

DISABILITY. PSYCHOSOCIAL IMPLICATIONS

Lioara-Bianca Buboiu¹

University of Oradea

Abstract: *What is disability? What are the psychosocial implications of disability? Every human being develops in a social context, occupies certain positions and plays social roles in the society of which it is part. All these are fundamental rights of every citizen regardless of his condition of normality or deviation from it. Among the policies adopted by our country for accession to the European Union we can include legal aspect related to the rights of persons with disabilities. Disability imposes certain boundaries, psychological and social aspects which it involves are known theoretically, but their practical remedy is far from being achieved. The purpose of this paper is an approach to disability in its multiple aspects, with reference to the implications that the social perception of this phenomenon has on the individuals and highlighting the effects of disability on the family and its members. Being a person with disabilities often attracts unpleasant experiences associated with stigma, isolation, discrimination, marginalization, all with repercussions on the development and socio-professional integration of this category of individuals. Disability is seen as a limitation of the individual to the opportunities offered by the society, it raises many problems not only on the development of the people with disability, but also on other family members who have to exceed various requirements related to their upbringing and education, to fight barriers of society. Diversity that surrounds us is an integral part of our society, so the new policies adopted by our country on the rights of persons with disabilities have to be successfully implemented, as acceptance and respect for the individuality are signs of advanced societies.*

Keywords: disability, society, family.

Introduction

The large number of people with disabilities that exist in Romanian society, the discrepancies between social policies promoted and their implementation, the need

¹ **Author address:** University of Oradea, Faculty of Social and Human Sciences, Universităţii Street, no.1, 410087, Oradea, Romania. **E-mail:** buboiu_bianca@yahoo.com

to promote healthy attitudes opposite deviation from normality are issues that require special attention. The presence of disability draws many repercussions both on the quality of life of the person concerned and his family, translated as isolation, exclusion or marginalization. Interaction with others, inappropriate terminology (limited, reduced, unable, etc.) used to refer to these subjects constitutes the major sources of psycho-emotional experiences. For this reason adequate knowledge of this category of people is necessary, training real perceptions on them and promoting positive attitudes as inclusion, acceptance of diversity as an integral part of any society.

There are many concerns about the conceptualization of disability and its definition. The International Organization of Persons with Disabilities defines disability as “the outcome of the interaction between a person with a disability and barriers related to social and attitudinal environment”.

For the World Health Organization, disability is represented by “any restriction or lack of (resulting from a disability) capacity (ability) to perform an activity at a level considered normal for a human being”.

The word “disability” has different connotations for different cultures, causing major damage on the individual life that prevents him to easily participate in a complex activity such as walking, seeing, hearing, thinking (Brown, 2002).

When we talk about disability it is absolutely necessary to clarify some terms like weakness, incapacity, disability.

Deficiency is “a temporary or permanent disruption of anatomical and physiological or psychological structures affecting the ability to work and disturb the process of adaptation and integration of people in society” (Blândul, 2007, p. 12). It covers the medical aspect and designates an irreversible medical condition in therapeutic action.

Inability designates “partial or complete reduction of the possibility to accomplish a task (motor or cognitive) or behavior” (Băndilă & Rusu, 1999, p.105). In terms of social failure it is associated with difficulties in achieving environmental burdens and is based on one or more deficiencies.

The *handicap* is “from the perspective of social disadvantage resulting from an impairment or disability which prevents or limits the fulfillment of the person affected at least of one normal role in relation to age, sex, social and cultural factors. This disadvantage is outlined in relation to others or by reference to existing social values.” (Manea, 2000, p. 91).

Human being as biological and psychological entity is strongly “socialized” and “cultured” (Boudon, 1997), is a product of society formed by its structures.

The issue of disability is addressed mainly through the two models: the individual (medical) that emphasizes individual limitations, considered to be due to biological and psychological inferiority of the respective subjects and the social model that

considers the social environment as inadequate, generating constraints on certain categories of people and therefore the source of their problems (Manea, 2006).

With all the efforts made by the adoption and implementation of social policies on the rights of persons with disabilities, opening to an inclusive education, the medical model is still strongly rumored to issue these people, who are often associated with the term “addictive”, which led to assigning labels with negative repercussions on both: the big picture of disability and the social integration (Chelemen, 2007).

