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A Qualitative, Multidimensional Approach to Understanding Disability among Romanian Adults

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Abstract: *This qualitative study explored the diverse perspectives and meanings surrounding disability, focusing on how individuals understand and experience disability within various contexts. The research sample comprised 1233 Romanian adults aged 18 to 76 (Mage = 22.97, SD = 8.61), primarily females (N = 923, 74.9%). Using an in-depth qualitative approach, the study addressed a series of questions regarding disability, ranging from conceptual understandings to the personal, societal, and religious implications of living with a disability. A key focus of the study was to examine whether the attitudes of believers towards individuals with disabilities had evolved and, if so, to identify the underlying causes of these changes. Additionally, the research explored the role of religious institutions, particularly the Church, concerning disability. The answers to these questions were analyzed through the lens of disability models. The study's findings highlight a multifaceted understanding of disability, with perspectives influenced by medical, social, and religious models. While traditional medical views remain prevalent, there is increasing recognition of the role of societal attitudes and structures in shaping disability experiences.*

Keywords: *disability; disability models; religion; religious views.*

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Introduction

Romania, as a post-communist country still navigating its transition from a history of institutionalized segregation of individuals with disabilities, presents a compelling case for examining societal attitudes toward disability (Maftei et al., 2023). The legacy of past policies, ongoing legislative reforms, and evolving public perceptions create a complex and dynamic landscape in which disability is understood, accommodated, and represented (Maftei & Gherguţ, 2023). While significant progress has been made in fostering inclusion, persistent structural and cultural barriers continue to shape the lived experiences of people with disabilities (Mirică & Soare, 2020).

Beyond political and social transformations, religion plays a crucial role in shaping public attitudes toward disability in Romania (Maican, 2022). The Orthodox Church, as a dominant cultural and spiritual force, has long influenced societal perceptions, often framing disability through theological narratives (Ibrahim, 2023). While religious institutions and communities provide essential support, care, and advocacy for individuals with disabilities, they have also contributed to the persistence of particular stigmatizing or paternalistic views that see disability as either a burden or a test of faith (McMahon-Panther & Bornman, 2025). This article explores the representations of disability and various related factors among Romanian adults, including the perceived role of the Church in this regard.

Models of disability

Individuals with disabilities often face significant disadvantages in accessing public services, education, and employment opportunities. These challenges can stem not only from the specific nature of their disability but also from the stigmatizing attitudes held by other members of society. The contrast between individuals with and without disabilities in terms of access to essential services frequently contributes to the formation of social barriers that hinder the full integration of people with diverse disabilities into society (Berghs et al., 2016)

Such barriers can either be reinforced or, conversely, mitigated and ultimately removed, depending on public attitudes toward disability (Wang et al., 2021). As existing literature suggests, positive societal attitudes toward individuals with disabilities can facilitate more effective and seamless integration while also combating discrimination and stereotypes. In contrast, negative attitudes can contribute to exclusionary behaviors, either directly through hostility or indirectly through neglect and the reinforcement of

misconceptions regarding the competence or moral character of individuals with disabilities (Freer, 2023). In this context, it is important to discuss some explanatory models of disability, which offer a deeper understanding of how different perspectives influence policies, public attitudes, and the lived experiences of individuals with disabilities.

The (moral)religious model

The religious model of disability [also known as the moral-religious model (Maftei & Lăzărescu, 2023)] is one of the earliest frameworks for understanding disability from a religious perspective. This model conceptualizes disability as an act of divine will, either as a punishment for sins or as a sacred gift from God (Retief & Letšosa, 2018). On the one hand, previous studies have highlighted the belief that disability represents divine retribution for specific transgressions committed by the individual (Maftei & Lăzărescu, 2022). Consequently, this model extends the notion of punishment beyond the individual, suggesting that disability may serve as a form of divine retribution for the family, particularly the parents. This belief has significant social consequences, often leading to stigmatizing and excluding entire families from community activities (Klimczuk, 2015).

Additionally, within this model, disability is sometimes framed as a test of faith, where healing is viewed as evidence of strong religious devotion (Mugeere et al., 2020). This perspective implies that individuals who do not recover from their disabilities lack sufficient faith in God, which can lead to further social and psychological burdens (Black, 1996). The negative implications of this viewpoint extend not only to individuals with disabilities but also to their families, who may be subject to moral judgment and exclusion (Miles, 2002).

