STRUCTURE AND DIRECTIVENESS OF ATTITUDES TO DISABILITY

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Abstract

The study seeks to answer questions: whether the integration of the disabled changes public attitude to people with disabilities? And if so, what is the direction of public opinion change? Representations of disability, understanding of disabled people's needs and personality traits are analysed using interview and content analysis methods. The study involved students whose future profession is not related to the disabled. The structure of attitude to the disabled is revealed based on the analysis of theoretical (clinical and social) models.

Key words: *disability, attitude, social representation, stereotypes, social model, clinical model.*

Introduction

Relevance of the problem. Historically formed attitude to disabled people is negative, stigmatising, based on the clinical model, emphasising deviation from the norm, health disorder (diagnosis), helplessness, inability, etc. (Ruškus, 2002; Pivorienė, 2003). In modern scientific researches the clinical model is severely criticised as not corresponding to the person's social essence, emphasising biological reasons of disability, disability as a personal inability problem. The social model of disability is vigorously defended. It emphasises that negative attitude towards the disabled is formed by society, integration and social interaction are emphasised while limitations and restrictions determined by disability are kind of taken to the background (Ruškus, 2002; Viluckienė, 2008; Žalkauskaitė, 2012 et al.). The ideas of participation and empowerment inherent to the social model of disability indicate that success or failure of social integration depend not on the existing disability and restrictions caused by it but on the interaction of the environment with the disabled individual (Ruškus & Mažeikis, 2007).

Scientific researches (Žalkauskaitė, 2012) verify that negative attitude is in fact formed in the society through various social institutions (e.g., the media) and are not determined purely by disabled persons themselves, their behaviour or other peculiarities. On the other hand, scientific researches prove that attitude to disability is a two-way phenomenon: on one hand, the society constructs stereotypical representations of disability, on the other hand, the disabled themselves convey self-devaluing attitude to society (Gailienė, 2007; Kaffemanienė & Vinikaitytė-Ruškė, 2007; Ruškus, 2002 et al.).

The social model, which particularly focuses on nurturance of dignity, social interaction and empowerment of a disabled person, is of course humanistic and its purpose is to form positive attitude in society with regard to the disabled. However, the critics of the social model of disability state that this attitude inadequately elucidates and forms the conception of disability that does not correspond to reality, is idealised and, according to Viluckienė (2008), "out-bodied", in which limitations and restrictions experienced by the person are derived only from social barriers formed by society whilst an affected and badly functioning body, according to the author, is given somewhat secondary importance.

Thus, the analysis of scientific literature reveals two most distinct existing models of attitude to disability. Attitude to disability is formed by numerous factors. These are dynamic political and economic changes, stereotypes transferred from generation to generation and formed or enhanced by the media (Žalkauskaitė, 2012 et al.), researches into social reality of the disabled and discussions as well, influencing qualitative changes in disabled people's lives and attitude towards the disabled, taking place in society (laws on integration, equal opportunities, etc.). However, the question remains: Does integration of the disabled, provision of equal rights and other changes of life alter the attitude of society to disabled people? If yes, than to which direction is societal attitude changing? Problem questions are: What models of societal attitude to disability do existing notions of disability of studying youth reflect? What stereotypes are reflected in students' attitude to disabled persons?

Research subject: structure and directiveness of attitude to disability in students' reflections.

Research aim: to identify structure and directiveness of attitude to disability on the basis of clinical and social models.

Objectives of the empirical study:

1. To analyse students' existing knowledge, understanding, notions of disability.
2. To reveal research participants' emotional assessment of disability.
3. To analyse research participants' behaviour with regard to disabled persons.

Research sample. The research was attended by 39 third-year students of Šiauliai University, whose academic programme was not directly related to future professional activities in the communities of disabled. Students were chosen as research participants because they were academic youth, the part of society which had certain knowledge and experience and should possibly represent advanced tendencies of societal attitude to the disabled.

Research methodology and methods. Social representations are systems of values, ideas and behaviour, codes of orientation and communication, based on classification and naming of individual and group experience (Manstead & Hewstone, 1995). According to Goodenough (qtd. in Pruskus, 2004), the analysis of cultural phenomena (concepts, relations, values, norms) enables to explain what exists (knowledge and comprehension of the phenomenon or the content of representations and concepts), how they are interrelated (relations), how they are valued (values), and what the behaviour is like (norms). Based on that, the conception is followed in this research that attitude to disabled people is a multidimensional construct, encompassing: 1) knowledge and comprehension (representations) about disabled people and existing experience of communication with them; 2) emotions arising while observing physical, social, psychological difficulties experienced by disabled people, 3) actual behaviour with disabled persons (readiness to help them or their rejection, etc.).

Empirically identifying the structure of attitude to disability, the methodology of qualitative research was chosen. Research data were collected employing the semi-structured group interview method. Research participants were given 16 pre-prepared questions. Depending on the situation, during the interview several additional questions were given, seeking to clarify and better understand the imparted position. The duration of the interview was about 50 minutes. The research was conducted in two sessions with two research participants' groups separately (the first group contained 19 participants; the research took place in September, 2012; the second group consisted of 22 participants and the research was conducted in September, 2013). Processing research data, *content analysis* of the interview was conducted.