Implications of social perception of disability

Disability is considered one of the significant means of social differentiation in modern society, marking substantial influence on ideology (Manea, 2006, p. 44). Social exclusion of certain groups or individuals positively correlated with their classification into different categories based on the classification made for differences translated as inability or limitation of those people considered to be inferior, incompatible with promoting the social model (Reeve, 2006).

Deviation from normality is seen as a form of social oppression translated by a number of restrictions on the activities and social obligations of persons with disabilities, all with repercussions on their psycho-emotional sphere (Thomas, 1999), resulting in feelings of non - value and shame (Reeve, 2004).

Social perception and approach to disability is not uniform, the differences from one society to another, even from one family to another, being strongly influenced by the image on which the other members of society have of it (Reeve, 2006). Morvan (1997, apud. Mercier & Bazier, 2001) speaks of the five types of social representations of disability:

- social representations that support and are supported by concepts that classify disabilities
- social representations as a source of exclusion , marginalization and denial of difference;
- social representations that associate disability - ethnic support, human, physical and institutional ;
- disability, social representations that reduce the suffering
- social representations assimilating disabled person to the social representations of parents;

In a study conducted in the early 80's Paicheler et al. (apud. Giami, 1990) focused on how people with neuro-motor disabilities who use a wheelchair are perceived by others. The results highlighted two types of representations: most people perceive these as being anxious and introverted, a misfit persons, while part of the investigated population appreciate these individuals as being calm, controlled and rational, corresponding to a person-type. Also they noted that the descriptions used to describe people without disabilities (spontaneous, confident etc.) are never used for those with disabilities.

Part of reality, defined as “quality phenomena that we recognize as beyond our control” (Berger & Luckmann, 2008, p. 9) human subject is subjected to socialization, a process that involves interactive communication, which implies “double individual development and social influences or how to perceive and interpret social messages and dynamic variable intensity and content of social influences” (Vlăsceanu & Zamfir, 1998, p. 586).

In our society to be a person with special needs is equivalent to living negative experiences as stigmatization, isolation, discrimination and marginalization. All these are closely related to social stereotypes promoted in the case of persons with special needs, stereotypes defined by Leyens, Yzerbyt and Schadron (1994) as “overall belief shared across personal characteristics, personality traits, and behaviors specific to a group of people”. By combining social representations emerge stereotypes about people with disabilities, described as “dependent” unable to perform professional tasks, suffering, misfits, cripples “prostheses”, “institutionalized” (Runceanu, 2007, p. 235). Stereotypes are directly related to the concepts of prejudice and discrimination. Compared to people with disabilities it is associated with an error of judgment which attracts a whole arsenal consequences on normality of life of these individuals, as reflected in the form of marginalization, exclusion and discrimination, all with negative implications on the process of social and socio-professional integration. This inadequate terminology causes emotional damage because they are treated under the label, losing sight of the real person inside the image created (Brisenden, 1986).

In a study on social representations of employers who employ people with disabilities, and persons with disabilities who are employed (Mercier & Bazier, 2001), are highlighting the following:

- spread the social stereotypes borne by employers who believe that disability means lack of the skills necessary to perform a reduction of professional tasks;
- the overview of disability is associated to intellectual disability;
- disability is perceived as “a stain” (Goffman, 2009) and has an evolutionary character;
- disability is associated with a loss of labor efficiency, despite school education and experience of the person, individuals with disabilities are devalued, leading to their employment in jobs for unskilled workers, despite their professional qualifications
- employers consider to take a risk by hiring people with disabilities.

Interaction with others is an important source of psycho-emotional experiences, social representations translated by prejudice and myths about disability deny the ability of these people to be active subjects of the society to which they belong and contribute to its development (Brisenden, 1986). The study by Reeve (2006) about emotional effects of disability captures very well the social side of this phenomenon and outlines revealing experiences of people with deviations from normality. Adinuf, disabled person following a training course with typical persons,

found that when the teacher asked everyone to come together to pursue a computer demonstration nobody wanted to sit next to him being marginalized, avoided, regarded as scary and therefore undesirable in the group. Source avoidance comes not only from a vague fear of contagion but also from the fear that they might be asked to provide support in various situations for which they don't have ready-made patterns of behavior (Reeve, 2006). In general, social interactions are based on accepted cultural rules (Keith, 1996), but their absence in the interaction between people with disabilities and those without problems can lead to anxiety and confusion about how they should behave and the result to avoid (Reeve, 2006).

