

BETWEEN MARGINALIZATION AND ACCEPTANCE - MENTALLY DISABLED PERSONS IN SOCIAL CONTEXT

CAMELIA SOPONARU¹, CATALIN DIRTU², BEATRICE-GABRIELA IOAN^{3*},
MAGDALENA IORGA⁴

REZUMAT. Între marginalizarea și acceptarea persoanelor cu handicap mental în context social. **Scopul studiului** este de a identifica opiniile studenților cu privire la persoanele cu deficiență mentală. **Material și metode:** 85 de studenți au fost incluși în cercetare. Dintre aceștia, doar 26% au declarat că au avut experiențe anterioare cu persoane cu deficiență mentală. Instrumentul folosit a fost un chestionar cu răspunsuri deschise care a investigat următoarele dimensiuni: conceptul de deficiență mentală (perspectiva cognitivă vs perspectiva globală), imaginea persoanelor cu deficiență mentală (caracteristici, capacități, dizabilități), integrare în societate (percepția socială, măsuri de sprijin, instituții de sprijin, opțiuni vocaționale), educație (tipuri de școlarizare, probleme de adaptare, relaționale, comportamentale, educative și perspective post-absolvire). Transcrierea interviurilor a fost urmată de analiză calitativă efectuată cu ajutorul programului QDA Miner 4 Lite. **Rezultate:** cele mai multe dintre problemele asociate sunt legate de comportament (82%) și 92% dintre subiecți asociază deficiența mentală (DM) cu incapacitatea de integrare socială și autonomie. Un total de 58% corelează DM cu degradarea cognitivă; 52% dintre participanți susțin că instituțiile publice ar trebui să aibă grijă de persoanele cu DM. **Concluzii:** Participanții tind să evalueze personalitatea deficientului mental mai mult global, cu o centrare pe diversitatea aspectelor personalității sale, și mai puțin schematic, centrat doar pe aspectele cognitive specifice deficienței mintale, accentuând diversele aspecte cognitive nefuncționale în cazul deficienței mintale.

Cuvinte-cheie: dizabilitate mentală, discriminare, vulnerabilitate, studenți.

ABSTRACT. The aim of the study is to identify opinions related to mentally disabled people among students. **Material and method:** 85 students were included in the research; only 26% declared that they had experience with

¹ PhD, psychologist, associated professor, "Alexandru Ioan Cuza" University of Iasi, Romania, email: puzdriac@yahoo.com

² PhD lecturer, "Alexandru Ioan Cuza" University of Iasi, Romania, email: dirtucatalin@yahoo.com

³ PhD, Professor, University of Medicine and Pharmacy "Gr.T. Popa" of Iasi, Romania. Corresponding author: ioanbml@yahoo.com

⁴ PhD lecturer, psychologist, Department of Behavioral Sciences, "Gr.T. Popa" University of Medicine and Pharmacy, Iasi, Romania, email: magdalena.iorga@umfiasi.ro

mentally disabled (MD) people. The instrument used was an open-answer questionnaire, which investigation of the following dimensions: the concept of mental disability (the cognitive vs. global perspective), the image of mentally disabled people (characteristics, capacities, disabilities), social integration (social perception, support measures, support institutions, vocational options), education (types of schooling, adjustment problems, relational, behavioral, educational problems and perspectives after graduation). The transcription of interviews was followed by a qualitative analysis performed with the freeware version of the QDA Miner 4 Lite software. **Results:** The most frequent issues revealed by our study have been the behavioral ones (82%) and 92% of subjects associates MD with loosing social integration and autonomy. 58% of the participants correlate MD with the cognitive impairment; 52% sustain that public institutions must take care of mentally disabled persons. **Conclusions:** The subjects tend to assess the mentally disabled personality globally, focusing on the diversity of aspects of the mentally disabled personality, and less schematically, focusing only on cognitive aspects specific to mental disability, emphasizing the various non-functional cognitive aspects of the mentally disabled individuals.