Research Results

Knowledge and understanding of disabled people. According to Žalkauskaitė (2012), societal attitude, expectations and social behaviour towards the disabled are influenced by disability stereotypes formed in the media and transmitted to the society. This opinion is verified by students' statements how they found out about such people: only one third of research participants have direct communication experience. The majority of students stated that they had learned about the disabled from the media (press, TV, the Internet) and from lectures at the university. Answering the question what disability means, some research participants spontaneously named diagnoses (*multiple sclerosis*, *paralysis, Down's syndrome, Parkinson's disease, Alzheimer's disease, autism*), others mentioned visual, hearing, intellectual disabilities, physical disabilities [*The first representation ... is a person sitting in a wheelchair. / straightaway I see a man in a wheelchair, people who lost certain limbs after traumas, a blind person*], whilst the majority tried to explain the concept and most mentioned restrictions, inability, helplessness (see Table 1).

Table 1. Category *Conception of Disability*

Subcategories and content of interview texts
Physical restriction, limitation, inability *Disability is a certain shortcoming hindering the person from living a full life. / Inability to move. / A man who cannot do something. / ...a disability is when a person is restricted in some way and that he/she cannot live fully like a normal person… and has a certain hindrance meeting his/her needs. / ... disability is an inability to meet one's certain physical needs / ... disability is the factor hindering a person to live a full life and feel a full member of society. This is the factor, hindering a person from performing certain jobs…*
Restriction of communication *.. he finds it difficult to adapt in the society / They find it very difficult to find friends… that is why they are pleased if they get attention from surrounding people. / Others avoid to talk with her… / Like us they need entertainment, but very few are offered to the disabled.*
Burden, inconvenience to the society *It is very difficult to live with such people because they require much communication… / It is very difficult for a healthy person to understand that others cannot move; / ... it is very difficult with such people, ... he is a big small child, his children change diaper for him. / ...he lives as if in another world, there is chaos at home, communication is very difficult,… / The majority of people avoid communication with disabled people ...*
Negative inclinations of disabled people **(homelessness, alcoholism)** *... I do not tolerate such disabled people who beg in order to get some alcohol… / Alcohol is most often chosen by those who are not supported by their relatives, family or become disabled because of alcohol.*
Disability as a gift and / or punishment *Simply this disability… this is either a gift or a punishment. Let's say if we speak about the acquired disability. For some people such things improve life, for others, worsen. It would be very difficult to give kind of the very definition of disability; / /But I think that most often disability for the person is like punishment.*

Although a share of students associate disability with the person's negative inclinations, which they condemn, and with subsequent social problems (alcoholism, homelessness, begging, etc.), anyway, some of them derive these problems from indifference of the environment to the disabled person and this slightly reminds of statements of the social model of attitudes to disability about problems caused by insufficient social interaction.

Students negatively assessed social situation of disabled people [... *very poor; / I think the state pays too little attention and provides too little funding*...]. Only a small share of students who took part in the survey envisage positive changes [...*maybe is slightly improving*].

Research participants distinguished the most important needs of disabled persons (see Table 2).

Table 2. Category *Understanding about Special Needs of Disabled Persons*

Subcategories and content of interview texts
Needs of attention, psychological support *Such people require very much patience, mostly they require attention; / Require ... devotion; / ... certain support / maybe some need that psychological support, so that they can… adapt, particularly in case of some adversity and if you become disabled / Understanding of surrounding people; / …versatile trust.*
Needs (lack) of tolerance from the environment *... Surrounding people look at the disabled unpleasantly, often gossip… / ... the dominating attitude ...still is that disabled ... are kind of classified as a closed group of people who have to communicate only among themselves or stay at home. ... / ...most people treat them coldly, children laugh at them, adults also do so. / I am angry when ... a paralysed person wants to get on a bus and the bus driver shuts the door thinking that the person is drunk.*
Needs of technical assistance and adjustment of the environment *Such people need technical means so that they could be more self-dependent. / Because they don't have necessary apparatus which facilitate their disability. /Non-adjusted buildings. / …sidewalks… in some places the kerbs are very high, it is difficult both to go down and up. / It makes me angry that there is no access in the shops for the disabled…, thresholds are not adjusted for such people ... there is no special handrail where to recline or fasten.*
Needs of social support *Really, the disabled receive support but it depends on the level of disability. / I think the state gives not much attention and money for the disabled; therefore, the majority become homeless or their subsistence level is very low,…. / ...of occupation, availability of social services / It is not a secret that most often they lack money.*

Students first of all associate disability with the needs of support […*the necessity of constant care; / Someone must help to make meals, and to take him/her somewhere, to bathe, ... / to cross the street*, etc.].

Many students emphasised that disabled people considerably lacked attention, support from the environment, tolerance. Quite often environment adjustment problems were mentioned as well as social support needs that had not been met. On the other hand some students think that maybe the disabled lack occupation and possibilities to express themselves but at the same time they lack motivation [*The fact that you are disabled doesn't mean that you can't live normally and that you have to sit and stay at home, do nothing*...] and self-confidence [*I think that some lack self-confidence, positive thinking / joy of being together*...].

It is likely that the attitudes of the society to disability are formed under the influence of both historically determined stereotypical clinical representations and being influenced by socialisation of gender roles; i.e., the process during which the individual constructs cultural differences of gender roles (Pruskus, 2004) and stereotypes of gender roles with regard to the desired men's and women's place in the society, their functions and social tasks (Valackienė

&, Krašenkienė, 2007). This is also verified by the content of research participants' reflections on the impact of disability on the man's and woman's life quality, which typically reflects stereotypes of gender roles, male and female behaviour models, relations, norms, values, different standards and rules of expected behaviour (Pruskus, 2004; Valackienė & Krašenkienė, 2007). The content of research participants' reflections about male-female differences in the disability situation are given in Table 3.