Embarrassing questions like "What happened?" emphasize the differences observed and the stress felt by people with deviations from normality. This psychological distress is seen as a form of response to the threat of danger and determines the subject to mobilize in order to use their own resources and the resources available in the environment to face danger (Roskies & Lazarus, 1980).

Existing social prejudices constitute a form of oppression that act on an unconscious level, internalized by the person with disabilities, and the negative consequences of their decisions across life. For example, someone might decide not to engage in a sexual relationship because he internalized the prejudice that people like him are undesirable from the sexual point of view (Reeve, 2006).

The label "handicapped" creates in some way a different perception from the "normal" term, and this label is reflected in different attitudes, events, behaviors against such a person. The label becomes a "stigma" defined by Goffman (2009) as being a deeply discrediting attribute, a special type of relationship / connection between attribute and stereotype / attitude. Stigmatized individual assume that his "stain" is obvious, recognized by the other people, it is immediately perceivable by them.

The attitudes expressed by those stigmatized are often translated by self-isolation, with negative implications for development, socialization, and integration process. Quite often, stigmatizing "oscillates between to avoid or cope with hostile people running from one to another, this situation often causing anxiety states." (Chelemen, 2007, p. 831).

How society relates to disability influences individual development of persons with deviations from normality. Disability as a label may not have a pejorative connotation, in which it is expected that these people appreciate their role in society as one important, unlike the situations in which the label is associated with disability as a derogatory content which predisposes these subjects to experience isolation, self-isolation, cultivation of non-value feeling accentuated by limiting access to opportunities offered by the society (Oşvat, 2012).

The consequence of labeling is discrediting, accompanied with repercussions as: "isolation, living sense of victimization, uncertainty in contact with people, mockery, rejection, difficulty in finding a job etc." (Chelemen, 2007, p. 836).

Marginalization manifested by the absence of minimum social conditions - economic, residential, training and education, employment, the poor opportunities for development and participation in the community (Zamfir & Vlăsceanu, 1998), results in social isolation, alienation, inadequacy, lack of integration, family disorganization (Ponea, 2009, p. 66). They are associated with depersonalization matter, denial of the right to be regarded as members of society to which they belong (Brisenden, 1986). Marginalization leads to exclusion seen as “social isolation from the rest of society or directly attached to extreme situations of marginalization” (Ponea, 2009, p. 68). All these create fertile ground for discrimination, defined by Neculau (1996, p. 36) as “unequal treatment of persons who are substantially equal” being favored by insufficient knowledge of them by society, stereotypes and prejudices (Ponea, 2009).

Marginalization, exclusion, discrimination is reflected directly on people with disabilities having negative repercussions on their whole lives translated by (Ponea, 2009, pp. 71-72):

“- Living of depression

- Low self-esteem amplified by isolation
- Supporting stigma
- Difficulty in active participation in social life
- Withholding jobs
- Insufficient services to cover the basic needs of people with disabilities
- Infringement of the rights conferred by law”.

School is the place where the child comes into contact with some “different worlds seen as more or less cohesive realities, characterized by normative, affective and cognitive components” (Berger & Luckmann, 2008, p. 189), is the interaction place where the child continues social development through “ownership rules governing the relations of the child with his peers (brothers, sisters, friends, colleagues, relatives etc.)” (Chipea, 2000, p. 109), aimed at training personality development harmonization of the individual in accordance with the requirements of the society in which he lives, develops, fulfills roles and occupies certain social statuses. In schools or classes where students are integrated, malfunction may occur, moments translated into inappropriate attitudes or manifestations of the other children, with repercussions on the child with disability. Stigma, labeling, ignorance coming from the group are undesirable events that hinder socialization of children with special educational needs. Not adapting the school to the diagnosis and limitations of integrated, inflexible rules and requirements sometimes lead to feelings of uselessness, often growing on an erroneous perception of futility cultured on the physical or mental incapacity (Brisenden, 1986).