Keywords: *mental disability, discrimination, vulnerability, students.*

INTRODUCTION

Mentally disabled people were always situated on the limit of the society. Over the years, the society had tried to support them and to eliminate discrimination. But travelling, public transportation, social integration, housing, schooling or poor living conditions still affect this vulnerable population. Disability is spatially, as well as socially, constructed (Kitchin, 1998) so that we have to construct the space for disabled people if we want to integrate them in society. The access to health care is also a difficult issue. Some researchers from the past proved that even healthcare professionals are having negative attitudes towards mentally disabled people (Anthony, 1972; French, 1994) and mentally disabled people are less positively view comparing to physically disabled people (Furnham & Pendred, 1983). On the other hand, disability is a construct related to the type of society, and taking care of a disabled person is the mark of the society (Shakespeare, 1994).

The social perception of mentally disabled people has undergone changes within the community, in that public policies, information, research in the field, a change in the generation of professionals who take care of these people have led, on the one hand, to a more accurate understanding of the concept of mental disability and have formed, on the other hand, more favorable attitudes toward these individuals.

The aim of our study is to identify opinions related to mentally disabled people, taking into account variables such as age, the type of education subjects are employed in, their gender and their degree of interaction with mentally disabled people.

MATERIAL AND METHOD

The qualitative research was performed between February-March 2015. The instrument used was an open-answer questionnaire, which included the investigation of the following dimensions: the concept of mental disability (the cognitive vs. global perspective), the image of mentally disabled people (characteristics, capacities, disabilities), social integration (social perception, support measures, support institutions, vocational options), education (types of schooling, adjustment problems, relational, behavioral, educational problems and perspectives after graduation).

The questionnaire was applied to 85 students aged between 18 and 50. A total of 95% are women and 5% are men. Concerning the level of education, 66% of subjects had a high school education, 2% had a post-secondary education and 32% had a higher education; 10% of them are already employees. Regarding the environment variable 67% of subjects are from urban areas and 33% from rural areas. A total of 26% declared that they had previous experience with mentally disabled people (in their families or while volunteering) and 74% of the surveyed subjects claimed they had never had interactions with mentally disabled people.

The transcription of interviews was followed by a qualitative analysis performed with the freeware version of the QDA Miner 4 Lite software, downloaded from its official website.

RESULTS

The concept of mental disability

The first assessed dimension was the concept of mental disability, as it is understood by the members of the community. Most answers offered a didactic perspective, rather than a personal one, most respondents giving definitions taken from scholarly papers:

Mental disability is a global disability, which affects the individual's whole personality: his structure, organization, intellectual, affective, psychomotor and behavioural - adaptive development. The defining mark for mental disability is represented by the alteration of the general component, bio-

physiological and psychological integrity being, in fact, a differentiated form of organization for personality.

The significant decrease in psychic faculties, which determines a series of disorders in the individual's adaptive reactions and mechanisms for facing the constantly changing environmental conditions and standards of social cohabitation of a particular culture area, places the individual in a situation of incapacity and inferiority, expressed by a state of disability in relation to the other members of the community he is part of.

Those who opted for the cognitive perspective of the term resorted to scientific definitions less often.

Impaired intellectual development.

Mental disability characterizes a person who does not have a normal intellectual development.

The most frequent answers to this dimension refer to the global perspective of the concept; thus, mental disability is regarded as a suffering which alters the individual's whole personality.

The research of Dweck (1989), shows that people are willing to assess any component of reality which has become an object of knowledge by adopting two different strategies: either by focusing on a global assessment, with emphasis on the diverse aspects of that reality, or by focusing on a more simplistic, reductionist assessment, while, most often, capturing essential features of the assessed reality. In our case, we note the activation of both implicit theories of personality related to mental disability. The results show that subjects tend to assess the mentally disabled personality globally, focusing on its diversity of aspects, and less schematically, focusing only on cognitive aspects specific to mental disability.

Characteristics, capacities and disabilities associated with mental disability

Another dimension analysed was that of the image mentally disabled people have within the community, in terms of characteristics, capacities and disabilities associated with their condition. Most surveyed people mention insufficient development at a cognitive level, such as:

- The common feature is the incapacity to carry out activities involving operations of thought at the level of their performance by individuals of the same age, because psychic functions (especially cognitive ones) develop at a slower pace and stay at a low level, by comparison with those of normal individuals of the same age.