Table 3. Category *Understanding the Differences in the Impact of Disability by Gender*

Subcategories and Content of interview texts
Disabled men characterized by higher levels of psychological vulnerability *Men are really more sensitive, more vulnerable because they are dependent on others. / Men find it more difficult to accept help, pity… / …I think men break more often if they become disabled. …. they find it more difficult to face up this situation. … Maybe he feels more humiliated if the woman is looking after him. / … it may seem to him that he has lost his manliness, his capacities, …/The man's nature requires him to be strong, responsible for welfare and safety of his family members. When he loses these capacities, he feels inferior, useless and unnecessary for anyone. Often this can lead to depression or even suicide.*
Disabled woman is more psychologically resistant *… the woman is more optimistic and accepts support. / The woman is a stronger personality. /…she steps over the disability. Women always more emotionally experience everything than men and this much better than to keep everything within oneself, which is not the case with men. / … women are caring, that is why they want to be taken care of. /… women accept the disability faster because of spiritual strength. / … women accept this much easier.*
The impact of disability depends on personality traits *I think both genders can break in any case… / I think this depends on the very personality … psychological immunity, temperament, character, social environment, family, culture and even politics. / I think there isn't' any clear psychological difference between the man's and woman's disability. / … the disability is equally painful for both sexes. / I think both sexes find it difficult to accept themselves being different than others.*

Differences of the impact of disability by gender reflect strong stereotypes of gender roles. In the opinion of research participants, psychological crises caused by disability and depression break men more often than women because they devalue men's attitude to themselves as to the ones who require other person's help and care whilst women, unlike men, are care-giving that is why they expect other people's care. According to research participants, in general, in the situation of disability women differently from men are stronger, more resistant and find it easier to cope with problems related to disability. According to Matkevičienė's (2003) research data, TV announcements are dominated by a self-confident, qualified, sincere, good-willing, intelligent and calm man; in addition, men are attributed such traits as intolerance, coldness, carelessness and weakness; aggressiveness, cruelty, alcoholism, dishonesty, etc., whilst the woman is shown as loving, sincere, kind, intuitive, attractive, emotional, tolerant and obedient. Research participants' statements reflect namely such or similar representations about disabled men and women. The disabled man is treated as more vulnerable than the woman namely due to stereotypes of the man's role. The content of interviews shows that disabled homeless people and beggars are men who have lost everything because of their vices (e.g., alcoholism). Thus, the content of research participants' reflections on different impact of disability on men's and women's life reflects both stereotypes transferred in the family from generation to generation and representations formed by the media. Matkevičienė (2003) notes that stereotypes prevailing in the media about men's and women's roles (women do the housework, bring up children, while men maintain the family) can determine psychological crises of men and women in these cases when the person's lifestyle, activity, functions in the family do not correspond to the values of the society and expected behaviour. Based on statements of interview participants, when the man becomes disabled, his self-respect and dignity particularly suffer because changes in the behaviour no longer correspond to the expected behavioural model and status in the family (strong, self-dependent, self-confident, maintaining the family). On the other hand, based on research participants' reflections, changing approaches towards the woman's role and status in the society can be envisaged: the woman is no longer treated only as the man's dependent, she is also treated as a strong personality who is able to manage her life herself, seek career, although the society treats these pursuits controversially: existence of such phenomena is acknowledged but the woman's career goals, leadership are valued as copying of the man's behaviour, which contradicts to the woman's nature (Purvaneckienė & Purvaneckas, 2001).

Emotional reactions observing disabled people. Research participants' reflections on disability disclose a rich scale of emotions, ranging from neutral reactions to anger (see Table 4).

Table 4. Category *Feelings with regard to Disabled*

Subcategories and content of interview texts
Sympathy: *I feel sympathy in the corner of my heart… / When I see a disabled person in the street, I always pay attention to him/her, though it seems that I don't want to, but, anyway, my eyes turn to the disabled but that glance is really full of sympathy, ... / ... just some of them are really disadvantaged in life and I pity such people*
Respect: *Respect for that person if, for example, he/she is shopping in the shop sitting in the wheelchair; I am pleased that the disabled person tries to do everything himself/herself, remain self-contained. / I will always respect the disabled, when inside they will feel pain ... but they will not show this. /... people of such fate need respect, good willingness and being together.*
Fear: *Fear, all kinds of ideas come into my mind, if something like this happens to me or my close people … / Fear for close people, family.*
Guilt: *I feel guilty.*
Anger: *I have negative feelings when homeless people are begging near the shops; it seems that they are manipulate their disability. / Others pretend to be disabled. /... I used to see him begging, sometimes he would shout at people so that they give money for him, ... but as soon as he would get money he would go to buy alcohol. /.... Quite favourable conditions are created for them to behave so; even the police don't do anything.*
Neutral reactions: *I react normally. / In general, like with a normal, simple man: if he/she is attractive* [I feel] *attractiveness, if not, then nothing. /Reaction depends on what kind of person you will meet… / Well, it is difficult to tell if I tolerate or not… / I treat this problem philosophically. / ...I always communicate with them like with normal people…*

Research participants' neutrality towards disabled people may be treated as the most natural reaction [*I react normally... / depends on what kind of person you will meet...*]. However, the commonly expressed emotion experienced observing disabled persons is sympathy, arising due to the formed representation that the disabled is helpless, disadvantaged in life, thus, worth being pitied. Alongside with pity and sympathy, the feeling of respect is addressed to the disabled, related to the person's efforts to be self-dependent, cope with difficulties caused by disability. A share of research participants felling sympathy and respect also feel fear for their own or close relatives' health, and part of them, the feeling of guilt that is difficult to explain.