At the same time, the religious model also emphasizes the idea that disability can be seen as a divine gift. Some theological interpretations view disability as an opportunity for spiritual growth, enabling individuals to develop virtues such as patience, resilience, and perseverance (Black, 1996). While the moral-religious model provides a longstanding framework for interpreting disability, its implications are complex. It can serve as a source of comfort and meaning for some individuals while simultaneously reinforcing stigma and exclusion for others (Haegele et al., 2020; Retief & Letšosa, 2018).

The (bio)medical model

The medical model of disability conceptualizes disability as a medical problem, illness, or biological defect that deviates from normal functioning (Zaks, 2024). This approach is often criticized for its limitations, as it focuses

on the individual's impairments rather than the broader social and environmental factors that influence disability (Haegele et al., 2020). The medical model is grounded in objectives related to curing, treating, or rehabilitating disability, emphasizing the adaptation of individuals with disabilities to their environment rather than advocating for environmental adjustments to accommodate their needs. This perspective stands in stark contrast to the social model of disability, which argues that societal structures and physical environments should be modified to ensure accessibility and inclusion for all individuals rather than expecting people with disabilities to conform to existing norms (Andrews, 2017). Research on representations and causal beliefs about disability suggests that both children and adults commonly associate disability with medical conditions, using terms such as "health problems" or "illness" (Hodkinson, 2016; Maftei & Gherguţ, 2023) in various cultural spaces – including Romania (Maftei & Lăzărescu, 2022).

The medical model has also been referred to as the "personal tragedy model" due to its framing of disability in negative terms (Swain & French, 2000). Under this perspective, individuals with disabilities are often perceived as dependent on family members, caregivers, or medical professionals, facing permanent limitations in various aspects of life, including education, social interactions, and age-appropriate activities. Moreover, healthcare professionals operating within this framework frequently view individuals with disabilities as problems to be solved, prioritizing medical intervention over a holistic understanding of their lives and aspirations (Andrews, 2017). As a result, people with disabilities are often expected to adopt the "sick role," in which they are seen primarily as patients in need of care, regardless of the nature or severity of their disability (Scullion, 2010).

Despite its limitations, the medical model remains influential in many healthcare and rehabilitation practices. However, contemporary disability studies increasingly advocate for a more balanced approach that integrates medical support with social and environmental considerations, ensuring that individuals with disabilities are not solely defined by their impairments but are recognized as equal members of society with diverse capabilities and aspirations (Hogan, 2019).

The social model

The social model of disability emerged as a response to the medical model, offering a radically different perspective on how disability should be understood and addressed. Also known as *the minority model*, the social model asserts that it is society, rather than individual impairment or rehabilitation efforts, that imposes limitations on people with disabilities (Retief & Letšosa,

2018). Consequently, any effective solution must focus on transforming societal structures and attitudes rather than placing the burden of adaptation solely on the individual (Watson & Vehmas, 2019).

This model was important in advancing the disability rights movement, reinforcing that people with disabilities are not passive recipients of care but active agents advocating for systemic change (Oliver, 2013). Unlike the medical model, which frames disability as an individual problem requiring medical intervention, the social model highlights how exclusion, discrimination, and inaccessible environments create barriers for individuals with disabilities. This approach places moral responsibility on society to develop, implement, and sustain inclusive policies and environments that ensure equal participation for all.

Further, the social model has also demonstrated significant psychological benefits. By shifting the focus from individual impairment to societal barriers, this approach has been instrumental in enhancing self-esteem among individuals with disabilities and fostering a stronger sense of collective identity (Oliver, 2013). The emphasis on empowerment and inclusion challenges stigmatizing narratives and promotes a more equitable and just society in which individuals with disabilities are recognized for their contributions and potential rather than defined by their impairments (Retief & Letšosa, 2018).

The identity model

The **identity model of disability** is closely related to the **social model,** as both emphasize the social context in shaping the experience of disability (Retief & Letsosa, 2018). However, a fundamental difference exists between the two approaches. While the social model focuses on disability as a social construct and highlights how society imposes limitations on individuals with disabilities, the identity model shifts the perspective toward disability as a **positive identity** (Forber-Pratt & Zape, 2017).

According to this model, disability is not merely a disadvantage or an obstacle but rather an aspect of identity comparable to other minority identities, such as gender or race. It acknowledges that the social environment inherently shapes the experience of disability but argues that individuals can develop a **strong and affirming sense of self** as people with disabilities. Unlike the social model, which focuses primarily on external societal barriers, the identity model is more concerned with how individuals perceive and define themselves within the broader cultural and social landscape (Swain & French, 2000).

