„BABEŞ – BOLYAI" UNIVERSITY CLUJ-NAPOCA

FACULTY OF SOCIOLOGY AND SOCIAL ASSISTANCE

SECTION OF DOCTORAL STUDIES IN SOCIOLOGY

THE SOCIAL PERCEPTION OF DISABLED PEOPLE IN ROMANIA

DOCTORAL THESIS SUMMARY

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DOCTORAL THESIS SUMMARY

The herein study's research theme is the exploration of the social perception of the disabled people in Romania. In order for Romania to join the European Union it had to adopt all the European regulations regarding human rights and implicitly the ones regulating the rights of disabled people. The Romanian society had to face some major changes in a very short period of time, to quickly adapt to the new and strict regulations and put them into practice at social level. The social perception of disabled people suffered important changes so that the research on this subject gained a significant relevance, while the exploration of this social phenomenon became a stringent necessity.

After 1989 Romania started to change, as well, its approach of the way the disabled people were treated and labelled by society, of the isolation, discrimination, and exclusion of these people from the community. However, at present, one serious issue in the Romanian society is the discrepancy between the social policies which promote the rights of the disabled people and the implementation of these policies at social level.

Moreover, the social passivity and the old fashioned mentality regarding disability represent a major obstacle for the full social integration of disabled people.

Chapter I comprises the objectives of our research as well as the research questions we put forward after studying the domain literature published during the last decade and the international, European and Romanian legislation regarding the rights of the disabled people.

The objective of this research was to explore the social perception of the disabled people in the Romanian society at explicit as well as implicit level, and the correspondence of this perception with the medical model or the social model of disability.

The main research question was:
- What is the social perception of the disabled people in today's Romanian society?

The secondary research questions which came up from the research's objective, from the main question, from the observations and prospecting previously made on the field and from the study of the domain literature were:

▪ Does the social perception of the disabled people in today's Romanian society correspond with the medical model or with the social model of disability?

▪ Is there a difference between the explicit and the implicit level in the social perception of the disabled people in today's Romanian society?

Chapter II presents a brief history of disability from ancient times until today, emphasizing the fact that beauty and the idea of a perfect body has always influenced the social life, has been considered an advantage or a disadvantage in the process of adapting to the requirements of those societies, and has been the starting point of many love stories which repeatedly changed the history of the world. The occidental societies` way of thinking has been dominated by the ancient Greek and roman art, where the beauty of the human body was represented by the classic sculpture, showing perfect bodies which were primarily worshiped by the dominant classes (Barnes, 1996).

This is how the following belief appeared: those who are beautiful are "good" and those who bare deformities or disabilities are "bad". After centuries of oppression, stigmatisation, fight against prejudices and discrimination, only towards the end of the 19th century did the disabled people start to fight for their rights, for human dignity and for social inclusion. During the last 35 years, the movement for the rights of disabled people started to gain an unprecedented power (Barnes, 1996).

Chapter III presents the international and European sets of laws which regulate the rights of disabled people and their implementation at social level in Romania.

"According to the National Authority for Disabled people, through the General Directions of Social Assistance and Child Protection at regional, local and Bucharest level, on December 31 2008, the total number of disabled people was 631,199.

Among these, 97.3 % (613,924 people) are in their family's care and/ or live independently (are not institutionalized) while 2.7% (17,275 people) live within

residences of social assistance for adults with disabilities under the coordination of the National Authority for Disabled people.

However, these figures are contested by the organisations which represent the interests of disabled people, especially because the main source of information is represented by the settings created by the authorities, according to the number of disability certificates they issued in each region. The statistics would represent the real figures only in the case where each person with disabilities owns such a certificate.

There are several categories of disabled people which are ignored by the statistics, such as the persons who do not know what legal rights that certificate gives them, people who refuse the certificate, those who are older than the retirement age, those who became disabled after an accident and those who live in hospitals or on the streets.

Although the International Classification of Functioning, Disability and Health (CIF, 2001) has started to be put into practice, which brings an improvement of the evaluation of the needs, we still face difficulties.

In Romania, CIF is already being used in the assessment of children with disabilities, but, unfortunately, the specialists are not yet familiarised with the specific working instruments, which leads to an inefficient use of CIF. It proposes a bio-psychological-social model of approach of the person with disabilities so that it results in a global understanding of the person, and the needs are approached in favour of a complete social inclusion.

Problems occur also during the process of issue of the disability degree certificate, which results in a low official number of disabled people in Romania, compared to other European countries. The issue of the certificate, in the case of the adults, is made by commissions largely belonging to the medical field and the information according to which the decisions are taken, comes mainly from the medical files, certificates and doctors` recommendations.

The certificate does not take into consideration the conditions in which the person lives, the needs he/she has in different social environments. Access to assessment is often reduced or blocked, because of the lack of physical access to the building where the assessing commission is, because of the long distance between the residence of the

person and the assessment place, or because of the obligation of annually renewing the certificate.

The existence of this certificate does not guarantee the access to the rights stipulated by law – the persons with a low or medium degree of disability do not benefit from these legal rights. Owning a certificate does not automatically mean that the person has access to the support services in the community, which are very few compared to the necessities. Generally, except from the blind, no disability certificate is issued for those who became disabled because they suffered an accident.

There is also some confusion between the residential institutions (where the assisted persons live permanently) and the special boarding schools. This confusion continues even today and because of that the country reports made by the government regarding institutionalized children only partially reflect the reality. Pupils from special schools who live in the schools` dorms (similar to orphanages) live here only during the school year, 170 days a year that is, and during the holidays and even weekends they live with their family.

Special protection measures such as: prevention, treatment, rehabilitation, education, training and social integration are only stipulated by law, without any necessary mechanisms for these measures to be put into practice. The disability policy is not coherent and does not focus on the equality of chances, by creating independency and auto-determination of the disabled people.

A strong set of antidiscrimination laws does not exist yet, nor a set of laws that involve sanctions for those who do not respect it"(CNDR, 2004).

Romania has become a member of the European Union only on January 1st 2007 and has been forced to adopt the European set of regulations regarding the rights of disabled people and the directions of development of the services for these people. But this comes after a long period of communism, a period during which the system of social assistance was completely absent and now the Romanian society faces difficulties in successfully putting these measures into practice.

Here is an excerpt from the Romanian Disability Manifest from 2003, published under the authority of the National Council for Disability: "At present, in Romania, disabled people benefit from some rights and facilities, according to Law no. 519 (2002).

This law has many omissions, discriminates disabled people according to age, and the deficiency causing the disability, does not eliminate the obstacles that exist and does not prevent the creation of other obstacles that disabled people might face in: education, access to goods and services, jobs, independent life."

Unfortunately, Romania did not ratify yet the UN Convention for Disabled people. This convention contains a real change for society. The obligation and responsibility of the member states that ratified the Convention is to actively involve the disability movement in the entire process. The principle that has to be put into practice in this case is a very simple one, which is very clearly explained in the text of the Convention: "Nothing for the disabled without the disabled". However, the government promised that by the end of 2010 they will ratify the Convention.

Chapter IV defines the concepts we used in our research and describes the models of disability. The concept of disability, the concept of perception, the concept of social perception as well as the difference between the implicit and the explicit perception, they are all explained in great detail for an easy and comprehensive following of the research and a good understanding of the way we operationalized these concepts during the process of investigation.

There are five main models of disability: the religious model, the medical or individual model, the social model, the medical-social model and feminist-postmodernist model. In this chapter we focus on the contrast between the medical and the social model, because these represent the theoretical and epistemological reference of the research, while the analysis of the data collected is made by relating the social perception of the respondents to these models.

Therefore we mention that the medical model appeared during the Enlightenment and the industrialisation periods, when many of the religious values were replaced in the sprit of rationality and once the science progressed, the doctors and scientists replaced the priests as socially responsible of values and of curing these people. Back then, the human value vas determined by labour force and profit, so that those who did not match the "normality" those who were unable to work, were considered inferior. This is the period when the "crippled" disappeared and the concept of "disability" appeared (Oliver, 1990).

The individual or medical model of disability tends to define disability as a tragedy that takes place at individual level and therefore a cure is being sought (Oliver, 1990, Oliver, 1996).

