not affect the self-esteem of a stigmatized person, or this influence is small. This is because "it is not stigma that affects self-esteem, but rather self-esteem shapes perception and reactions to the experience of stigmatization. Considering this alternative view, all doubts concern the existence of a relationship between stigma and self-esteem, as well as an explanation of this relationship.[19] Worth mentioning here are the results of research conducted by Zofia Palak. They concerned issues focused on the problem of the self-image and the level of self-acceptance in blind youth. They demonstrate that the self-image of blind people did not differ from the image of their sighted peers. Moreover, there were also no major differences between the blind and the sighted in the field of the level of self-acceptance. It should be noted, however, that among blind youth 91.7% were people with congenital vision disorders, or those who experienced anomalies before 5 years of age, so it can be assumed that the factors significantly facilitating self-acceptance in this group were: early start of rehabilitation activities, and acknowledging the level of physical condition as a constant value.[20] Acceptance of own disability was also the most important determinant of minimizing the sense of otherness in blind people and people with residual vision in the research conducted by M. Zaorska. This factor was even more important than acceptance from the closest social environment. In these studies, it was also discovered that people who are or were educated within mainstream or integrated education system experience a stronger sense of otherness.[21] At this point the research conducted by Bruce Link

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[19] B. Link et al., *The Consequences of Stigma for the Self-Esteem of People With Mental Illnesses*, "Psychiatric Services" 2001, no. 52(12), p. 1622.

[20] Z. Palak, *Obraz własnej osoby młodzieży niewidomej*, UMCS, Lublin 1988, pp. 58–155.

[21] M. Zaorska, *Poczucie „Inności" u osób niewidomych i osób z resztkami wzroku w sferze funkcjonowania psychicznego, fizycznego i emocjonalnego*, „Interdyscyplinarne konteksty pedagogiki specjalnej" 2013, no. 1, pp. 37–59.

and his team should be mentioned. They concerned the impact of stigma on the self-esteem of mentally ill people. Their results have contributed to understanding the role that stigma plays in the lives of mentally ill people in many aspects. Contrary to the claim that stigma is relatively irrelevant, the obtained results suggest that stigma has a significant impact on the self-esteem of mentally ill people. The researchers based on the social psychology theory, explaining the mechanism by which stigmas affect people. However, as stigma can affect people in numerous ways, they postulate that future research should aim to determine exactly what these mechanisms are, in order to enable the development of effective interventions.[22]

As it can be perceived, people deal with stigma situation differently. Some stigmatized people feel anger, being justified in this situation, concerning the way how they are treated and start to fight against the harmful stereotypes, while others do not care about opinions from outside. Currently, researchers are attempting to find the reason for differences between stigmatized people. Attempts have been made to explain these differences by emphasizing that self-esteem is usually formed in early childhood, therefore, children with positive self-esteem, facing stigma, for example at the time of starting school education, is not very important (while in those whose self-esteem based on early childhood experiences was low, experiences related to the stigmatizing attitude of the environment may cause self-stigma). There are also concepts that self-stigma does not arise, because the attitude of the environment is rather ambivalent than uniformly negative. Feelings of disgust, hostility and avoidance coexist with a sense of compassion, and are often suppressed and not shown. Unfortunately, it is inconsistent with the evidence that the society presents behaviours that demonstrate lack of acceptance, even if they are not accompanied by a certain attitude. This is particularly the case when expressing prejudices is not

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[22] B. Link et al., *The Consequences of Stigma for the Self-Esteem of People With Mental Illnesses*, "Psychiatric Services" 2001, no. 52(12), pp. 1621–1626.

socially undesirable or when people are unable to control their behaviour.[23] J. Crocker and B. Major suggest that stigmatized people may use a mechanism of behaviour consisting not so much in comparing themselves to stigmatizing people as to other stigmatized ones similar to themselves. This allows them to focus on features and qualities other than those that are stigmatized.[24] Clinical experience shows that in the case of blind children and youth, being surrounded by young people who are similar to them (e.g. in school and education centres) can be a factor protecting against self-stigma. The inclination to self-stigma will also depend on how quickly the person will experience the manifestations of stigmatization in their life (it may be different in the case of people born blind, and in people who became blind at a mature age). However, at the same time, researchers emphasize that more important than the age, when the process of stigmatization began, is the time that has elapsed since the stigma was acquired. The longer this time is, the more likely a person has already acquired certain strategies to deal with stigma.[25]

Self-stigma is a more complex phenomenon than initially assumed. Along with the deepening of the insight into the related issues, new doubts, new side scenarios requiring explanation, and new theories that need development appear. Researchers have no doubt that this is an important problem for issues related to the quality of life, emancipation or autonomy of people with disabilities. As a result of the internalization of stigma, they begin to accept discriminatory social attitudes, "which further reduces their self-esteem, leading to the avoidance of any social challenges (e.g applying for a job)".[26] It is proposed that the theories developed so

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[23] J. Crocker, B. Major, *Social Stigma and Self-Esteem: The Self-Protective Properties of Stigma*, "Psychological Review" 1989, no. 96(4), pp. 611–612.