- *Mentally disabled people are characterized by low IQs and limited adaptive functions.*

- *Characteristics specific to these people are: a limited vocabulary, little knowledge about the outside world, the inability to support themselves.*

- *A delay in language development. A delay in intellectual development.*

There were, however, respondents who pointed out characteristics from the affective range, from the range of social relations, or physical features.

- *They are introverted, they do not communicate, they look down, they're almost always sad, agitated or nervous, they communicate with difficulty and they're negativistic.*

- *These people may be characterized by their lack of cooperation, their inappropriate behavior in certain situations, by low intelligence, resulting in failure at school.*

- *These people may easily be distinguished from normal individuals by their broad forehead, large eyes, their sign communication, etc.*

- *These people experience states of delirium, they have a limited vocabulary and sudden emotional changes; they are unable to adapt to situations.*

- *High emotiveness, puerile behavior, feelings of inferiority and anxiety, limited emotional control.*

Table 1. The frequency of answers regarding characteristics of mental disabled people

| Characteristics | Frequency |
|-----------------|-----------|
| physical | 6% |
| affective | 8% |
| relational | 28% |
| cognitive | 58% |

Most subjects emphasized non-functional cognitive aspects in the case of mental disability. Nevertheless, it is important to mention that the emphasis on the mentally disabled individual's issues with social relations is significantly stronger than the emphasis on the individual's emotional or physical issues. This shows that subjects perceive intelligence as defined by Jean Piaget (1973), in the sense of adaptation, and the main issues beyond those of adaptation to physical, objectual reality are those of communication, of relating to one's peers, of social insertion.

In what concerns capacities, all respondents considered that mentally disabled people might reach a certain degree of personal autonomy, be it lower or higher. Most subjects referred to self-service abilities, but there were also some answers referring to mentally disabled people's artistic endowment:

- It depends a lot on the level of disability. Overall, bringing together several degrees of mental disability, people who have it may take care of themselves and may be somewhat independent (average mental disability), they may graduate from a special school if encouraged and directed correctly and intensively (moderate disability).

- These people can be integrated in society, as long as society allows it. It depends on these people's reactions, but also on people in our society.

- They can write, read, count, calculate, they have personal autonomy (they can get dressed and eat by themselves), they can travel within certain limits.

- They can develop some senses, in their favor. They can draw or have a more developed artistic level: in painting, dancing, singing and other fields.

- These people are very affectionate and they can create many handmade products.

- There are cases in which these individuals may have a particular talent, regardless of their mental problem, and thus they can be appreciated for what they do.

The study emphasizes the subjects' optimism related to the mentally disabled individual's capacity to progress in terms of personal autonomy. What is surprising is that some participants take this optimistic tendency further and consider that, beyond mental disability, there is the possibility that some talents (skills), especially artistic ones, can be discovered and valorised in the mentally disabled person.

Concerning disabilities, most answers target mentally disabled people's inability to integrate into society and to reach an optimal level of personal autonomy:

- They cannot have a job, like normal people.

- They are incapable of supporting themselves, they must be monitored constantly.

- They cannot perform certain daily activities which a normal person performs.

- These people cannot go to a regular school, they cannot get a higher education or integrate into society like a normal person and they cannot go to a job.

- They cannot have important state functions; they cannot easily socialize with others; they cannot express themselves in a logical-mathematical speech; they are not capable of perseverance.

There were also answers pointing out disabilities emphasized by these people being discriminated against by other members of the society:

- These individuals cannot ride a bike or skateboard, they cannot swim, handle a ball or a tennis racket, they cannot make friends, because they are seen by

other people as weird. They can only, for instance, walk around town, eat, watch TV or spend time on a computer, and only with the assistance of a capable (normal) person.

- If the intellectual potential and skills of disabled people is not highlighted, they cannot become resources of their environment. This fact implies an effort required of all society members, who must offer disabled individuals a chance: the chance to show there are things they can do successfully.

A few answers targeted, in particular, physical disabilities attributed to people with mental disabilities:

- Some cannot walk, cannot talk, cannot write, they perform certain activities, but without understanding them.

- It depends on the degree of disability: they may show obvious behavioral disorders and physical anomalies; their vocabulary is limited; they are unable to support themselves; physical malformations; movements lacking precision; paralyses.