"This places the disabled individual in a state of "illness", while others make decisions regarding this person's quality of life" (Pfeiffer, 1998, p. 503).

The medical model of disability considers that the problem belongs to the individual, that only a treatment can cure it, it denies the values of the individual and the social utility and his/her individuality, considers that the person does not fit the general norms accepted by society, considers the problem of the individual as a personal tragedy and promotes charity as a positive attitude (Oliver, 1990).

The social model of disability, in opposition with the "oppressive" nature of the medical model, started to develop during the mid `70. The concept was elaborated by an academic group of disabled people who, in 1976 managed to "escape" from the system where they were institutionalized. The social model sees disability as a consequence of the way society is organized, it promotes the equality of chances for all the citizens, it encourages the independent life of disabled people, it encourages the decisions regarding the disabled people's personal life being taken by them personally, it is against institutionalization, it promotes inclusion in education and labour, it considers that disability is created by the obstacles the society puts forward against these people's full participation at the community life, it promotes the idea of diversity and condemns the disablism (ableism), the tokenism, the labelling, the negative prejudices and philanthropy (Oliver, 1990).

"The social model of disability brings into discussion, but does not deny the existence of obstacles against disabled people. It makes society responsible for the existence of these problems rather then the individual. Therefore it is suggested that the social model of disability is a form of social oppression (Tregaskis, 2002, p. 457)," just like the homophobia, racism, age discrimination, sexism and so on" (Reeve, 2004, p. 83).

"Disability is the condition that limits or puts obstacles against disabled people` capability to be a part of the normal life of the community at an equal level with the others, because of the physical and social barriers (Finkelstein et al, 1993, p. 92).

Marks (1999, p. 111), summarizes the limits of the social model showing that "it tends to ignore the individual experiences related to gender, sexuality or culture".

The social model has also been highly criticized, being considered sexist, because it predominantly brought into discussion the image of the white man in a wheelchair, often ignoring the role of women with disabilities, gay people and the afro American population. "The model also mainly focuses on the structural social barriers, primarily regarding labour, often ignoring other important social factors such as the family" (O'Toole, 2002, p.85).

Chapter V offers a deep insight of the research made regarding disability issues over the past 20 years, focusing mainly on the studies that researched the social perception and the attitudes towards disability.

Because of the fact that disabled people regularly see the social attitudes as being the strongest and most negative stress factor in their lives, (Voh, 1993), studying the social perception and attitudes towards disability has become an urgent necessity because as long as the negative attitudes persist, the full acceptance of the disabled people is under a big question mark (Antonak, 2000, after Nowicki, 2006).

Also, the recognition of the fact that disabled people are still exposed to prejudices and discrimination and are oppressed by these two, could be the first step towards reducing prejudices (Marks, 1997, after Genesi).

Moreover, the attitudes towards disability represent major barriers against the integration of disabled people. Stereotypes such as the feeling of pity, discomfort, fear, reduced expectances regarding their potential and negative attitudes, determine the other people to keep the distance (Massie, 2006).

The review also emphasizes the fact that negative public attitudes may represent a major barrier against the successful implementation of some social policies, because the population significantly influences the level of importance given to a certain social problem.

Although from the social point of view the general population as well as teachers, employers, politicians etc, have started to have a positive general attitude towards

disabled people, still, the specific attitudes, if investigated, prove to be even more negative than they were in the past. (Hernandez et al, 2000).

Negative attitudes can be institutionalized, we often see the impact of negative attitudes on the way a person treats another. But negative attitudes are like a building block on which the policies regarding disability and social services are built. Attitudes which affect, limit and restrict are institutionalized in the policies and the services and thus the disadvantages the disabled have faced during the centuries are maintained (Massie, 2006).

The social building of disability represents the starting point of the barriers created against the social inclusion of disabled people (Olkin et al, 1994, after Devine, 1997).

As a result of the social building of disability, disabled people face low expectances from the people without disabilities and their social inclusion is limited (Bogdan et al, 1992; Rotschild, 1976, after Devine, 1997).

Van Der Klift et al, (1994), after Genesi (2007), show that "when disability is seen as the main element of a person, many of the unique and human aspects of that person are diminished. When all we see is needs and deficiencies, we actually see everything that person cannot do" (p.339).

In the second part of this chapter we analysed in detail six studies selected from the great number of studies made during the past years, which represented a model for the herein research and which greatly influenced our choosing of the research design and methodology.

This chapter is actually a synthesis of the idea found in all the researches studied that disability is, as mentioned before, a social state and not a medical condition.

Chapter VI presents the theoretical and epistemological perspectives of the research, the sociological and psychological perspective respectively, through which we made our approach of the perception on the disabled people.

Within the sociological perspective we present Pierre Bourdieu`s concept of *habitus* and its influence upon the creation of social perception.

"*Habitus* is a product of time and it produces individual and collective practices, history that is, according to the schemes generated by history. It insures the active presence of past experiences which, put into each organism as schemes of perception, thought and action, tend, more certainly than any other formal rules and than any explicit norms, to guarantee the conformity of practices and their perpetuation in time." (Bourdieu, 2000, p. 85).

In other words, *habitus* represents the totality of thought, behaviour, affective, action and evaluation schemes, the totality of behavioural models or behaviour programs. Any person accumulates this capital, he/she incorporates it and, consciously or not, becomes its "slave" for his/her entire life.

Habitus is made both from a phylogenetic component and an ontogenetic one. Therefore, the individual bares both the inheritance of the crystallized phylogenetic *habitus* and the one formed during his/her ontogenetic evolution, that is: the *primary habitus* (built in the family) and the *secondary habitus* (built in school), as well as many others, depending on the access of the individual to different situational and social contexts.

The social perception represents the result, the product of the primary and secondary *habitus* of a social actor. After thousands of years of oppression and stigmatisation of disabled people coming from those who do correspond to the social norms of normality, it seems almost impossible to convert the primary *habitus* and completely change the social perception on disability.

Within this psychological perspective we presented the concepts related to the cognitive scheme and cognitive scenery as well as the Theory of Cognitive Dissonance of Leon Festinger.

Social behaviour can be better understood if it is seen from the point of view of the perception the individual has of the objective context rather than from the point of view of the context itself.

Social cognition approaches not only the causes but also the results of perception and of the social interaction, in cognitive terms.

"The cognitive scheme is a general structure of knowledge, activated simultaneously, which corresponds do some complex real situations." (Miclea, 2003, p. 249).

The cognitive scenery is a special case of cognitive scheme, particularized to numerous events organized in a series, a typical sequence of events, corresponding to a certain context. This has a hard core, scenes that is, (macroactions), relatively invariable according to particular situations" (Miclea, 2003, p. 254).

These are directly related to *habitus*, the only difference being that, seen from a psychological perspective, their incorporation and functioning is described through the cognitive system.

At psychological level, social perceptions are expressed through attitudes, through those psychological predispositions or tendencies to act in a certain way regarding the data of the real situation.

Social and attitude representations can be seen through opinions, feelings, ways of behaving in certain situations, on certain events, towards certain persons, ideas, values, etc.(Radu, 1994).

From a psychological point of view, attitude is composed of three elements: the affective element (composed of emotional states and evaluative preferences), the cognitive element (opinions and beliefs) and the behavioural element (behaviours and the intention of behaviours) (Allport, 1935).

The Theory of Cognitive Dissonance, elaborated by Leon Festinger (1957), considers that a persons who has in his/her cognitive universe two elements that are not in accordance with one another will not be able to maintain this disaccord (dissonance) and will try to reduce it, modifying one of the elements in order to make it match with the others. Therefore, if two of the three elements of the attitude are in disaccord a psychological tension will appear at cognitive level, which will lead to either changing the behaviour to match it with the beliefs or changing the beliefs to make them match with the behaviour, thus producing the so-called cognitive dissolving.

The Theory of Cognitive Dissonance refers to the means of changing attitudes. This takes place as a consequence of the fact that an individual who is determined to

show a behaviour which contradicts his/her beliefs, he/she will transform his/her opinions in the direction of that specific behaviour.

If we interpret Festinger`s Theory of Cognitive Dissonance within the context of implicit and explicit social perception, we will discover that, if there is a difference between the two perceptions, we are dealing with a cognitive dissonance. The explicit perception is in our case represented by the behaviour showed, in accordance with the social norms while the implicit perception is represented by the negative beliefs and cognitive and/or emotional evaluations.