For many people with disabilities, the inability to access some areas, places like shops, buildings lacking the necessary adjustments, are barriers that highlight the

difference from the typical people, strengthening their sense of non belonging to the world of normal people (Morris, 1991). Physical barriers that often disabled person are facing mean that they have to ask for access to various services and social environments (institutions, shops etc.). It emphasizes and highlights the dependence of others, and unwarranted apologies addressed to other people to help, amplify their emotional suffering (Reeve, 2006).

Wrong picture on this category of individuals comes from the fact that society regards them through the glasses often focusing solely on their inability and losing sight of the skills they have (Brisenden, 1986).

Effects of disability on the family and its members

The family has had a very important role in the life of every individual. Defined as a structure with “high degree of completeness” (Iluț, 2005, p. 236), the family is the first child's socializing environment. The influences and attitudes manifested in the family are the ones that lead to the self-image of the future personality contributing to its preparation for social life.

Every child should find harmony within the family, communication support and those features emerging from its basic functions. Considered the first environment of a child, family influences through a series of features the child's social development (Gherguț, 2007, p. 316).

- the basic framework which gives a person identity and supports the intellectual, emotional and moral;
- the first instance under which the child socializes, practices social behaviors and discovers his own person;
- secure environment for the development of harmonious and balanced personality;
- -optimal framework for valuing the child's potentialities and development of individuality.

Family unit which consists of one member with disabilities suffers various transformations, accented by a wide range of feelings, often expressed through pain and tension, through the period of acceptance, accommodation, search (Minuchin, Colapito & Minuchin, 2002).

The presence of disability affects all family members; they face many changes that occur in frequent periods of stress. Comparative research with families who are composed of subjects with disability shows that the mothers of children with disabilities are prone to greater stress than mothers of typical children. For example, parents of a child with autistic spectrum disorder face over -anxiety determined by the characteristics of the diagnosis, externalized by child through: lack of social relationships, delay or absence of speech, stereotyped movements, lack of eye contact, etc. These mothers are proving to be more introverted and neurotic than typical mothers, demonstrating that parental stress levels positively

correlates with the severity of the diagnosis and the limitations imposed by it (Glenwich & Glenwich, 1998).

The emotional impact caused by their diagnosis is extremely powerful (Heiman, 2002), the sad reality overshadowing the plans for the child. The study made by Andreica- Sandică, Patca, Panete & Andreica (2011) on the identification of parenting experiences emphasizes the descriptions that parents of children with autism do when they find out the diagnostic. The reactions to finding diagnostic varies from one family to another ranging from disbelief, worry, anger, bewilderment, guilt, helplessness, devastation to the rejection of the child, or in some cases, parents felt some relief to finally having an explanation for the child's behavior. Feelings of sadness were appreciated in about 50% of cases, while anger has a rate of 40%.

The pain felt by parents is an irreversible loss similar to that caused by a terminal illness or death (Moses, 2005), pain that has several stages from the time of diagnosis and whereabouts to its acceptance. The literature speaks about five stages of grief, whose intensity and durability differ from one parent to another. These are (Kubler -Ross & Kessler, 2005):

1. Denial – when people do not accept the diagnosis;
2. Anger - stage marked by questions, Why? Why is it happening to me?
3. Bargaining - is a form of compensating pain, trying to get over the suffered loss by developing various plans for the future by making certain compromises.
4. Depression –is the longest stage marked by negative thoughts, of helplessness to reality, to the shattered dreams, plans for the future.
5. Acceptance - is the most difficult of the stages when faced with the harsh reality guiding parents towards the child's therapeutic - rehabilitation, disability is considered a certainty.

Parental reactions to the disability are different, ranging from compliance and acceptance to denial and concealment disability (Chelemen, 2007).

Isolation appears as a coping mechanism in the face of disability, the expression of the desire “to hide the deficiency of the child for a certain period of time, avoiding any confrontation with those willing to mock or make fun of him and to spare themselves against similar attitudes” (Pufan, 1982, p. 89). Avoiding the community and the circle of friends has negative repercussions on child's development as he becomes shy, distrustful.