Table 2. The frequency of answers regarding the type of disability

| Disabilities | |
|---------------------------------|-----|
| social integration and autonomy | 92% |
| physical | 2% |
| emphasizing discrimination | 6% |

Despite the optimism related to the mentally disabled individual's capacity to evolve positively when it comes to personal autonomy, deficient personal autonomy is considered, realistically this time, the mentally disabled individual's main handicap, compared to the average individual. Most subjects consider that the wrong perception of mentally disabled individuals' possibilities causes them to be hindered from taking a walk unaccompanied, from riding a bike, playing tennis or ball games, etc. Changing our perception of mentally disabled individuals, these subjects believe, may lead to progress regarding their social insertion and, by default, to their better personal autonomy.

Discrimination

Regarding the way in which mentally disabled people are perceived by the community, most respondents show that they are discriminated against and/or ignored. Some of the answers are the following:

- Society and its members have always been "disturbed" by these special people, because an absurd emphasis is placed on physical and intellectual beauty, aspiring to perfection; these people are sometimes even violently rejected by society.

- Society generally ignores such cases.

- They are perceived as people who are not right in the head, people with whom one cannot talk, weird people.

- They are most often ignored and people avoid including them in social activities.

- These people suffer because we do not give them a chance to show us they're like us. Just like us, they need to feel the protection and acceptance of society, family and of their group of friends. They are perceived as a shortcoming of society, as those "defective" people.

- These people are isolated, marginalized, considered incapable; they cause a feeling of pity.

Only a few answers point to a social perception with positive aspects.

- They are well regarded by society for their effort to complete a task, especially as not many disabled people are employed.

- Some people see they are different and treat them differently; others try to help and treat them like normal people.

- From my point of view, they are people with big hearts and keen on affection! They're normal people, they're people like us!

Table 3. The frequency of answers regarding the social perception type

| Social perception | |
|-------------------|-----|
| positive | 10% |
| negative | 90% |

Most surveyed subjects (90%) think that mental disability is perceived negatively and that mentally disabled people are discriminated against. This result is in accordance with research in the fields of ethology and evolutionary psychology. Ethologists have reported that superior animals (e.g. chimps) completely reject the members of the group that show signs of disease, running away from them (Standford *et al*, 1994; Williams, 2002). Evolutionary psychologists consider this behavior a defensive one. Many diseases are contagious, so it is normal for animals to instinctively stay away from everything that seems weird, strange, and anomic. Man is no exception. The Bible records the social isolation of the insane among tombs; lepers were required to ring a bell in order to signal their presence and, in addition, the social behavior during the great plague, cholera or typhus epidemics is notorious.

Social measures implemented by the community

Most respondents consider that Romanian society has implemented enough support measures for mentally disabled people, answers containing

mainly arguments of a legislative nature or related to the theory of protection and fewer practical arguments, which refer to the way in which these measures are applied. However, some of the subjects consider either that the state does not offer enough support measures, or that they are not suitably applied:

- *Unfortunately, our society doesn't really protect these individuals, just by a disability pension, that's all.*

- *The rights of these people are protected by law and refer to non-discrimination and to the personalization of these rights, which apply to all people, regardless of the disability criterion. In Romania, the care centers where children with special needs are protected have been assessed. Alternative services and support services have been created to respond to the needs of the child, the family and the community.*

- *Our society protects these people with: specialized psychotherapies, speech therapy, visits to a psychologist, a very well established schedule, varied activities (which stimulate creativity, outdoor games, trips, etc.), avoiding their social labelling.*

- *These people are not protected. There are a few centers for disabled people, but the state cannot provide financial support; instead, it expects families including this sort of people to pay for taking them to the center. Conditions are not quite adequate. There are too few centers for such people. And, in order to receive a disability certificate, there are way too many steps to take and they're much too tormenting for the people concerned, from the point of view of both time and space. And their pensions are much too low for the huge medication prices.*

- *Society ensures the participation of all children in education; the school integration of children with liminal intellects is possible if the curriculum is differentiated and individualized, if the emphasis is placed on forming and consolidating the child's social competencies.*

Regarding the institutions from which mentally disabled people may request help, the most frequently mentioned have been state institutions (departments of social protection, employment agencies, special schools, day care centers, councils for combating discrimination), followed by medical institutions (psychiatric hospitals, medical recovery centers), psychological clinics and NGOs.