As to negative phenomena related to the disabled, students mentioned that disabled people manipulated surrounding people's compassion, requirement of help [*... but on the other hand, they use their situation in the society and manipulate people who pity them. / ... mostly require attention, maybe sometimes want to use this*], begging, neglect of oneself and one's future [*Others are lazy to tidy, benefits are insufficient to subsist on them, thus, some also beg*]. Research participants' reflections, observing public behaviour of disabled people, distinguish themselves by negative content: they use their disability, manipulate people's pity, beg, drink, etc. In this case Žalkauskaitė's (2012) statements are verified that individuals' experiences arising having encountered the disability are interpreted as experience of real threats (e.g., of disabled people's deviant behaviour, etc.) and as an outcome of social interaction.

Students' different emotional attitude to disabled people is disclosed through their representations about personal traits attributed to the disabled (see Table 5).

Table 5. Category *Personality Traits Attributed to Disabled People*

Subcategories and content of interview texts
Sensitivity related to maintaining one's dignity, fellow-feeling *They are more sensitive, we have to think it over when to provide help, show more attention, take care. / Not to make them feel disabled, let them do everything themselves. / ...the disabled will never want you to show pity for him and express it. / ... they themselves are very helpful.*
Spiritual strength of disabled *The disabled ...seem strong, they live being resigned to disability... / You may feel jealous for many disabled – they are strong people... /...earn for the living even with big physical disabilities... /... disabled ...may be proud of much stronger inner capacities / ... they trying to be as independent as possible / they don't show any feelings of being unhappy or joyless...*
Disabled as a spiritually rich person *Wonderful companions... / I have a granny who is weak and bed-ridden. She is a wonderful talker... tells various interesting stories from her hard life. /When we met we talked long ... / the disabled are very warm personalities.*
Enjoying the life of a disabled *I have a relative with the Down's syndrome. She is a very kind and joyful girl. / ... are able to be happy for small things / ...don't lack a sense of humour... / ... very good fun ... to see that they anyway ... enjoy life. / ...there are disabled people who don't have hands, legs, sit in a wheelchair but have needs, want to enjoy themselves, talk. / ... there are such disabled who rejoice and enjoy life's pleasures. /... he is cheerful and self-confident. / ... namely these people enjoy life more than we.*

In the opinion of the part of research participants, the disabled do not differ from other people, have various needs and hobbies [*I really can say that despite their disability they are like others: they are happy, laugh, talk, learn, work, are angry, sad, yearn, read, write, etc. / They are like us, go to work, have different hobbies and always like to communicate. / They* *are normal people, foreseeing their possibilities and never overstepping them... / Such people learn to live with the disability, do sports like all healthy people...*].

In this case students' reflections are intuitively grounded on *the perspective of strengths* (Saleebey, 2006 et al.) and the belief that the disabled have many strengths: talents, abilities, which describe them as persons who are capable to construct quality of their social functioning. Strengths, attributed by students to the disabled, are not only their spiritual strength, the ability to adapt, change, find new capacities, gifts and even talents in oneself [*...such people seem strong, they live having accepted their problem; /... disabled person can be proud of bigger inner capacities*]; but also optimism, joy of life [*...they know very well how to enjoy small things / ... don't lack a sense of humour...*].

Part of research participants expressed the opinion that disabled people distinguished themselves by certain abilities [*He was a very talented child, drew wonderfully and already being 5 years old spoke fluent English; therefore, I formed an impression that autistic children were very talented. / Certain people who have disability are very gifted....there is a man in a wheelchair who is known in all area for painting pictures. / There are many those who are talented*].

According to data of content analysis of interviews, students have formed representations that these people have many positive traits. Disabled persons' strength, optimism and joy of life seen imposing for research participants. Attribution of positive traits to the disabled can be treated in two ways: both as experience of their communication with these persons and as a direct impact of the media demonstrating disabled persons' activeness, talents or achievements in professional, sports, creative activities or other self-expression areas.

Being asked to disclose ideas and feelings imagining themselves as disabled, research participants disclosed not nearly enough optimistic representation. Reflections on ones' own or another person's disability have a common feature that both describing how the disabled person feels and describing their feelings in case of their own disability, students mentioned that adaptation is determined by traits of the very personality, attitude, complexity of disability, adjustment of the environment, etc. Many repeated the opinion which was expressed earlier, that disability was a restriction, loss of self-dependence; hence, inconvenience both for oneself and others[*Very cruel thing to ask others for help, aggravate them... / The most terrible thing is movement disability because you waste other people's time, ask for help if you can't go to certain places. I would not like to load others with my concerns*].

However, research participants have contradictory perceptions of ones' (imagined) or another person's disability. Their opinions differ as to how the disabled person feels, what the disability means to the very disabled person and how research participants feel, what emotions they impart imagining themselves as disabled.

First, it is necessary to note that part of students expressed rejection reactions to the proposal to imagine themselves being disabled [*I never imagined and I don't want to imagine! / No, I never even dared to imagine that I was disabled / I never thought about this ... I dismissed any ideas how it would be if it were so. / I don't think. / No, I didn't imagine. / I've never imagined myself being disabled because I don't think I would like to imagine. / I am trying not to think when I am healthy but I think no one is protected from this..*].