Attitudes of parents of disabled children have important psychosocial implications because how they will treat the child, profoundly influence how others will report and relate to him. Literature presents a classification of the types of parents across the attitudes expressed toward children (Albu & Albu, 2000). Thus we speak of:

- *balanced parents*- are aware of the characteristics of disability, pass the denial stage quickly and orient towards the therapeutic - rehabilitation;

- *indifferent parents* – their behavior towards the child with disability is manifested by carelessness, lack of emotional involvement, rejection of the child;
- *exaggerate parents* – are the parents who are animated by the desire to protect the child creating over-reliance with repercussions on the development and normal functioning;
- *authoritarian parents* are unidirectional, impose rules and do not accept any deviation, often losing sight of the possibilities and limitations of the child, developing his sense of fear and distrust;
- *inconsistent - parents* - are unable to adopt and maintain a line in terms of raising and educating children, they move from one alternative to another;

Experiences of parents who have children with disabilities are dependent on parental perceptions of child connotations. Parents who see their child “as a negative reflection of oneself” (Chelemen, 2007, p. 835) will experience heightened feelings of distress and pain, unlike the parent whose child is a natural perception of human, and is associated with positive states, the joy of parenting with satisfaction that the child exists, regardless of his condition.

Presence of a disability in the family has repercussions not only on the parents, siblings of children with disabilities may suffer from his presence in the family. Brothers and sisters must adapt themselves to the disabled child and their reactions against the disabled child range from love, empathy, support up to guilt, anger, rejection. Perception and attitudes of other social actors, how they view and treat disability, plays an important role in determining the emotional feelings of a child whose brother is disabled.

Dayson (1996), Frude (1991), Jenkinson (1998) and Meadows (1986) (apud. Burke 2004, pp. 82-85) explain the difficulties encountered by siblings of children with disabilities. “They (1) are often faced with difficulties at school, experiencing unpleasant feelings in a position to bring friends home, hence the issues regarding self-esteem; (2) as a result of the stigma attributed brothers difficulties in the development of attachment relationships with other children (3) negative attitudes in school have a tendency to categorize brothers of children with disabilities as different from their peers; (4) the feelings of healthy brother against the brother with problems is expressed in a wide range, that goes from disgrace to the isolation and avoidance of situations that highlight the differences.” There are times when siblings without problems manifest emotional responses that are not entirely negative, becoming a real help for parents in these situations. Attitudes of parents of children in the family should not be discriminatory, regardless of the condition of each, exaggerated concern for the disabled child can cause reactions in healthy brothers isolation, nervousness (Weihs, 1998) and in certain circumstances “emotional stress” (Burke, 2004).

Presence of a disability in the family strains the relations between family members, including parents and other children. Relationships between partners are damaged, going from reproach, blame to the dissolution of marriage (Chelemen, 2007).

Conclusions

The birth of a disabled child raises numerous issues to the parents. The implications of disability are many ranging from exclusion, marginalization, labeling, social isolation to the extensive inner experiences that both the person and his/her family feel. High barriers to social perception of disability are mistaken, not knowing the proper characteristics and limitations of each type of disability, the social stereotypes hinder the process of socialization of these children, their proper schooling and socio-professional integration. Many times the person with a disability is excluded due to disability and cannot access the professions in accordance with his level of training, tuition.

Marginalization, exclusion, discrimination leads to experience of depression, low self-esteem, difficulty in relating and socializing (Ponea, 2009).

The presence of disability in the family has some repercussions on the quality of life (Singer & Powers, 1993, apud. Chelemen, 2007, p. 837) made by:

- creating a dark perspective on the future of the child, accompanied by the experience of deep feelings of pain and disappointment;
- the family goes through emotional states from denying the diagnosis to the child rejection, isolation from society. Conflict situations often occur within the family, reproaches from healthy children, self-blame, blame between partners has often become very pronounced and associated with couple relationship deterioration, resulting in dissolution of marriage. It is frequently encountered the exaggerated concern for the medical literature, blaming doctors, sought support in religion, as mean coping, seen as cognitive and behavioral constantly changing to meet the specific requirements of external and / or internal causes (Lazarus & Folkman, 1984).