In order to produce the cognitive dissolving, modifications should be made either at behavioural level, that is at explicit perception level, or at cognitive/emotional level – the implicit perception.

The change of cognitions is difficult to perform because, just like the *habitus* (we are actually talking about the same thing, but seen from different domain perspectives), cognitions, cognitive schemes and cognitive sceneries are the product of phylogenetic and ontogenetic accumulations. However, for an individual, changing the behaviour in a negative way in order to match the unfavourable cognitions (the implicit perceptions) regarding disabled people is against all the social and moral norms. Therefore, the only direction of cognitive dissolving is to change the negative cognitions regarding the disabled people. This is possible only if the individual constantly puts into practice positive behaviours towards the disabled people.

Chapter VII presents in detail the research design. In the first part we bring the arguments in favour of our option of qualitative research in order to study the social perception of the disabled people.

Thus, we show that the study of social perception of disability, and even further, the study of implicit and explicit perception, involves subtle methods of investigation, specific for the qualitative research.

The herein study has been an exploratory study, investigating a theme which was less approached in Romania, but it could be used anytime as a starting point for a larger study, using quantitative methods.

When choosing the method of research we used the guidance of Silverman: "The goal should be to say many things about few things. This means to avoid the temptation of saying little about many things" (Silverman, 2000, p. 61).

The dominance of the medical model and the almost exclusively quantitative research made on disability, used to lead to the ignorance of the social, cultural and individual aspects related to disability.

Once the social model and the international legislation regarding the rights of disabled people appeared, the necessity of a detailed research on disability on cultural, community and individual level also appeared.

"The research on some problems related to disability is still at its very beginning in many countries of the world. A multitude of aspects particular to this problem have not been yet approached by scientific research. When a theme is too little known or studied, or when nothing is known about a social phenomenon, the qualitative methods offer the necessary techniques for investigating such a situation, because there is no prediction ground and the new situation is explored through open questions. In such a situation, the closed questions, specific to the quantitative methodology, need to have a basis of knowledge about the cultural norms, the beliefs, traditions and everything related to the specificities of that particular society. Without this basis, no matter how rigorous quantitative research is, it cannot lead to valid conclusions, because applying some rules that are validated in one social context can prove to be totally inadequate in another culture" (Pope, Mays., 1995, p. 42-43).

Once the policies against institutionalisation appeared, favouring the socio-professional inclusion and integration of disabled people, qualitative research became once again more valuable in the study of disability, because it offers the possibility to draw a comprehensive image of disability, its techniques being adequate subtle instruments for investigating this exciting and debatable subject.

The qualitative researchers though, have to master very well the techniques, to perform rigorous research so that their work be appreciated in the scientific community, so that their studies can be of help to the quantitative research in completing the holistic image of the social phenomena, and so that the exploratory studies can set the ground for further larger quantitative studies.

Further on, the chapter describes the phenomenological design used in the research and brings arguments in favour of this option, showing that needing a research design suitable for an exploratory study, which can obdurate and restrict my own bias related to disability, as well as my entire scientific engagement on the social model of disability, after several investigations, we chose the phenomenological design.

The chapter continues with a brief history of phenomenology and with the description of the phenomenological research paradigm.

Denzin and Lincoln (2000, p. 157) describe the research paradigm as being "a set of main ideas which guide the action and which are in accordance with the principles, visions and perspectives of the researcher."

The epistemology of a researcher, according to Holloway (1997), Mason (1996) and Creswell (1994) represent his/her theory about knowledge, which helps the researcher decide how exactly he/she is going to study the specific phenomenon. My epistemological position in this study can be formulated as follows:

- The data is to be found within the perspectives of the participants to the study, that is the persons who have daily contact with persons with disabilities in Romania.

- Given the fact that in my view, a positive perception of disability is just a perspective in accordance with the social model of disability, the data collected shall be analysed from this perspective.

- Being aware of my total scientific engagement with the social model of disability, but willing to make a study with a high degree of validity, credibility and replicability, I applied the "bracketing" or neutrality in all the stages of the research, in order to avoid any other distortion in the process of collecting and analysing the data.

- According to Davidson (2000) and Jones (2001) we identified the phenomenological methodology as being the best option for the herein study. Phenomenologists, as opposed to positivists, believe that the researcher cannot detach himself from his own believes and that he should not claim the contrary. (Hammersley, 2000). In this respect, Mouton and Marais (1990, p. 12) say that each researcher "has his own explicit beliefs".

The chapter continues with the sampling, showing that we chose the "purposive sampling" or in other words a type of sampling guided by the purpose of the research, considered by Welman and Kruger (1999) as being the most suitable type of non-

probability sampling. We selected the samples according to my criteria as researcher and according to the purpose of the research (Babbie, 1995; Greig and Taylor, 1999; Schwandt, 1997), searching for that type of respondents who "had significant experiences related to the phenomenon we researched". This means that we selected those persons who have daily contact with disabled people and "who can describe relevant experiences" which can help us discover what is the social perception of the disabled people in today's Romanian society (Kruger, 1988 p. 150).

Because of the fact that in the qualitative methodology there are no standard procedures for sampling, we chose to elaborate a strategy of sampling, following successive stages of decision in order to serve the purpose of the research. By performing an exploratory study we did not have to work with the statistic representation of the samples, but we can talk about a representation related to the purpose of the research.

Therefore, in order to increase the representation level of the samples, we interviewed a number of 26 instituionalized and non-institutionalized persons with disabilities, aged between 14 and 76, having different profession, levels of education, having either physical or mental disability.

They were asked to answer the following question:
➢ Who are the persons you meet most often in your daily life and whose opinion and attitude towards your disability interest you?

The answers of the persons with disabilities guided me in my choice of the first group of participants. Over 50% of the answers indicated persons ranging between school age and very old retired people, having the following occupations: pupils, students, doctors, nurses, social assistants, retired people, priests, lawyers, judges, attorneys, public notaries, salespersons, taxi drivers and bus drivers, policemen, waiters, teachers, educators, accountants, plumbers, cleaning staff, different other people working in the public services such as the post, the city hall, the gas suppliers, electricity suppliers, etc.

I decided to cover all the professions revealed by the interview, trying to include in the sampling at least two representatives from each professional category.

After the sampling we presented the tables with the demographic characteristic, the size of the sampling.

The demographic characteristics of the participants according to the geographic region:

	Total no of participants 85	Individual interviews – 85 participants	Focus group – 30 participants
Moldova	20	13	7
Ardeal	23	16	7
Dobrogea	12	7	5
Regat	16	10	6
Banat	14	9	5

Demographic characteristics of the participants according to gender and age:

	Total – 85 participants	16-25 years old	25-45 years old	45-76 years old
Women	50			
Men	35	19	32	34

Demographic characteristics of the participants at the semi-structured depth interview and mind-mapping method:

	Total -55 participants	16 - 25 years old	25 - 45 years old	45-76 years old
Women	32			
Men	23	11	20	24

Demographic characteristics of the participants at the focus group (5 focus groups of 6 participants):

	Total -30 participants	16 - 25 years old	25 - 45 years old	45-76 years old
Women	18			
Men	12	8	12	10

The chapter continues with the description of the five methods of data collecting and with the presentation of the interview guide together with the operationalization of the concepts on each item of the guide.

For data collecting we used the following five methods: The method of in-depth semi-structured phenomenological interview, the method of focus-group semi-structured phenomenological interview, the method of mind-mapping, the method of guided empathy towards disability, the method of memoing or field notes.

The interview guide used for data collecting, both through the method of individual interviews and through the method of focus group interviews, included the following questions:

1.   Please describe what "DISABILITY" means for you.

2.   Have you ever had a relevant experience related to a person with disabilities? Please describe the situation and what you felt.

3.   Please describe the way you see the life of a person with disabilities in today's Romanian society.

4.   If you could change something about the life of disabled people in today's Romanian society, what would it be?

5.   What is your opinion about the perception and attitude of Romanians in general towards the persons with disabilities in today's Romanian society?