Being asked to imagine their disability, the majority of research participants were shocked and expressed negative emotions *[It would be difficult, unpleasant, terrible*]. It would be most unpleasant not only due to lost self-dependence but also because the surrounding people would express pity for them [.... *Other people's pity..., those looks when they pity... I would feel uncomfortably. / When others pity you, you want to cry, you want others to say that everything will be all right. / Causes negative reactions... Sadness, anger. / Reaction that others pity you; you want to oppose. You want support, comfort but when there's too much of this,* *then that's the end*]. Few respondents, just one or two, expressed the idea that if they became disabled they would find positivism, optimism or some other particular abilities [*Maybe I would realise myself by means of art or singing, this way I would express my emotions being disabled. / Well, let's say, I am sitting in the wheelchair but I can do something else what others can't*]. On the contrary, some think that in such situation they maybe wouldn't be able to adapt, would raise the question of meaning of life *[...if it happened so, I think I would break / Sometimes I think, ... , whether I would be able to stand such difficult test... /... It would be very difficult to accept this / ... I won't want to live... / ...maybe only after a long time, having coped with myself, motivation to move forward would appear*].

Thus, ambivalent approaches to disability come to prominence not only describing emotions arising from observation of disabled persons but also imagining oneself as disabled. On one hand, the disabled is represented as unable, restricted in his helpless body, on the other hand, such traits as spiritual strength, optimism, talents are attributed to such person. According to Ch. Galehr (2005, qtd. in Žalkauskaitė, 2012), the majority of people have very little or no direct contact with the disabled person, they do not see differences of disabled persons' representation in the media and in real life. That is why some excessively devalue them while others form an excessively optimistic representation of disability. Like any other part of the society, disabled people do not necessarily distinguish themselves only with positive traits, particular abilities or achievements. This is also reflected in participants' reflections in which the disabled person is perceived not only as having abilities and capacities but also as restricted and disappointed; for some research participants the representation of disability pertains to homelessness, begging, alcoholism.

Behaviour with regard to disabled people was explored in the aspects (categories) of *support provision* and *personal relationships with disabled people*.

Category *Support for Disabled People*. The majority of students stated that they would provide help for the disabled although they had never been in situations like this. However, there were different opinions about this. Some provide assistance to a disabled unconditionally, while others refused to provide assistance to people with mental disabilities.

Unconditional support for disabled. Some stated that they would provide help straight after noticing that the disabled found it difficult to cope with certain hindrances [... *if the man crosses the street and is blind, I would help to cross it. / I could help to cross the street, push the wheelchair*] or do housework [*I wouldn't refuse to help doing the housework. / I could help physically, that is take something, lift, take somewhere, bring from somewhere, dress, put on the shoes*]; would do this unconditionally [*there wouldn't be any doubt*], with pleasure [*I helped and I felt good / without any discomfort / this is really not difficult*].

It seems for some research participants that it is necessary not to offer help to the disabled if he/she does not ask [*I understand that they feel uncomfortable that people keep offering help for them all the time*]..

Rejection to provide help for disabled. According to others, support depends on the situation [*I think that it all depends on the situation, the person, his/her disability. / Depends on the situation and what would be expected from me. If it was short-term help, I would help*]. The majority of students stated that their behaviour would depend on the type of person who needs help. They are most inclined to help people with physical (movement) disability [*If the person has a physical disability, I would really help*]. But almost all doubted if they would help the person who is mentally disabled [... *in case of mental disability ... you don't know what to do, how to help.... / I would be afraid of the person with mental disability, you never know what he/she may think or do. / However, if we speak about mental disability, then my nerves and my time are more important for me/ / If this is not related to my family and close relatives,... I don't have to do this*].

Attitudes to personal relationships are reflected in research participants' considerations about possibilities of friendship and marriage with the disabled person (see Table 6).

Table 6. Category *Attitudes to Possibility of Close Relationships with the Disabled*

Subcategories and content of interview texts
An equivalent communication *I could be friends with him, marry him because he is the same person. In my opinion, such friendship has many advantages. You can learn a lot, get a different view to the world, ideas, thoughts. / Yes, I think I could. /...of course it is difficult in the beginning but later you adjust to the person. / There is no difference if the person is with or without disability, his inside is important. / ...that person would be happier if he knew that somebody communicated with him. Thus, there is mutual benefit.*
Possibility of close relationships depends on disability *and other circumstances* *However, friendship would depend on that person and his/ her disability. / I don't know, maybe this would depend on the type of disability ... / ... however, emotional disabilities scare me, thus, I doubt whether I could start a conversation. / Although again the question is very abstract: I don't tolerate mental disability in any way, I will never keep in touch with such persons. / It depends on what friendship we discuss: about friendly relationships or love relationships. In both cases I would make friends only if I knew that person or if I were in love with him before he had acquired disability.*
The doubt being on close links with the disabled *... I don't know if I could socialise with that person because it seems to me that I would feel uncomfortable ... / I couldn't say now because I don't know how it would be. / At the moment I even can't imagine if I could or not. /If I decided to marry a disabled person, I would have to answer numerous questions before that...*
Rejection of close relations with the disabled *... if he were sad, always unsatisfied with something, I think I couldn't live with such person because I would feel sorry ... / I think I couldn't be friends with the disabled person or communicate ... / I think that I couldn't. I would at least feel sorry, I would pity. / Marriage depends not on disability but on the person's personal traits; but most probably no, I would be afraid of responsibility, this would also require much sacrifice / I couldn't. It would be too difficult for me. /...I would never do this out of pity because this wouldn't bring happiness to either side.*

Generalising the research data, comparative analysis of categories of interview contents

Was conducted, based on clinical and social model of approaches to disability. Data of comparative analysis are given in Table 7.

Interview data analysis disclosed a dominating clinical model of attitudes to disability; the analysis of separate structural components of the approach coincides with elements of approaches disclosed by Siller, Ferguson, Vann, Holland even in 1967 (qtd. in Ruškus, 1999), which are characteristic to the clinical model of approaches: *generalised rejection, imputed functional limitations* and *emotional consequences, distressed identification*, describing disability (burden, inconvenience to the society, social problem) and one's emotions observing the disabled; *interaction strain* and *rejection of intimacy,* describing one's reactions to situations when the disabled needs support and discussing the possibilities of close relationships with the disabled.