This model recognizes that disability is socially constructed, aligning with the principles of the social model. Second, it emphasizes the role of

community and peer affiliation in fostering a sense of belonging and self-acceptance. Research suggests encouraging individuals with disabilities to connect with others with similar experiences can facilitate **personal identity formation and collective empowerment** (Swain & French, 2000). By embracing disability as an integral and valuable part of identity, this model promotes a shift from stigmatization to celebrating **diversity** (Retief & Letšosa, 2018). However, one of the main concerns regarding this model is that it may place **pressure on individuals to adopt a specific identity** that aligns with their disability status, potentially overlooking the **fluid and multifaceted nature** of identity.

The present study

This qualitative study explored the diverse perspectives and meanings surrounding disability, focusing on how individuals understand and experience disability within various contexts. Using an in-depth qualitative approach, the research addressed a series of questions regarding disability: (1) conceptualization of disability, (2) perceptions of disability types, (3) causal explanations of disability, (4) the meaning and purpose of disability, (5) personal and social meaning of disability, (6) contributions of individuals with disabilities, (7) barriers faced by people with disabilities, (8) preventability of disability, (9) evolution of attitudes toward disability, (10) the role of the Church in disability inclusion, (11) and Biblical perspectives on disability. The answers to these questions were analyzed through the lens of disability models.

Methodology

Participants and procedure

The initial research sample comprised 1252 participants. Of these, 19 were excluded due to their age (a minimum age of 18 was required to participate in the study, which was the only exclusion criterion). The final research sample comprised 1233 adults aged 18 to 76 (*M*age = 22.97, *SD* = 8.61), primarily females (*N* = 923, 74.9%). Most of the participants held a high school (*N* = 786, 63.7%) or a Bachelor's degree (*N* = 305, 24.7%) and had contact with people with disabilities in the last year (*N* = 863, 70%). Regarding their religious orientation, most participants were Orthodox (*N* = 1078, 87.4%) or Catholic (*N* = 77, 6.2%). These details can be seen in Table 1.

Table 1. Research sample characteristics (N = 1233)

Variable	N	%
Gender		
Male	310	25.1
Female	923	74.9
Education		
Secondary School	23	1.9
High-School	786	63.7
Bachelor	305	24.7
Master	64	5.2
PhD or post-university studies	55	4.5
Religious orientation		
Orthodox	1078	87.4
Catholic	77	6.2
Agnostic	10	0.8
Atheist	15	1.2
Protestant	48	3.9
Islamic	1	0.1
Polytheism	1	0.1
Buddhism	1	0.1
Jehova Witnesses	2	0.2
Previous contact with disability (last year)		
Yes	863	70
No	370	30

Data were gathered at the end of 2023 and the start of 2024 through an online form distributed to the target population (i.e., Romanian adults aged 18 or more), utilizing the snowball technique. The informed consent form emphasized that participation was voluntary and that participants could withdraw anytime. The study adhered to the guidelines set by the Helsinki Declaration and the ethical standards of the faculty's ethics committee with which the authors are affiliated. The estimated time to answer the questions was about 11 minutes. Data collection was conducted anonymously. Participants were assured that their information would remain confidential and anonymous, and their responses would be used exclusively for the research. Online recruitment was conducted through social media platforms (Facebook and Instagram) and online and physical groups (e.g., student and professional organizations) aimed at the general population. Offline, personal interaction in university settings was also used to advertise the study.

Measures

Following the demographic details required in the first part of the form, participants responded to a series of open-ended questions detailed in the Results section.

Data analysis

We conducted our analyses following the principles of thematic analysis, which Braun & Clarke (2006) describe as a method for systematically identifying, organizing, and providing insights into patterns of meaning (themes) across a dataset. This approach identifies recurring patterns in how a topic is discussed or written about, helping to make sense of those commonalities. In line with the procedure outlined by Braun and Clarke (2014), our process began with thoroughly familiarizing ourselves with the data. We then proceeded with initial coding, identifying key elements, and finding and reviewing emerging themes.