[24] Ibidem, pp. 614–615.

[25] Ibidem, p. 619.

[26] M. Podogrodzka-Niell, M.Tyszkowska, *Stygmatyzacja na drodze zdrowienia w chorobach psychicznych – czynniki związane z funkcjonowaniem społecznym*, „Psychiatr. Pol." 2014, no. 48(6), p. 1204.

far as well as models for preventing and eliminating this phenomenon should be tested on various subpopulations. Researchers should investigate, for example, whether changes resulting from anti-stigma interventions are maintained over time.[27]

Because of gaps in knowledge concerning self-stigma, it is difficult to present any universal advice on preventing its negative effects. However, it is possible to try the application of certain methods of prevention, provided that each time they should be selected according to individual cases. According to E. Czykwin, such methods may include, for example, not hiding a stigma, because it may trigger the fear of being unmasked, which in turn may cause isolation from other people, or formation of detached or seemingly close relationships. Instead, she proposes to reveal stigma while interacting with other people, which gives its carrier the opportunity to choose the way of sharing information about stigma and its scope. Another recommended method may be to reduce anxiety between representatives of minorities and the majority resulting from lack of knowledge or lack of contacts between them, for example through the use of humour, presenting attitudes of acceptance and respect.[28]

Researchers dealing with the problem of auto-stigma in the mentally ill also believe that the attitude towards oneself as a disabled person can be presented on the continuum, with self-stigma at its one end, and the the sense of subjectivity at the other end. Therefore, at the first extremity of the continuum there are people who are unable to overcome negative expectations and stereotypes about mental illness. They have low self-esteem and little confidence in their future success. At the other end there are those who, despite this disability, have positive self-esteem and are not significantly burdened with public stigma. Instead, they seem to be aroused by stigma to achieve empowerment. Identification with a stigmatized group seems to be an important factor in this respect. Although on

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[27] P. Corrigan, A. Watson, *Understanding the impact of stigma on people with mental illness*, "World Psychiatry" 2002, no. 1(1), pp. 16–20.

[28] E. Czykwin, *Stygmat społeczny*, PWN, Warsaw 2007, pp. 268–275.

one hand, stigmatized people, when entering into close relationships with similar people, may internalize negative expectations addressed to each other, on the other hand positive experiences in a group of similar people may positively affect their attitude towards themselves, as well as their self-efficacy. Thus, identification with a group of people with the same type of disability may be a protective factor that reduces the probability that a given person will accept public stigma and apply it to oneself. Preventing self-stigma will involve taking such actions that will result in the lack of occurrence of at least one of the three conditions for the existence of self-stigma, which were presented in the initial part of the article. Apart from the development of positive contacts with representatives of one's group, cognitive work on beliefs (not concerning oneself, but rather the essence of beliefs), knowledge about the mechanism of stigmatization, etc. also seem important.[29]

P. Corrigan and A. Watson believe that the fight against an unfair stereotypical approach to stigmatized people may involve the use of three strategies. The first of these is a protest sent by the environments of stigmatized people wherever a false image of stigmatized people is presented. The second one is education consisting in carrying out campaigns showing the true image of people so far perceived stereotypically, and the third one is contact with these people.[30] In the case of people with visual impairment, examples of such strategies can be social campaigns such as „Czy naprawdę jesteśmy inni?" ["Are we really different?"] presented by the Friends of Integration Association, or "Support Scent" organized by the Guide Dogs Australia, or "Invisible exhibition" – a place where sighted people can perceive the world from the point of view of a blind person.

At the beginning of the present paper, the author quoted the words of Tadeusz Majewski that one of the main tasks of education

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[29] A. Watson i wsp., *Self-Stigma in People With Mental Illness*, "Schizophr Bull." 2007, no. 33(6), pp. 1312–1318.