The mind mapping method's purpose was to operationalize the implicit perception of disability and persons with disabilities, as well as the correspondence of this perception with the medical or social model of disability. Subsequently, the data was compared with the data about the explicit perception, obtained through the specific items of the interview guide. After the informed consent was signed, each interviewed participant was asked to write in the middle of an A4 sheet of paper the word DISABILITY. Afterwards, they were asked to write on the paper anything that comes to mind related to that concept and were advised to write significant words or short ideas and not elaborate sentences.

At the phenomenological individual semi-structured interviews the questions were "directly addressed to the experience of the participants, their feelings and beliefs related to the research theme" (Welman and Kruger, 1999, p. 196), meaning that they were related to the persons with disabilities and their social perception in today's Romanian society.

The phenomenological semi-structured individual interview is based on a general guide which consists in a list of relevant aspects of the subject researched. In our case, it contained open questions regarding the experiences and behaviours related to the disabled people, opinions, values, purposes, wishes, expectances, related to the same subject, feelings, emotions, knowledge about the types of disabilities and the issue of disability, as well as to the demographic data related to the respondents.

The focus group is a semi-structured interview which allowed us to find what are the perceptions, motivations, feelings and attitudes of the people towards the disabled people.

The advantages of using focus-groups in our research of the implicit and explicit perception of the disabled people were that the groups were formed according to criteria issued from the initial sampling interview. The discussions were focused on the problems related to disability, there has been interaction among the respondents, the subject was moderated by the interviewer who made sure that the discussions do not deviate from the research subject and time was used efficiently.

The disadvantages of using the focus group were represented by the fact that the number of aspects discussed was limited, the time for each respondent's answer was limited, we did not approach very sensitive, intimate subjects and we could not guarantee the confidentiality of the opinions.

This is why, in order to increase the degree of fidelity and validity of the data collected, we also used other qualitative methods. The methodological triangulation helped us obtain subtle, in-depth data as well as a holistic perspective on each respondent regarding the researched subject.

When using the method of guided empathy towards disability, the participants were asked, at the end of the interview, to think of a person with disabilities they know or have seen and imagine they were in that person's situation. They were asked to describe the way they think their life would be in these circumstances. They were told that this is an imagination exercise and were given a few minutes to think about this. The description they made was also recorded.

This method was inspired by the techniques of guided imagery from hypnotherapy corroborated with the technique of vicariate experience. This method was

especially created for exploring in depth the implicit perception of the disabled people, the emotional belonging to a model of disability or another and for emphasizing the degree of empathy of the respondents in relation to disability.

This method also had as a purpose to discover, where it was the case, the difference between the explicit and the implicit perception of the disabled people.

This investigation instrument was one of the most efficient, the data collected through this method being extremely useful and relevant. By using this new instrument, the inner validity of the research increased considerably.

The memoing method or field notes of the researcher is represented by all the notes the researcher has taken on the field, related to what the researcher hears, sees and the experiences and thoughts he/she has during the process of data collecting, his/her thoughts related to this process. Researchers are very easily attracted in the process of data collection and the objective reflection of what actually happens can very easily deviate.

Therefore it is very important that the researcher maintains a balance between the notes about what he/she sees and hears objectively and the notes with thoughts and subjective interpretations such as personal impressions and considerations.

Note taking offered me a permanent cover activity and helped me avoid influencing the participants by implicitly expressing my own perspective.

My mission was to permanently "read" and take notes of details offered by the body language of those who were interviewed and in the same time show a perfectly neuter attitude which did not give any clues.

Later on, these notes proved to be very useful when analysing the data. They helped me remember many details related to each participant at the research.

After a short description of the method of data storage, the chapter goes on with the description of the procedure used in the data explicitation and interpretation. Within this research we used a simplified version of the data explicitation procedure developed by Hycner (1999). This process involves five stages or steps: bracketing and phenomenological reduction, delimitation of the signification units, building the clusters and identifying the themes, summarizing validation and applying modifications and extracting the general themes and the unique themes of the research.

The central themes of this research, identified subsequent to the analysis of the clusters are:

- Evaluating differently the acquired disability compared to the inborn disability
- The family as a vital element for the survival of a disabled person in Romania.
- The poverty of disabled people in Romania, emphasized by the economic crisis.
- The beggars with disabilities in Romania and their enormous negative influence upon the social perception of disability.
- The phenomenon of begging practiced at the underground in Bucharest, in the public means of transportation and in railway stations.
- The phenomenon of emigration of beggars with disabilities in Europe
- The phenomenon of acting in the process of begging – interpreting a character with disabilities
- The isolation and institutionalisation of people with a severe degree of disability, as a measure of protection against poverty, abusive behaviours or of obtaining financial benefits in the case of poor families.
- The media as a major factor influencing the social perception of disability.

The unique themes of the research, after analysing the clusters, were:

- The violent behaviour of an interviewed person towards a person with disabilities.
- The eugenistic attitude of an interviewed person towards disability
- The attempt to euthanise a person with disabilities through religious rituals.

The chapter continues with a short description of hermeneutics and phenomenological hermeneutics and the necessity of applying it in the analysis of the explicit and implicit social perception of the disabled people, with the theory of sociological imagination and the necessity of applying it in the analysis of the explicit and implicit social perception of the disabled people, with the theory of attribution and the necessity of applying it in the analysis of the explicit and implicit social perception of the disabled people as well as with the "Spread phenomenon" and the necessity of applying it in the analysis of the explicit and implicit social perception of the disabled people.

The mission of a researcher who applies the hermeneutics is to engage himself in the interpretation of the data based on the epistemology contained in the philosophy of

hermeneutics. These specific traits mean that the researcher reads between the lines and identifies the subtext. This particular method is useful in the case studies, when the researcher investigates any type of textual document in order to have a deeper understanding of the human behaviour, of the actions of a person, of organizational culture and of communication. In sociology, hermeneutics means interpreting and understanding social phenomena, through the analysis of their meaning for the participants in their cultural context.

The sociologic imagination is the capacity of identifying the relation between the social forces at large scale and the actions at individual level. It includes both the capacity of seeing the relations between the individual biographies and the changes in history as well the capacity to see the way in which social causality operates within the societies.

The term of "sociologic imagination" belongs to the American sociologist C. Wright Mills, who used it for the first time in 1959 for describing the domain perspective of sociology.

C. Wright Mills believed that a person needs to understand the society in which he lives in order to understand himself within that society, and in this way to define his own moral values. Through such an understanding, the individual can subsequently engage in the public aspects of his society and not to live in isolation. Through such a social engagement he can afterwards identify his own problems in life caused by that society.

The sociologic imagination is necessary in order to understand society through the individual life and the forces of history that created it. Without such an understanding people cannot understand themselves as individualities nor their role and place in society.

The sociologic imagination offers to whom has it, the ability of seeing beyond his spatiality and temporality and it projects him in larger social structures, offering in the same time coherence between the history, biography and social structure. It is impossible to perform qualitative research without using the sociologic imagination. In order to analyse the individual experiences of the participants we had to permanently place the information in the social, cultural, biographic and history context.

Heider (1958) was the first researcher who proposed a psychological theory of attribution, but Weiner and collaborators (e.g., Jones et al 1972; Weiner, 1974, 1986) developed the theoretical frame which became one of the most important research paradigms in social psychology.

The theory of attribution deals with the way in which people interpret events and the way in which this is reflected in their way of thinking and behaving. The theory of attribution believes that the individuals try to find out why people act in a way or another.

A person who tries to understand why another person acts in a certain way, may relate this fact to different causes.
"The phenomenon of spreading is based on the idea that the perception of a unique characteristic of an individual can generate generalized inference regarding upon another person" (Dembo, T. et al.,1956, p.23).

Dembo says that negative perceptions regarding chronic diseases and disabilities lead to distorted stereotypes which are projected upon individuals suffering from a chronic disease or a disability.

Wright (1983) promotes the idea that the effect of the first impression upon a person sets a characteristic just like disability on a determinant position in the general evaluation of that person, in opposition with the defining characteristics of the identity of that person. Therefore, the first impression tends to reduce the evaluation of the characteristics of an individual to a label, ignoring the whole which contains both positive aspects and limitations.

An impressive number of respondents confirmed this theory, assuming for example that the persons suffering from a physical disability are limited at cognitive level.