On the other hand, reflections of the part of research participants also disclosed the content characteristic to the model of social approaches: disabled people are treated as tantamount members of the society with positive personal traits and particular abilities, they are worth being respected, spiritually enriching others who communicate with them; the disability is related to the needs of adjustment of the environment, support and tolerance of the society.

Table 7. Structure and Directiveness of Attitudes to the Disabled, based on Clinical and Social Model

Clinical model (the disease /diagnosis, deviation, personal problem)		**Social model** (social interaction, empowerment)
Structure of attitudes to disability (Siller, Ferguson, Vann, Holland, 1967; qtd. in Ruškus, 1999, p. 62):	Categories and subcategories of Interview Content:	
	The conception of disability	
Generalised rejection – general negative orientation, justification for segregation of the disabled and social restriction.	***Disability as a punishment***	***Disability as a gift***
Imputed functional limitations – devaluation of the ability of the disabled to adapt in the environment		**Understanding about Special Needs of Disabled**
	Burden, inconvenience to the society	***←Needs of social support*** ***←Needs of tolerance from the environment***
	Physical restriction, limitation, inability ***Restriction of communication***	***←Needs of technical assistance and adjustment of the environment*** ***←Needs of attention, psychological support***
Inferred emotional consequences – negative inclinations perceived as a consequence of disability	**Personality Traits Attributed to Disabled People**	
	Negative inclinations of disabled (alcoholism, homelessness)	Positive personality traits and abilities as such: ***Sensitivity related to maintaining one's dignity, fellow-feeling***, ***Spiritual strength of disabled***, ***Disabled as a spiritually rich person***; ***Enjoying the lifeofa disabled***
Distressed identification – the disability arouses deep personal negative reactions.	**Feelings with regard to Disabled**	
	Fear; Guilt; Anger. Reactions of rejection when imagining oneself as disabled	***Sympathy; Respect; Neutral reactions***
Interaction strain – uncertainty, doubtfulness, ignorance how to behave communicating with the disabled	**Support provision**	
	Rejection to provide help Support for the disabled depends on his/her disability. Rejection to provide help to the person with mental disabilities. Internal tension (fear, guilt, anger) – see category *Feelings with regard to Disabled*)	***Unconditional support for disabled*** Support as a natural part of interaction. Positive or neutral reactions while communicating,
Rejection of intimacy – rejection of personal, family relationships with the disabled	**Attitudes to Possibility of Close Relationships with the Disabled**	
	Possibility of close relationships depends on disability ***The doubt being on close links with the disabled*** ***Rejection of close relations with the disabled*** (Negative approach, doubts about friendship; rejection or avoidance of close relationships with the disabled due to unequal match, avoiding pity, responsibility)	***An equivalent communication*** Positive approach to friendship (friendship would enrich both sides).

It is obvious that in the modernising society, when the ideas of integration, equal opportunities, social participation have been factually legitimated and the status of the disabled is qualitatively improving, approaches towards disability are changing very insignificantly. As it has been mentioned, the majority of research participants did not have a possibility to directly communicate with disabled people. It is likely that young people's attitudes to disabled people are formed by stereotypes in the society, which are enhanced by the media and various other sources. Traditional devaluating approaches to disabled people are partly counterbalanced by knowledge students acquire during lectures, that is why part of young people are for tantamount interaction with the disabled. Similar data are also verified by other authors' researches. In Raudeliūnaitė's & Šavareikaitė's (2013), Žalkauskaitė's (2012) and other authors' opinion and according to the data of students interview, clinical approaches prevail: disability is perceived as a disease, pathology, loss, otherness, physically and socially restricting the person's possibilities, the source of all problems; the disabled person is unable to live self-dependently, is weak, needs help and care. On the other hand, according to Raudeliūnaitė & Šavareikaitė (2013) and according to the analysis of data of this interview, representations of disability reflecting the model of social approaches are identified, although not abundantly: in public communication the disabled are described as full-rate members of the society, there is information about achievements, activeness, social participation of the disabled; in students' representations the disabled distinguish themselves by spiritual strength, optimism, etc.

Generalisation

The research on structural components (knowledge, emotions, behaviour) of attitudes to disability disclosed their social and clinical directiveness. Anyway, the analysis of research data enables to state that students' reflections are dominated by clinical representations of disability.

Knowledge and understanding about disability. Analysing students' reflections it was identified that the majority of research participants associated disability first of all with the disease, disorders (particularly physical and movement disorders) and with the person's inability, helplessness, needs of help caused by the very disability. Besides, disability pertains to the person's negative reprehensible inclinations and subsequently arising social problems. All of it shows that research participants' attitudes to disability correspond to typical statements of the clinical model.

However, certain research participants derive these problems from indifference of the environment to the disabled person and this slightly reminds of statements of social model of attitudes towards the disabled about problems caused by insufficient social interaction. Problems of adjustment of the environment and insufficient social support are accentuated. According to many students, disabled people considerably lack attention as well as support from the environment and tolerance of the society (social model). On the other hand, certain students think that although maybe the disabled have too few opportunities to express themselves or lack occupation, at the same time they lack motivation for activity and occupation.