[30] P. Corrigan, A. Watson, *Understanding the impact of stigma on people with mental illness*, "World Psychiatry" 2002, no. 1(1), pp. 16–20.

and rehabilitation of the blind and visually impaired is to prepare them for life among sighted people through help in acquiring these skills and abilities that are consistent with the role determined by their age and position in the social environment The author thinks that in this aspect the greatest danger of the self-stigma in people with visual impairment is that by adopting a stigma, they begin to behave in accordance with wrong expectations of the society. The imposed label unites with them, is assimilated, and treated as a true, obvious, and incontestable one. Self-stigma can become the main obstacle in fulfilling social roles and functioning both in the environment of sighted people as well as outside it. It can negatively affect self-attitude, hinder undertaking actions aimed to improve one's situation, blocks the desire to achieve new goals and pursue plans and dreams. To put it even broader – it may hinder undertaken actions related to education and rehabilitation, as well as negatively affect the processes of autonomy or emancipation. That is why the author thinks that the phenomenon of stigma is worth a closer approach and more thorough understanding, especially in the aspect of finding the preventing factors. Although it is undoubtedly difficult to eliminate existing stereotypes from the social space, and it is difficult to change the self-image of a person who underwent self-stigma, it is, however, possible to intensify actions aimed to strengthen a positive self-image in blind and visually impaired people, improve their social contacts (both with the environment of able-bodied and visually impaired people), increase their sense of subjectivity, as well as develop their autonomy and improve their quality of life in various spheres.

Bibliography

Crocker J., Major B., *Social Stigma and Self-Esteem: The Self-Protective Properties of Stigma*, "Psychological Review" 1989, no. 96(4), pp. 608–630.

Corrigan P., Watson A., *Understanding the impact of stigma on people with mental illness*, "World Psychiatry" 2002, no. 1(1), pp. 16–20.

Czykwin E., *Stygmat społeczny*, PWN, Warsaw, 2007.

Gładyszewska-Cylulko J., *Obraz osoby niepełnosprawnej wzrokowo w oczach pełnosprawnego społeczeństwa w kontekście przemian kulturowo-społecznych*, „Wychowanie na co Dzień" 2013, no. 12, pp. 9–13.

Gładyszewska-Cylulko J., *Postrzeganie możliwości i potrzeb osób niewidomych w Polsce i Australii*, „Niepełnosprawność. Dyskursy pedagogiki specjalnej" 2017, no. 26, pp. 29–43.

Goffman E., *Piętno. Rozważania o zranionej tożsamości*, translated by A. Dzierżyńska, J. Tokarska-Bakir, GWP, Gdańsk 2005.

Jackowska E., *Stygmatyzacja i wykluczenie społeczne osób chorujących na schizofrenię – przegląd badań i mechanizmy psychologiczne*, „Psychiatria Polska" 2009, no. 6, pp. 655–670.

Kudlińska I., *Stygmatyzacja społeczna jako perspektywa teoretyczno-badawcza (na przykładzie badań nad stygmatyzacją ludzi biednych)*, "Acta Universitatis Lodziensis Folia Sociologica" 2011, no. 38, pp. 51–72.

Link B. et al., *The Consequences of Stigma for the Self-Esteem of People With Mental Illnesses*, "Psychiatric Services" 2001, no. 52(12), pp. 1621–1626.

Majewski T., *Psychologia niewidomych i niedowidzących*, PWN, Warsaw 1983.

Ossowski R., *Teoretyczne i praktyczne podstawy rehabilitacji*, Wydawnictwo Uczelniane WSP, Bydgoszcz 1999.

Palak Z., *Obraz własnej osoby młodzieży niewidomej*, UMCS, Lublin 1988.

Pervin L.A., *Psychologia osobowości*, translated by M. Orski, GWP, Gdańsk 2005.

Podogrodzka-Niell M., Tyszkowska M., *Stygmatyzacja na drodze zdrowienia w chorobach psychicznych – czynniki związane z funkcjonowaniem społecznym*, „Psychiatr. Pol." 2014, no. 48(6), pp. 1201–1211.

Watson A. et al., *Self-Stigma in People With Mental Illness*, "Schizophr Bull." 2007, no. 33(6), pp. 1312–1318.

Zaorska M., *Poczucie „Inności" u osób niewidomych i osób z resztkami wzroku w sferze funkcjonowania psychicznego, fizycznego i emocjonalnego,* „Interdyscyplinarne konteksty pedagogiki specjalnej" 2013, no. 1, pp. 37–59.