The chapter which describes the experimental design of the research continues with several aspects related to the validity and credibility of the research, specifying that we used data triangulation and methodological triangulation. We afterwards move on to the explicitation of the data through each method of data collecting.
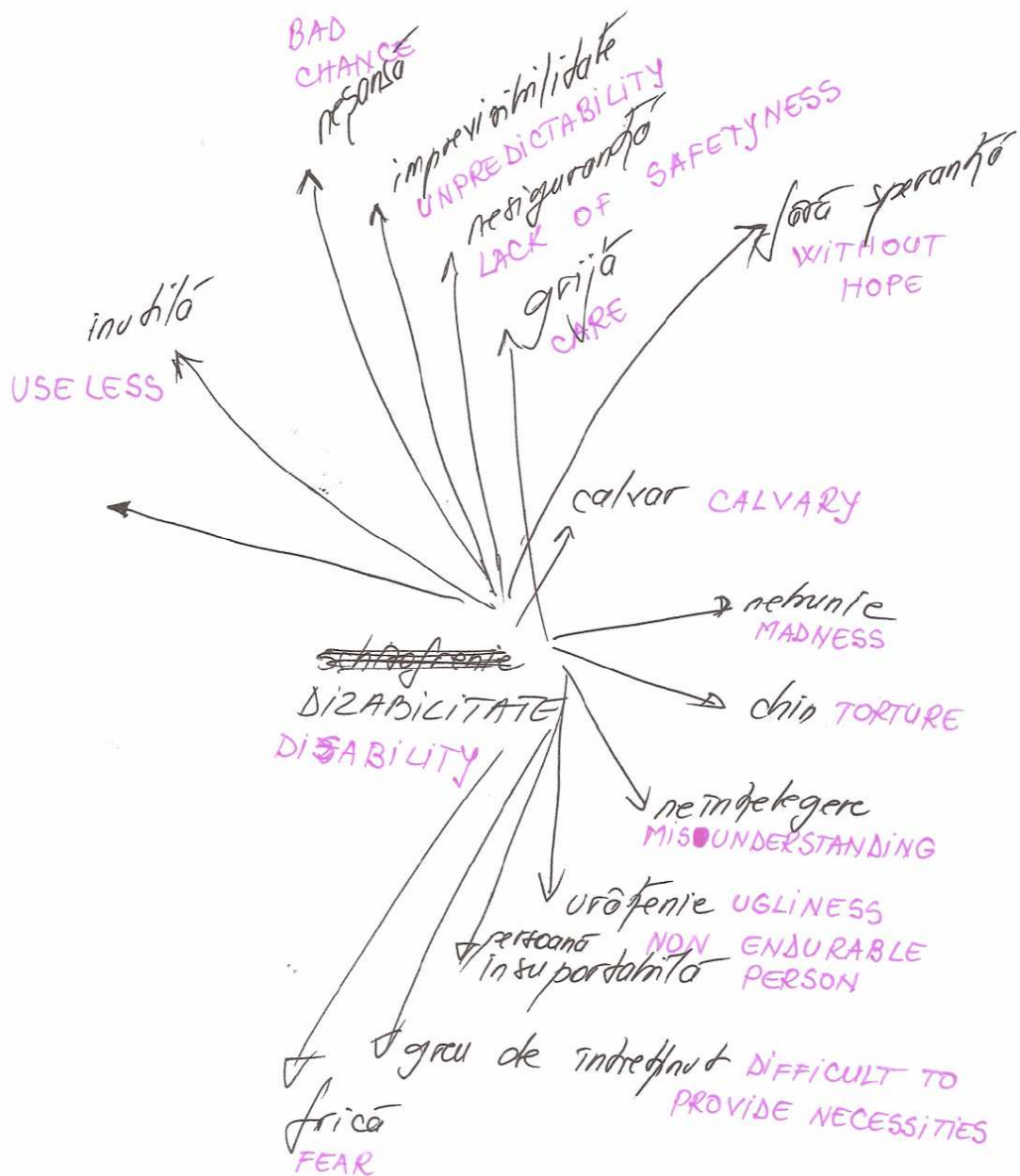
When using the mind map method, although not all the subjects drew maps or complex schemes, some of them only writing a few words, the most used terms were: *suffering, person in need, physical or mental handicap, pity, lack, without a hand,*

without a leg. Most of them responded very well at this task, managing to illustrate in unique ways their perception of disability. We analyzed each mind map separately and we drew the conclusions from the data offered.

At this method we did not identify significant differences regarding the perception of the participants related to the geographical area they came from. In the image below we presented the mind map of a respondent whose perception we considered to be the most negative from all the participants to the study. Of course, we did not drew this conclusion only based on the mind map, but after analysing all the data collected and completing them with the notes we took on the field. However, the mind map was a good instrument for investigating the implicit and the explicit perception of the respondent, observing, in this case too, a significant difference.

The scheme contains terms that lead to the conclusion that the person has a deeply negative explicit perception. At cognitive level, terms such as: *useless, craziness, ugliness, insufferable person* express the way the respondent perceives a person with disabilities and even betrays her emotional level related to this subject. Words such as *misfortune, worry, agony, torture* have the purpose of situating the respondent on a desirable position while the terms *unpredictable, fear, without hope* shows her implicit perception, her fear, disregard and implicitly the desire to avoid any contact with disability. The social perception of this respondent regarding the disabled people is an obvious predictor of a predominantly negative attitude at behavioural level.

Figure no 1. Mind map, R.M.S., 43 years old, legal expert.

BAD CHANCE răspuns
imprevizibilitate UNPREDICTABILITY
nesiguranță LACK OF SAFETYNESS
grijă CARE
fără speranță WITHOUT HOPE
inutilă USELESS
calvar CALVARY
nebunie MADNESS
schizofrenie
DIZABILITATE DISABILITY
chin TORTURE
neînțelegere MISUNDERSTANDING
urâțenie UGLINESS
persoană insuportabilă NON ENDURABLE PERSON
greu de întreținut DIFFICULT TO PROVIDE NECESSITIES
frică FEAR

At the individual interviews, the explicitation of the data was made for each item of the interview guide. The answers offered a wide range of opinions, thoughts, beliefs and feelings, revealing both valences of the implicit perception and of explicit perception of the participants at the research, as well as their correspondence with the medical or social model of disability.

The analysis was made on all the three levels: cognitive, emotional and behavioural. The interpretation of the data was made by using the phenomenological hermeneutics, the sociologic imagination, the theory of the spreading phenomenon, as well as the theory of cognitive dissonance, the theory of attribution and the one of *habitus*. We also described here the Hawthorne effect which was also used in the analysis and interpretation of the data collected.

The Hawthorne Effect is a way of reaction of the subjects to an experiment, meaning that an aspect of the behaviour changes simply because of the fact that the subject is under observation and not as a response to an experimental manipulation (Mc.Carney, 2007).

The term was first used by Henry A. Landsberger in 1955 when he analysed the experiments made between 1924-1932 at the Hawthorne Factories, which were producing electricity for the west of America, outside Chicago. The Hawthorne Factories ordered a study in order to see if the workers could become more productive if working in stronger or dimmer light. The productivity of the workers increased during the experiment and decreased to the initial level after the end of the study. Back then it was suggested that the increase in productivity was due to the effect of the experiment upon the workers who were motivated by the fact that they were paid attention. The term became a concept which describes any type of increase in a so-called productivity for a short period of time.

Related to the Hawthorne effect, Parsons draws the attention upon "the confusions that might appear if the experimenters do not notice the behavioural changes of the subjects due to the fact that they are being observed" (Parsons, after Mc.Carney,2007).

When using the method of guided empathy towards disability, the participants at the individual interviews were asked at the end to think of a person with disabilities they know or have seen and imagine they were in that person's situation. They were asked to describe the way they think their life would look like in those circumstances.

They were told that this is an imagination exercise and they were given a few minutes to think about this. This task proved to be the most difficult for the participants at the study. The data collected through this method were first analysed separately and then the analysis was correlated with the analysis obtained using the other methods of data

collection, in order to obtain a coherent perspective upon the social perception of the disabled people of each participant to the study.