Emotions caused by disability. In their reflections on disability research participants disclose a rich scale of emotions, ranging from neutral reactions to anger reactions. The emotion that occurs most often, which they experienced observing disabled persons, is sympathy caused by the formed representation that the disabled person is helpless, disadvantaged in life and therefore, worth sympathy. Alongside with pity and sympathy the disabled is also respected for his/her efforts to be self-dependent and cope with difficulties caused by disability. Alongside with respect and sympathy part of research participants observing disabled people feel fear about their own and their close relatives' health and part of them, the feeling of guilt that is difficult to explain.

In the opinion of the part of research participants, the disabled do not differ from other people, they have various needs and hobbies.

They believe that the disabled have many strengths: talents, abilities, which characterise them as persons who are able to construct quality of their social functioning. Strengths, which students attribute to the disabled, are not only their spiritual strength, the ability to adapt, change, find new capacities, abilities and even talents in themselves but also optimism, joy of life. Attribution of positive traits to the disabled can be treated in two ways: as experience of their communication with these persons and as a result of direct impact of the media when the disabled are shown as active, talented people who have achieved in their professional area or other self-expression area like sports, creative activities, etc. Students mentioned usage of the status of the disabled, manipulating surrounding people's pity, request of help as negative phenomena related to the disabled, causing anger.

It is characteristic to reflections of "other's" and one's own disability that both describing how the disabled person feels and describing their feelings imagining their disability, students mentioned that the person's adaptation is determined by complexity of disability, personality traits, attitude and also support from the environment, etc. Many repeated the idea that was expressed earlier that disability was a restriction, loss of independent life, hence, an inconvenience both for oneself and others; while part of students expressed rejection reactions to the proposal to imagine oneself with disability. Imagination of disability caused shock and negative emotions for the majority of research participants not only due to lost independence but also because surrounding people would express pity for them. Barely one or two expressed the opinion that if they became disabled they would find and disclose their positiveness, optimism or some particular abilities. Some think the opposite way that in such situation they maybe not able to adapt and would raise questions of meaning of life for themselves.

Thus, ambivalent attitudes to disability show up not only describing emotions arising when the disabled are observed but also having imagined oneself as disabled. Some excessively devalue, others form an excessively optimistic representation of disability. Like any other part of the society, disabled people do not necessarily distinguish themselves only by positive traits, particular abilities or achievements. This is also reflected in research participants' reflections where the disabled person is perceived not only as the person who has abilities and powers but also as restricted and disappointed; some research participants associate the representation of disability with homelessness, begging, alcoholism.

Behaviour with regard to disabled people is the most distinct component of approaches to disability. Research participants' behaviour with regard to the disabled highlighted contradictory approaches. The majority of research participants would unconditionally provide help straightaway having noticed that the disabled finds it difficult to overcome certain difficulties. However, their behaviour would depend on the type of person who needs help. They are mostly inclined to help people with movement disability but almost all doubted if they would help the person with mental disabilities; while one student stated that she was not obliged to help the disabled.

Approaches to disability particularly distinctly disclose themselves analysing research participants' considerations about possibilities of friendship and marriage with the disabled person. The possibility of close personal relationships with the disabled is acceptable only for a small part of research participants. In their opinion, friendship with the disabled person would be mutually beneficial; friendship with the disabled person could be grounded on altruistic incentive. However, the majority doubt about possibilities of close relationship (friendship, marriage) and deny such relationships (it would depend on the person's disability and other circumstances; friendship with the disabled person would make feel uncomfortable; marriage is a too big responsibility, it cannot be based on pity, etc.).

Interview data analysis disclosed the dominating clinical model of attitudes to disability: 1) *generalised rejection, imputed functional limitations* and *emotional consequences,* and *distressed identification*, describing disability (disability is perceived as a disease, loss, otherness, physically and socially limiting the person's possibilities, the source of all problems; the disabled person is unable to live independently, is weak, needs support, care; is a burden, inconvenience for the society, a social problem) and one's emotions observing the disabled; 2) *interaction strain* and *rejection of intimacy,* describing one's reaction to situations when the disabled needs help and discussing the possibilities of close relationships with the disabled.

Students' reflections also identify attitudes to disability corresponding to the social model: disabled people are treated as tantamount members of the society, who have positive personality traits, particular abilities, are worth respect, spiritually enriching the ones who communicate with them; the needs of adjustment of the environment for the disabled, support and tolerance of the society are accentuated. Only a small share of students who took part in the survey envisage positive changes in the social situation of the disabled, the majority value them as insufficient, little, inconsiderable.

The majority of research participants did not have a possibility to directly communicate with disabled persons; therefore, it is likely that young people's attitudes to disabled people are formed by stereotypes in the society, which are enhanced by the media and various other sources. Traditional attitudes to the disabled devaluating them are slightly counterbalanced by knowledge acquired by students during lectures; therefore, part of young people are for tantamount interaction with disabled people and negatively value disabled people's social situation in the country.

Students' attitudes to disabled people are formed under the influence of both historically formed clinical representations of disability and stereotypes of socialisation of gender roles. The content of reflections on the impact of disability on the woman's and man's life quality reflects typical stereotypes of gender roles, the man's and woman's behaviour models. The disabled man is treated as slightly more vulnerable than the woman namely due to traits that are stereotypically attributed to the man. The content of the interview shows that disabled homeless people and beggars are men who have lost everything due to their vices (e.g., alcoholism). In research participants' opinion, in the disability situation women differently from men are stronger, more resistant, find it easier to accept disability and the position of the ward than men, and cope with problems related to disability; the woman's dignity is not hurt when she needs help and care because they themselves are caring, that is why it is natural that they expect care from the environment. Although gender stereotypes are evident, anyway, research participants' reflections also shows changing attitudes with regard to the woman's role and status in the society: the woman is treated as a strong personality who is able to independently manage her life.