- *Social assistance institutions, institutions for mental health and care for disabled people.*

- *Institutions, hospitals or psychiatric wards, recovery and neuropsychiatric rehabilitation centers, medical-social centers and foster care centers.*

- *Specialized institutions for mental disabilities, psychological and psychiatric clinics.*

- For help and counselling, one can turn to county employment agencies, departments of social protection, various nongovernmental organizations.
- These people may ask for help from the City Hall, from psychologists, speech therapists, teachers specialized in this field.
- Clinics that offer special therapies for them.
- They can resort to psychotherapists, occupational therapies.

Table 4. The frequency of answers regarding the institutions providing support for mental disabled people

| Support institutions | |
|-----------------------------|-----|
| State institutions | 52% |
| Medical institutions | 18% |
| Psychological clinics | 16% |
| NGOs | 14% |

The answers reflect the fact that the state is considered the main supplier of assistance for mentally disability, especially if we add the percentage obtained by hospitals, supported by the state. The fact that the involvement of NGOs and psychological clinics is considered the smallest shows that there is a lot to do in this respect.

Schooling and labor market integration

Concerning the professions which mentally disabled people may choose, most answers refer to occupations that imply physical exertion, but there have also been respondents who have mentioned occupational alternatives, associated with people with less severe mental disabilities:

- Caregivers in specialized centers.
- They can have professions which do not require too much thinking.
- They can practice professions like plumbing, house painting, livestock farming.
- Vocational education is represented by vocational schools where the development of psychological and physical features is continued, with a focus on learning trades (in Romania, mildly disabled individuals are prepared to become plumbers, carpenters, house painters, livestock farmers, cooks, confectioners.
- Some people whose IQ is below 51 cannot practice any profession; people whose IQ is between 51-70 can take care of themselves and perform daily work; people whose IQ is between 71-80 can graduate from an elementary school successfully; people whose IQ is between 81-90 can successfully graduate from an elementary school and become established in manual trades and professions.

- *There are cases in which these people work in IT.*
- *If they have a developed artistic sense, they can work as painters, singers, dancers. If not, they can have the same type of professions as normal children.*
- *They can have a talent for tailoring, music, design.*
- *They can practice any profession (generally, IT).*
- *I think they can become painters, musicians, carpenters.*
- *We consider the perception about the mentally disabled individual's possibilities to choose a profession realistic. Even when fields have been mentioned which normally require a high IQ, we believe that the respondents refer to the fact that those professions have not been chosen at random; it is a known fact that, in the artistic and IT fields, except for high-end programming and computer-aided design, there are occupational areas where less intelligence is necessary and repetitive skills are involved, that can be learned mechanically (creating handmade products, the algorithmic use of software, etc.).*

In what concerns schooling, most respondents listed as options public schools with an adjusted curriculum, support staff or special classes. Special schools also frequently appear in the answers offered. Only a few subjects mention the lack of education or home-schooling:

- *School, by its contribution to the mentally disabled child's training, is an important socializing environment, but also the place where his public image can be corrected. The ways of integrating mentally disabled children can be the following: differentiated classes, integrated in regular school structures, groups of two-three disabled children included in normal classes, individual integration of these children in the same normal classes.*

- *They are schooled depending on the degree of their mental disability; thus, those with severe mental disabilities benefit from special education, and those with liminal and mild mental disabilities benefit from inclusion in mass education.*

- *In Romania, from the total number of people with mental disabilities, only a third benefit from education.*

- *In mass education in kindergarten, in primary school, or in special schools.*

- *They stay at their initial stage. They participate in classes and activities, but they cannot be active like other children.*

- *They can attend special schools, public schools, integrated special groups or classes, they can be homeschooled or attend a therapeutic pedagogy center; it all depends on the degree of disability.*

- *Depending on the degree of disability, they are taken to special centers, where special learning takes place.*

- *Mentally disabled children have their special schools, with a specialized curriculum, adapted to their requirements and needs.*

Table 5. The frequency of answers regarding the type of schooling recommended for mental disabled people

| Type of schooling | |
|-------------------|-----|
| Public schools | 63% |
| Special schools | 35% |
| Other options | 2% |

The large percentage of subjects who mention public schools as the main option for the education of a mentally disabled child reveals a positive attitude regarding the social integration and positive evolution toward his personal autonomy. We believe this fact correlates with the previously mentioned optimism related to the mentally disabled individual's attainment of personal autonomy.