The focus group interviews were held after the 55 individual interviews. Although focus-group meetings were more animated and "lively", no new aspects came up. However, we noticed a higher level of desirability because of a stronger Howthorne effect. The respondents were more communicative regarding their personal experiences and they were especially more communicative regarding their positive personal attitude towards disability. Because of the Hawthorne effect, we suspected a high degree of distortion of the data collected through this method and that is why we paid a lot more attention when analysing and interpreting this data, in order to avoid confusions and errors.

Chapter VIII of the herein study comprises the results of the research and the answers for the main research question as well as for the secondary questions.

The objective of this research was to explore the social perception of the disabled people in today's Romanian society. The central research question was:

The main research question was:

▪ What is the social perception of the disabled people in today's Romanian society?

The secondary research questions which came up from the research's objective, from the main question, from the observations and prospecting previously made on the field and from the study of the domain literature were:

▪ Does the social perception of the disabled people in today's Romanian society correspond with the medical model or with the social model of disability?

▪ Is there a difference between the explicit and the implicit level in the social perception of the disabled people in today's Romanian society?

The results did not show a significant difference according to the geographical area the subjects were coming from. Therefore we drew the conclusion that the social perception of the disabled people in Romania is a homogenous perception at country level. Significant differences were not noticed neither in what concerns the age nor the profession of the participants, except for the respondents working in the social services

and have direct contact with disabled people, and who proved to have the most positive perception on these persons, directly correspondent to the social model of disability.
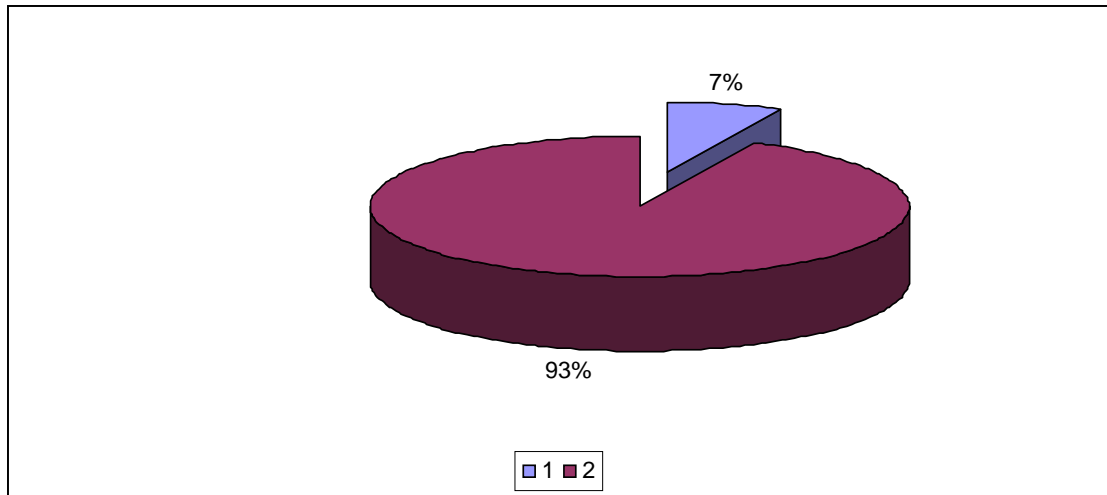

Figure 6. Implicit and explicit social perception. Difference and homogeneity.

1 – 7% - the difference between the explicit and the implicit social perception.

2 – 93% - homogeneity between the explicit and the implicit social perception.
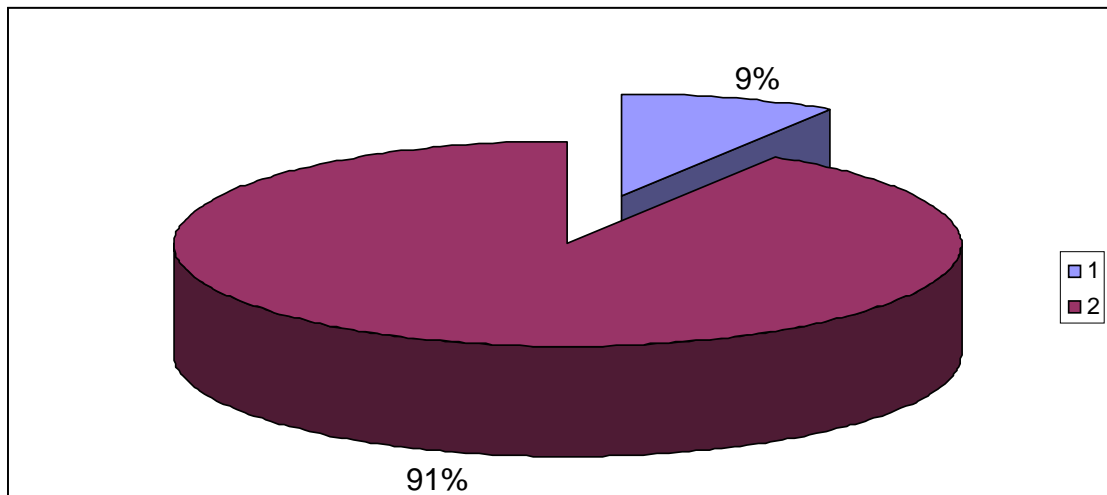
 Figure 7. The social perception of disabled people. The correspondence with the medical model and the social model.

1 – 9% - the social perception corresponding to the social model

2 – 91% - the social perception corresponding to the medical model.

Figure 8. The opinion of the respondents regarding the perception of the Romanian society regarding the disabled people. Positive perception vs. negative perception.

1 – 3% - the opinion regarding a positive perception of the disabled people.

2 – 97% - the opinion regarding a negative perception of the disabled people.

Figure 9.

- 89% of the respondents would commit suicide if they became disabled.
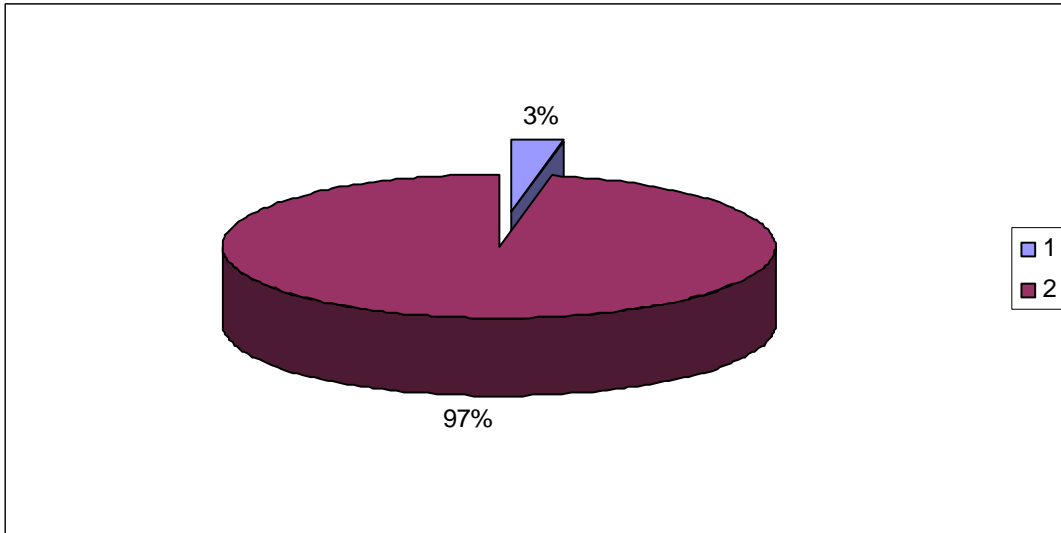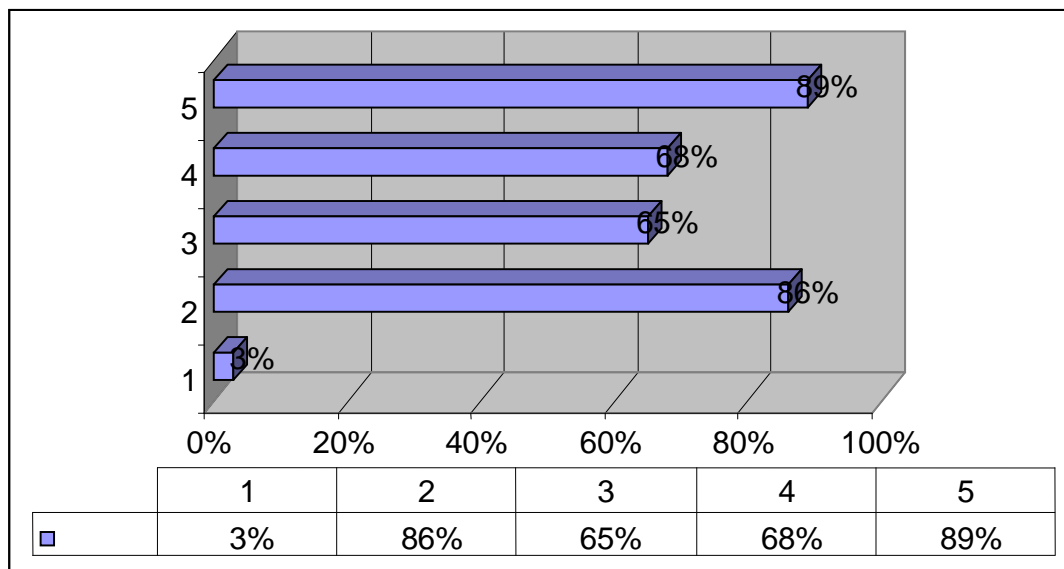- 68% of the respondents used the expression "God-forbid!" or crossed themselves at the hypothesis of acquiring a disability.
- 65% of the respondents said that the Romanians "make a mock of" the disabled people.
- 86% of the respondents said that the Romanians treat "badly" the disabled people
- 3% of the respondents proposed hypothetical measures for increasing the quality of life of disabled people, in accordance with the social model.