Conclusions

1. Clinical approach to disability directions detected by analyzing the study participants' knowledge about people with disabilities. Although disability is still associated with the disease, inability, but it should be noted that nowadays young people are much more aware of the special needs of people with disabilities and disability are no longer considers only a personal problem. Special needs recognition and recognition of the limits of the environment is one of the characteristics of the social model.

2. Particularly controversial opinions about the feelings associated with the disabled and the disability. On one hand admired their strength and spiritual richness, is expressed respect for them, on the other hand these people are assigned the negative tendencies and characteristics. In addition, the negative tendencies associated with the causes of disability (typical clinical approach to disability).

3. One of the most striking indicators of the provisions is the behavioral component of attitude. Although the study participants understand the needs of people with disabilities (social support, assistance, tolerance, friendship, communication), however, the research data shows that it is still dominated clinical approach to disability – rejection when it comes too close relationships with people with disabilities. So basically people with disabilities are not considered as equal members of society.

4. Thus, the ideas of integration, equal opportunities, social participation, improving social situation of the disabled are inconsiderably changing approaches to disability. Anyway, the analysis of research data enables to state that there are dominated by clinical representations of disability.

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STRUCTURE AND DIRECTIVENESS OF ATTITUDES TO DISABILITY IN STUDENTS’ REFLECTIONS

Summary

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Relevance of the problem. Researches of social reality of the disabled and scientific discussions as well, influencing qualitative changes in disabled people’s life and attitudes towards the disabled, taking place in the society (laws on integration, equal opportunities, etc.). However, the question remains: does integration of the disabled, provision of equal rights and other changes of life alter the attitudes of the society to disabled people? If yes, than to which direction are societal attitudes changing? Problem questions are: What models of societal attitudes to disability do existing representations of disability of the studying youth reflect? What stereotypes are reflected in students’ attitudes to disabled persons?

Research aim: to identify structure and directiveness of attitudes to disability on the basis of clinical and social models.

Research Results. The research on structural components (knowledge, emotions, behaviour) of attitudes to disability disclosed their social and / or clinical directiveness.

Knowledge and understanding about disability. Analysing students’ reflections it was identified that the majority of research participants associated disability first of all with the disease, disorders (particularly physical and movement disorders) and with the person’s inability, helplessness, needs of help caused by the very disability. Besides, disability pertains to the person’s negative reprehensible inclinations and subsequently arising social problems. All of it shows that research participants’ attitudes to disability correspond to typical statements of the clinical model.

However, certain research participants derive these problems from indifference of the environment to the disabled person and this slightly reminds of statements of social model of attitudes towards the disabled about problems caused by insufficient social interaction. Problems of adjustment of the environment and insufficient social support are accentuated. According to many students, disabled people considerably lack attention as well as support from the environment and tolerance of the society (social model). On the other hand, certain students think that although maybe the disabled have too few opportunities to express themselves or lack occupation, at the same time they lack motivation for activity and occupation.

Emotions caused by disability. The emotion that occurs most often, is sympathy caused by the formed representation that the disabled person is helpless, disadvantaged in life and therefore, worth sympathy. Alongside with pity and sympathy the disabled is also respected for his/her efforts to be self-dependent and cope with difficulties caused by disability. Part of research participants observing disabled people feel fear about their own and their close relatives’ health and part of them, the feeling of guilt that is difficult to explain.

In the opinion of the part of research participants, the disabled do not differ from other people, they have various needs and hobbies. They believe that the disabled have many strengths: talents, abilities, which characterise them as persons who are able to construct quality of their social functioning. Students also mentioned usage of the status of the disabled, manipulating surrounding people’s pity, request of help as negative phenomena related to the disabled, causing anger; some research participants associate the representation of disability with homelessness, begging, alcoholism.

Behaviour with regard to disabled people is the most distinct component of approaches to disability. Research participants’ behaviour with regard to the disabled highlighted contradictory approaches. The majority of research participants would unconditionally provide help straightaway having noticed that the disabled finds it difficult to overcome certain difficulties. However, their behaviour would depend on the type of person who needs help. They are mostly inclined to help people with movement disability but almost all doubted if they would help the person with mental disabilities.

The possibility of close personal relationships with the disabled is acceptable only for a small part of research participants. In their opinion, friendship with the disabled person would be mutually beneficial. However, the majority doubt about possibilities of close relationship and deny such relationships.

Conclusions

1. Clinical approach to disability directions detected by analyzing the study participants' knowledge about people with disabilities. Although disability is still associated with the disease, inability, but it should be noted that nowadays young people are much more aware of the special needs of people with disabilities and disability are no longer considers only a personal problem. Special needs recognition and recognition of the limits of the environment is one of the characteristics of the social model.

2. Particularly controversial opinions about the feelings associated with the disabled and the disability. On one hand admired their strength and spiritual richness, is expressed respect for them, on the other hand these people are assigned the negative tendencies and characteristics. In addition, the negative tendencies associated with the causes of disability(typical clinical approach to disability).

3. One of the most striking indicators of the provisions is the behavioral component of attitude. Although the study participants understand the needs of people with disabilities (social support, assistance, tolerance, friendship, communication), however, the research data shows that it is still dominated clinical approach to disability – rejection when it comes too close relationships with people with disabilities. So basically people with disabilities are not considered as equal members of society.

4. Thus, the ideas of integration, equal opportunities, social participation, improving social situation of the disabled are inconsiderably changing approaches to disability. Anyway, the analysis of research data enables to state that there are dominated by clinical representations of disability.