Problems related to mental disability

Regarding the adjustment problems mentally disabled children may face throughout their schooling; these have been split into behavioral, relational and educational problems. The most frequent issues found in the analyzed answers have been behavioral (82%), followed by educational (76%) and relational ones (72%).

- *They can have inappropriate behavior at school and can create problems.*
- *Because they're marginalized, these people exhibit aggressive behavior.*
- *There are some children who are quiet, despite their mental disabilities, but there are other children who have certain behavioral disorders, manifested through screams and striking.*
- *For mentally disabled children, teachers will have to modify the content of their lessons and their teaching strategies, depending on these children's level of comprehension.*
- *They don't pay attention to instructions, they start acting right away, they don't ask for clarification, don't foresee difficulties, which leads to failure; they show negativism when given flat orders (in order for them to collaborate, they need to receive suggestions, they react negatively to flat orders because of their limited capacities). They have a hard time finding the meaning from a context; their sentences have a reduced number of words and poor grammar.*
- *They cannot develop relationships with those around, because they have trouble expressing themselves and relating to others.*
- *They don't like to communicate; most often they react negatively to the teacher's requests.*

It is normal for a mentally disabled individual's behavioral problems to be mentioned first, because they are the most visible form of the disability; relational and communication problems are also behavioral problems, if we stretch the

definition a bit. Anyway, the differences are not so great as to claim that there are significant distinctions between these three types of investigated problems.

According to the respondents, post-educational perspectives for mentally disabled people are split between integration into the labor market (most frequently mentioned) and continuing education by vocational courses. There were also subjects who mentioned the lack of any perspectives for these individuals, the future being seen from the perspective of their permanent dependence on the state or the family environment:

- After leaving school, these people can lead a normal life and be part of society, like everyone else.

- Most of them stay in certain centers they belong to or go away for work, but this often happens because many of them become homeless drug addicts (junkies), drink alcohol, etc.

- After leaving school, they can continue with certain courses that can help them more in their chosen path. It's important for them to continue their professional development, but also their family or social development.

- If the degree of disability is not high, they can continue their studies or look for a job. If the degree of disability is higher, they will continue attending special classes in order to try to develop certain abilities.

- They can be integrated in workshops or can function within a special center for their problem. They can practice what they learned at school and get a job (it depends on the seriousness of their health status).

- I don't know, but I suppose they don't really do much. They stay at home, in the care of one of their parents.

- After leaving school, they usually stay in their own families, they're excluded from society.

- They go to specialized centers.

- Usually, they can't find a job and they receive minimal aid from the state.

- Unfortunately they become homeless, and if they don't receive proper medication, they become physically violent.

Table 6. The frequency of answers regarding the perception of students about chances for mentally disabled people

| The perception of students | |
|-----------------------------------|-----|
| Labor market integration | 69% |
| Continuing education | 11% |
| Full dependence | 20% |

Most answers show optimism related to the perspective of the mentally disabled individual's attainment of personal autonomy. Thus, most answers, more specifically 80%, mention that mentally disabled people can be integrated into the labor market and/or can continue their studies.

CONCLUSIONS

Our study shows that the subjects tend to assess the mentally disabled personality globally, focusing on the diversity of aspects of the mentally disabled personality, and less schematically, focusing only on cognitive aspects specific to mental disability, emphasizing the various non-functional cognitive aspects of the mentally disabled individual. The mentally disabled person's social relating is emphasized significantly more than his emotional or physical problems. 90% of subjects consider that mental disability is negatively perceived, that mentally disabled people are discriminated against and that public institutions represent the main source of assistance. The high percentage of subjects mentioning public schools as the main educational option for the mentally disabled child reveals a positive attitude regarding social integration and a positive evolution toward personal autonomy. We believe this fact correlates with the optimism connected to the mentally disabled individual's attainment of personal autonomy.

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