The analysis of the data emphasized the fact that the social perception of the disabled people is 91% in accordance with the medical model of disability and 9 % in accordance with the social model, as showed above. The latter belongs almost exclusively to the respondents belonging to professions directly related to disability: social assistants, psychologists, as well as a few students and teachers (Figure 7).

The results also showed that there is no significant difference regarding the explicit and implicit perception of the participants. The percentage of those where a significant difference between the two perceptions appeared being below 7%. (Figure 6). We must mention that not all the specialists we referred to had a social perception regarding the disability in accordance with the social model.

The results also proved that al the respondents who participated at the research, with one exception, expressed, during the investigation, a very high level of pity and compassion regarding the disabled people. This proves a very strong connection to the medical model of disability.

"**It breaks my heart to see such a beautiful girl living the life she lives. She is a fighter, a real fighter, she even has a bachelor's degree, even she is handicapped, and she even married a normal boy!**" (interview, I.M. 72 years old, retired)

So, even if some persons have a perception in accordance with the social model of disability, this perception is still biased by a compassionate attitude and way of thinking. These persons still consider that the disabled persons are the helpless victims of a cruel destiny.

Almost 100% of the respondents considered that the Romanians` general attitude towards the disabled people is mainly negative, showing an interest only for charity purposes or in order to make a good impression in society (Figure 8). The general opinion was that a very long period of time is needed for the Romanian society to really make the necessary changes in this respect, most of the respondents saying that although the economic situation in Romania is not great, the major barrier against the integration of the disabled people in the community life is the old-fashioned mentality of people.

The analysis of the data revealed the fact that the social model of disability is almost unknown in Romania and that people think and act in a negative way with respect to disability even if their intentions are positive.

None of the respondents brought into discussion subjects specific to the social model of disability such as the independent life of disabled people, the close interpersonal relations of these persons with the other members of the society nor the idea of diversity instead of that of abnormality.

Given the low level of knowledge regarding disability, the perception of the respondents are constantly biased by the effect of the spreading phenomenon, believing that because of the disability he/she has, a person has low competencies at all levels. For example, if a person suffers from a physical disability, it is assumed that he or she also has mental retardation or emotional incapacities. If the person suffers from a cognitive

disability, it is assumed that the person's physical integrity is also affected, or that he/she also suffers from emotional liability.

"They [disabled people] have a very hard life, because they are unable to earn money through work and need specialists to constantly monitor them… sometimes one is amazed to see how well a person with disabilities carry it off. Anyway, if I were to have a disability I would get a job, I would feel the need to work ten times more than the others just to prove to everybody that I am not less of a person then them" (interview, P.G. 58 years old, accountant).

The approach is wrong, especially due to the very low level of knowledge regarding disability. Even if terms like "person with disabilities" have replaced "handicapped" in usual speech, people still see disability as a problem of the individual, a medical problem, thinking that the disabled people need more hospitals, care centres or clubs exclusively for disabled people.

"The only way in which a person with disabilities can lead a normal life in Romania is if institutionalized in a modern care centre, receiving all the medical care he/she needs, at the highest standards. Their perspectives in Romania are very restricted, they have no future." (Interview, M.A. 18 years old, student)

This negative attitude is also due to the fact that the degree of empathy with disability is very low in Romania. Most of the respondents to this study found it extremely difficult to imagine themselves in the situation of living with a disability (Figure 9).

"No… I'm sorry but I can't imagine such a thing… or I think I don't want to… I'm sorry…I can't even think of such a thing… If I were to acquire some disability tomorrow, my life would be over. Who the hell would want to live together with a handicapped in a wheelchair?" (interview, V.A., 29 years old, waiter).

Knowing about and implementing the social model is a stringent necessity, in order for the rights of disabled people to be respected in Romania as well, and for the persons with disabilities to be fully included within the communities. Disability is, as we repeatedly stated within this study, a social construction.

"When I was around four, and started to think, I noticed that dad was like me and mom was extremely big. I started to worry, thinking that we would have to break

the house we live in and build a bigger one, because mom kept getting bigger. I used to measure every day with my eyes the distance to the neighbours` fence calculating how much space we still had. I even started to frown upon mom, blaming her, in my childish mind, for the fact that because of her we would have to demolish our beautiful house…Actually, dad had had a train accident and had no legs, while mom was a really tall woman, she was 1.80 m tall. Dad was walking on his hands, he was making himself a leather support for protection and so he was dragging himself through the house and the yard. This did not prevent him from cleaning the house, cooking and working the garden. He was an extraordinary father!" (Interview, J.D. 57 years old, teacher).

The chapter also contains the description of the research themes, resulted from the analysis of the clusters.

The central themes of this research, identified after analyzing the clusters, were:

▪ **The evaluation of acquired disability in a different way from the evaluation of inbirth disability**

The general belief among the Romanians both at cognitive and emotional level is that being born with a disability can be more easily bearable from the psychological point of view than acquiring a disability after suffering an accident or illness, assuming that if someone grows up facing prejudices, stereotypes and discrimination daily, he/she becomes less vulnerable to the negative attitudes of society.

On the other hand, the belief that if you acquire a disability during your lifetime you will adapt with great difficulty to the new condition, always thinking about how you used to be and how you are now, is also determined by the general negative attitude of society towards the disabled people in Romania.

Most respondents believe that if they were to acquire a disability they would take into consideration the hypothesis of committing suicide, believing that they could not face their new condition from the psychological and sociological point of view (Figure 9).

This hypothesis was frequently encountered especially among the young respondents who said that if they were to have a disability they would not have friends anymore, nor be able to perform the activities they perform at present.

▪ **The family as a vital element in the survival of a person with disabilities in Romania**

The only viable support that Romanians take into consideration in the case of disability is the support from the family, although the respondents have frequently brought into discussion the children with disabilities who are exploited by their poor and disorganized families. In these cases, children are forced to beg in order to bring financial aid to the family, they are abused physically, and maltreated, later becoming in their turn abusers. This type of phenomena leads to the conclusion, among the respondents, that in these cases institutionalizing these children in modern care centres could represent a means of protection.

▪ **The poverty of the disabled people in Romania, increased by the economic crisis**

The participants to the study believe that the disastrous economic situation in Romania is especially reflected in the domain of disability. Besides the fact that the disability allowance is very little, a great number of disabled people come form poor, numerous families which, more often than not, have as only income the children's allowances and disability allowances received by the disabled members of the family. Thus, begging becomes a condition *sine qua non* of their existence. For some parents, the disability of their child is a good opportunity to receive compassion from the people.

▪ **The beggars with disabilities from Romania and their enormous negative influence upon the social perception of disability**

▪ The phenomenon of begging practiced at the underground in Bucharest, in the public means of transportation and in railway stations.