The deplorable picture of disability and its consequences is amplified by “the lack of perspective of children with disabilities, the doubt that he will be integrated into society” (Chelemen, 2007, p. 837).

It is therefore imperative to take measures regarding the proper implementation of policies to promote social inclusion and cultivate positive attitudes about people with disabilities. Appropriate knowledge leads to the elimination of stereotypes and discriminatory attitudes. Acceptance of diversity and its consideration as part of the reality that surrounds us is a goal that every society wants to realize, representing also the indicators of a mature society.

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References

- Albu, A. & Albu, C. (2000). *Asistența psihopedagogică și medicală a copilului deficienț fizic* [Psychopedagogical and Medical Assistance for Physically Deficient Child]. Iași: Polirom.
- Andreica-Sândică, B., Patca, S., Panete, A. & Andreica, S. (2011). Impactul diagnosticului de autism asupra familiei [The Impact of the Diagnosis of Autism on Family]. *Acta Medica Transilvanica*, 16(3), pp. 229-231.
- Băndilă, A. & Rusu, C. (1999). *Handicap și readaptare. Psihopedagogie specială. Defectologie medico-socială* [Disability and Rehabilitation. Special Psychopedagogy. Medical and Social Defectology]. Bucharest: Publishing Pro Human.
- Berger, P. & Luckmann, T. (2008). *Construirea socială a realității* [The Social Construction of Reality]. Bucharest: Art Publishing House.
- Blândul, V. (2007). *Introducere în problematica psihopedagogiei speciale* [Introduction to Special Education]. V. Marcu (Ed.) *Vademecum de psihopedagogie specială* [Vademecum of Special Education] (pp. 9-23). Oradea: University of Oradea Publishing House.
- Boudon, R. (1997). *Tratat de sociologie* [Treaty of Sociology]. Bucharest: Humanitas.
- Brisenden, S. (1986). Independent Living and the Medical Model of Disability. *Disability, Handicap & Society*, 1 (2), pp. 173-178.
- Brown, S. (2002). What Is Disability Culture? *Disability Studies Quarterly*, 22 (2), pp. 34-50.
- Burke, P. (2004). *Brothers and Sisters of Disabled Children*. London, UK: Jessica Kingsley Publisher.
- Chelemen, I. (2007). Stigmatizarea familiilor care au copii cu dizabilități. Abordări teoretice [The Stigma of Families with Children with Disabilities. Theoretical Approaches]. F. Chipea, I. Cioară, A. Hatos, & C. Sas (Eds.) *Cultură, Dezvoltare, Identitate. Perspective actuale* [Culture, Development, Identity. Actuale Perspectives] (pp. 831-839). Bucharest: Publisher Expert.
- Chipea, F. (2000). *Familia contemporană - tendințe globale și configurații locale* [Contemporary Family - Global Trends and Local Configurations]. Bucharest: Expert.
- Giami, A. (1990). L' hypothese de la figure fondamentale du handicap [The Hypothesis of the Fundamental Figure of Disability]. S. Morvan & H. Paicheler (Eds.) *Représentations et handicaps* [Representations and Disabilities] (pp. 31 -56) Paris: CTNERHI.