➢ The phenomenon of emigration of beggars with disabilities in Europe

➢ The phenomenon of acting in the process of begging – interpreting a character with disabilities

➢ Given the fact that most of the respondents had little knowledge about disability, for many of them the only way of relating to disability is by relating to the beggars with

disabilities. These were, almost without exception, the only persons with disabilities seen in public before the `90, and their number exploded after the evolution. The phenomenon of begging, especially among the children with disabilities, together with the phenomenon called "street children" have reached alarming levels in Romania.

Moreover, after Romania's accession to the EU, an exodus of beggars towards the west took place and the beggars with disabilities are those who make more money. So the Romanian beggars from Romania and abroad, who do not suffer from a disability have started to act as a disabled person in order to receive more compassion among the passers-by and subsequently more money.

Some respondents brought into discussion cases of disorganised families which the neighbours suspect that they have mutilated their children since an early age in order for them to become beggars with disabilities. These horrible stories made me think of the novel written by Victor Hugo – "the man who laughs", in which the central character, Gwynplaine, having aristocrat origins, is kidnapped at an early age, his face is mutilated in order to permanenetly smile. He gets the nickname "the man who laughs" from the people who gathered around him like at the circus, he is the romantic character by excellency.

Acting as a disabled person for begging purposes made me think of another novel, written by Sir Arthur Conan Doyle "The man with the twisted lip", in which Mr. Neville St.Clair, a respectable business man proves to be a brilliant actor who has a double life, one of successful respectable person and another of beggar in London this being the occupation that brings him substantial income.

- **The media as a major factor of influence upon the social perception of disability**

Besides the fact that Romanians generally know very little about disability, this leading to serious distortion of attitude at cognitive, emotional and behavioural level, a major factor negatively influencing the forming of a correct perception of disability is the media.

The many TV shows like "Surprize, surprize", or "Dancing with the stars", present disability and cases of disabled persons in desperate situations in a totally

inadequate way, thus inducing wrong subliminal messages among the population. Charity, pity, compassion are emotional states that have a negative impact upon the formation of a correct, positive social perception of disability, based on the social model. As long as the cases selected by the producers will continue to be presented from a "humanitarian" perspective, wrongly understood, wrongly directed (even if the purpose is to offer financial aid), Romanians will keep on considering that disabled people are victims, ill people who continually suffer, in need of financial aid, people who are dependent on others and who are unable to live independently.

In any qualitative research the unique themes offer a spot of colour to the research subject. Within this study we identified a number of three unique themes which we consider should be mentioned:

- **The violent behaviour of an interviewed person towards a person with disabilities**

Perhaps it was not by coincidence that this respondent got a significant score at the difference between the explicit and the implicit perception. In his mind map as well as during the entire interview, the respondent showed a high degree of cognitive dissonance, his answers constantly contradicting each other. Although at declarative level the participant wanted to express and prove a positive attitude, his implicit perception as well as the experiences he talked about proved that he has a deeply negative perception of disabled people. The particular thing about this respondent, comparing to the others, was that he explained how he physically aggressed a disabled colleague, because the latter used to swear.

"I kept telling him, Popescu, stop swearing, because if you don't, at some point I'll slap you. I don't care that you are in a wheelchair. Stop swearing, it gets on my nerves. You think that if you are in a wheelchair you are allowed to do anything? And the next time I heard him swearing I slapped him really hard. Afterwards I felt sorry. But I taught him a lesson. I don't think he swore ever since. (interview in focus group I.T. 68 years old, teacher).

From the following part of the interview we drew the conclusion that the respondent used to swear as well and was not bothered by the swearing of other

colleagues, but only by the disabled person's swearing. The discriminatory, abusive and violent behaviour situates the respondent among the subjects having the most negative perception of disability from all the participants to the study.

- **The eugenistic attitude towards disability showed by one of the respondents**

Another respondent openly showed a eugenistic attitude, being the respondent having the most negative perception of and attitude towards disabled people. The interesting thing was that the respondent didn't even want to fit into the social desirability, her attitude being explicitly negative, frequently using terms such as the following for describing the disabled people**: "vegetables", "losers", "horrible people" or "disgusting people"**. This person's opinion was that all the disabled people should be sterilized in order to prevent the perpetuation of disability in society.

"If one day I want to have a walk in the park to relax and I see all sorts of disabled people walking around freely, I feel aggressed. I have nothing against them, but I don't want them to invade my life. They were born so that others scarify for them, to work for them. These should all be institutionalized, sterilized, so they won't be able to give birth to other vegetables just like them. I wouldn't allow even those who have families to live at home, this is just a stupid wish of their family to keep them among them." (interview, R.M.S., 43 years old, legal expert)

This attitude is shockingly negative, corresponding to the eugenistic era and the communist totalitarian regime.

- **The attempt to euthanise a person with disabilities by practicing religious rituals**

The declared wish of a respondent to help an old disabled person die was another unique case, but this time it came from a deep feeling of compassion and not from a negative perception. Mercy killing or hastened death have always been practiced. Our respondent brought the priest and paid him to practice a special sermon in order to hasten the end of her old neighbour. The disabled person was suffering from Alzheimer's and because she was living alone, her family was locking her up in order to prevent her from leaving the house and get lost. The respondent showed us once again how the lack of knowledge about disability in general and about specific disabilities can lead to attitudinal and behavioural distortions. Once again the correspondence with the medical model emphasizes, at practical level, the wrong approach of a relatively simple situation.

If the person with disabilities was suffering from an advanced stage of Alzheimer's, she should have been monitored by a specialist or placed in a specialized institution and medicated. Practicing palliative therapies is also highly recommended in these cases.

The chapter continues with the limits of the herein research, underlying the fact that social desirability, combined with the Hawthorne effect represent the main limitation of this study. The participants fulfilled some of the tasks under the effect of social desirability and the effect given by the fact that they saw themselves as the object of a study. This is why we applied the methodological triangulation of the data and we took into account, when analyzing the data, all the notes taken in the field where, every time we suspected a possibly distorted answer, we wrote it down.

Another limitation of the research consists in the limited time allocated to each individual interview and focus group interview. We would have definitely taken the interviews on several stages, but the limited time and resources forced us to obtain the maximum possible in only one meeting with the respondents.

Another limitation is represented by the fact that after the data analysis we did not have the chance to come back to each respondent for a final validation. However, at the end of each interview we tried to make a summary and we asked the respondent to validate it. In the cases where the respondent felt that the summary does not fully correspond to his/her opinion we made the necessary modifications.

The last chapter of the study comprises the conclusions of the herein research, which had as a purpose the research on the social perception of disability in Romania.

According to this study, we can affirm that in the Romanian society, the negative perception of disability were deepened by the communist regime and the post-revolution experience, and even the post EU-accession experience were not sufficiently systematic for producing major changes in the conscience and attitude of Romanians regarding disability.

The change of people's mentality requires an extended process in which the psychic and all the procedural structures put up resistance. In order to convert a *habitus* into another, in order to replace it with a new one, an individual needs new models and an extended practice of these ones in order for his mind and body to get used to it and turn it

into an automatism. During this process changes take place at cognitive, emotional and behavioural level.

Even if the Romanian citizens whished to change their perception and attitude towards the persons with disabilities, this could not be done in several years.

After such a long national history of prejudices, amplified by the disablist communist regime, this process could only take place in a reasonable period of time, in which the new moral and emotional structures replace the old ones, in a natural and irreversible way.

The results of this research emphasized how necessary is to better inform Romanians regarding disability. Given the economic and political situation in Romania, the most important advocators of the social model proved to be the specialists from the social system, especially the social assistants and the psychologists. If we take into consideration the fact that the specialization of psychology was reintroduced in the education system only after 1990 and that the profession of social assistant is a new professions in Romania, which appeared after the revolution as well, we can understand why things evolve so slowly in what concerns the popularization and adoption of the social model of disability.

The social perception of disabled people in Romania is still one based on the medical model of disability. The research has shown that the Romanians do not have enough knowledge about disability and about the social model of disability. This leads to a wrong approach of the issue related to disability and a wrong direction of the behaviours showed towards the disabled people this having as a result the failure of their full integration in society.

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