- Gherguț, A. (2007). *Sinteze de psihopedagogie specială. Ghid pentru concursuri și examene de obținere a gradelor didactice [Synthesis of Special Education. Guide for Competitions and Exams for Obtaining Academic Degrees]*. Iași: Polirom.
- Goffman, E. (2009). *Stigma: Notes on the Management of Spoiled Identity*. New York, USA: Simon and Schuster.
- Heiman, T. (2002). Parents of Children with Disabilities: Resilience, Coping, and Future Expectations. *Journal of Developmental and Physical Disabilities*, 14 (2), pp. 159-171.
- Iluț, P. (2009). *Psihologie socială și sociopsihologie [Social Psychology and Sociopsychology]*. Iași: Polirom.
- Keith, L. (1996). Encounters With Strangers: The Public's Responses to Disabled Women and how this Affects our Sense of Self. J. Morris (Ed.) *Encounters With Strangers: Feminism and Disability* (pp. 69-88), London: Women's Press.
- Kubler-Ross, E. & Kessler, D.A. (2005). *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss*. New York, USA: Simon and Schuster.
- Lazarus, R.S. & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer Publishing Company, Inc.
- Leyens, J.P., Yzerbit, V. & Schadron, G. (1994). *Stereotypes and Social Cognition*. Thousand Oaks, CA: Sage Publication, Inc.
- Manea, L. (2000). *Protecția socială a persoanelor cu handicap [Social Protection of Disabled Persons]*. Bucharest: Sansa Press House.
- Manea, L. (2006). Dizabilitatea ca factor de risc privind accesul la serviciile de educație [Disability as a Risk Factor on Access to Education]. *Calitatea vieții [Quality of Life]* (1-2), pp. 41-50.
- Mercier, M. & Bazier, G. (2001). Représentations sociales du handicap et de la mise au travail des personnes handicapées [Social Representations of Disability and the Development of Work of the Disabled]. J.A. Ronde & Comblain, A. (Eds.) *Manuel de psychologie des Handicaps. Semiologie et principes of remediation [Textbook of Disability Psychology. Semiology and Principles of Remediation]* (pp. 513 -532). Hayen: Pierre Mardaga.
- Minuchin, P., Colapito, J. & Minuchin, S. (2002). *Krízisrol krízisre -A szegénycsaladok segitese [Crises Crisis. Helping Poor Families]*. Budapest: Amimula Kiado.
- Morris, J. (1991). *Pride against Prejudice: Transforming Attitudes to Disability*. London: Women's Press.
- Moses, K. (2005). *The Impact of Childhood Disability: The Parent's Struggle*. USA: Ways Magazine.

- Neculau, A. & Ferreol, G. (1996). *Minoritari, marginali, excluși* [Minorities, Marginalized, Excluded]. Iași: Polirom.
- Oșvat, C. (2012). *Aspecte privind calitatea vieții în familiile copiilor cu dizabilități* [Aspects of Quality of Life in Families of Children with Disabilities]. Cluj-Napoca: Cluj University Press.
- Ponea, S. (2009). *O lume diferită, o lume la fel. Integrarea socială a persoanelor cu dizabilități locomotorii* [A Different World, a Similar World. Social Integration of People with Locomotion Disabilities]. Iași: Lumen Publishing House.
- Pufan, C. (1982). *Probleme de surdopsihologie* [Deaf-Psychology Issues], vol. 2. Bucharest: Didactical and Pedagogical Publishing House.
- Reeve, D. (2004). Psycho-emotional Dimensions of Disability and the Social Model. C. Barnes & G. Mercer (Eds.) *Implementing the Social Model of Disability: Theory and Research* (pp. 83-100). Leeds: The Disability Press.
- Reeve, D. (2006). Towards a Psychology of Disability: The Emotional Effects of Living in a Disabling Society. D. Goodley & R. Lawthom (Eds.) *Disability and Psychology* (pp. 94-107). London: Palgrave.
- Roskies, E. & Lazarus, R. (1980). Coping Theory and the Teaching of Coping Skills. P.O. Davidson & S.M. Davidson (Eds.) *Behavioral Medicine: Changing Health Life Styles* (pp. 38-69). New York: Brunner/Mazel Publishers, Inc.
- Runceanu, E. (2007). Reprezentări sociale și atitudini față de persoanele cu dizabilități intelectuale [Social Representations and Attitudes towards People with Intellectual Disabilities]. V. Preda (Ed.) *Elemente de psihopedagogie specială* [Elements of Special Psycho-pedagogy] (pp. 231-345). Cluj-Napoca: Eikon Publishing House.
- Thomas, C. (1999). *Female Forms: Experiencing and Understanding Disability*, Buckingham, UK: Open University Press.
- Vlăsceanu, L. & Zamfir, C. (Eds.) (1998). *Dicționar de sociologie* [Dictionary of Sociology]. Bucharest: Babel.
- Wanamaker, G. & Glenwich, D. (1998). Stress, Coping and Perceptions of Child Behavior in Parents of Preschoolers with Cerebral Palsy, *Rehabilitation Psychology*, 43 (4), pp. 297-312.
- Weihls, T.J. (1998). *Copilul cu nevoi speciale* [The Child with Special Needs]. Cluj- Napoca: Triade.