After the initial coding and theme identification, we took the necessary steps to define and label these primary themes (Braun et al., 2014). Once these core themes were established, we moved on to the final stages of the analysis, where we examined the data to uncover any additional responses and themes that may have been overlooked initially. In the concluding phase, we finalized the categorization of these themes, ensuring a comprehensive understanding of the dataset and its underlying patterns. This process allowed us to capture the data's depth and nuances, providing a robust and detailed analysis.

We employed a multiple-perspective approach to ensure the quality and clarity of the coding procedure and the entire thematic analysis process. Specifically, two additional researchers not part of the author team also analyzed and pre-categorized the participants' responses. These researchers were from the same university as the authors and specialized in special education and psychology. To further ensure the accuracy of our findings, we utilized the back-translation process, which confirmed that no problematic words or phrases were identified during this procedure.

We analyzed each response individually, employing in-vivo coding (Flick et al., 2004) to capture the participants' exact words and meanings. Following the open coding phase, we established preliminary codes, which the researchers applied to the remaining text (Cho & Lee, 2014). Similar codes were grouped, refined, and eventually organized into final categories. Inter-rater reliability was assessed using Cohen's kappa, which yielded a solid reliability score of $\varkappa = 0.80$, demonstrating strong agreement between the coders.

Results

Question 1. *What is disability?* The central theme/category identified was related to the representation of *disability as a limitation or incapacity that affects a person's ability to carry out everyday activities* (see Table 2).

The analysis of the collected responses reveals a predominant perception of disability as a limitation or incapacity that affects a person's ability to engage in ordinary activities. The majority of responses define disability through the lens of physical, mental, or social impairments, which can restrict an individual's autonomy and their level of integration into society. Disability is often viewed as a deviation from socially imposed norms, frequently associated with a "deficit" in comparison to other members of the community. This perspective highlights not only the medical aspect of disability but also the impact of social barriers on individuals facing such challenges.

In addition, many respondents emphasized how societal perceptions and attitudes can exacerbate the experience of disability, suggesting that the stigma surrounding disability often limits opportunities for participation in everyday life. For some, disability is seen as something that needs to be fixed or corrected rather than as a part of human diversity that should be accommodated and accepted. This view underscores the need for greater awareness of how societal structures and attitudes shape the experiences of those with disabilities, pointing to the importance of removing barriers—whether physical, social, or attitudinal—to promote full inclusion and equal opportunities.

These findings primarily align with the medical model of disability, which tends to approach disability based on what is "missing" or "impaired" in comparison to normative societal expectations of ability. This is reflected in the participants' perceptions of disability as a deviation from the norm, often seen as a "deficit" when compared to other members of the community. While aspects of the social model and other theoretical perspectives may be touched upon (for instance, the importance of autonomy and societal integration), the emphasis on disability as an individual limitation or incapacity points most directly to the medical model.

Table 2. Answers to Question 1. What is disability?

Theme / Category	Answers (examples)	N	%
Disability as a physical/mental incapacity	"Disability is a physical or mental incapacity that prevents individuals from engaging in activities." "It is a human inability to do certain things." "A disability is a condition that can affect a person's ability to function normally."	351	28.46
Disability as a medical problem	"Disability is a health issue that affects the ability to live normally." "A disease that hinders you." "It is a medical problem that makes it difficult to carry out activities."	290	23.52
Disability as a social condition	"Disability is a social condition, not a medical one." "A social problem created by society." "Disability is not a medical condition, but a social one."	252	20.43
Disability as a deviation from normality	"A difference that makes you different." "It is a disadvantage that some people have." "It is a deviation from normality."	164	13.30
Disability as a gift or a challenge	"A gift from God." "A test to see people's faith." "A life challenge that must be overcome."	113	9.16
Inconclusive responses (e.g., I don't know, I'm not sure)	"I don't know." "I'm not sure."	63	5.13

Question 2. *When you think about disability, what type comes first in mind?* The most common response was *physical disability* (see Table 3).

Many responses refer to individuals who use wheelchairs, people with paralysis, amputations, or mobility difficulties. In addition to these, intellectual and psychological disabilities are also mentioned, but physical disabilities are the most frequently mentioned.

This reflects the common tendency to associate disability with visible, physical impairments that can be more easily observed, such as mobility issues or the use of assistive devices like wheelchairs. Physical disabilities may often dominate discussions and perceptions because they are immediately

noticeable and typically categorized as "disabling" in society. However, the inclusion of intellectual and psychological disabilities highlights an increasing awareness of the diversity of disabilities, acknowledging that not all disabilities are visible and that they can also affect cognitive and emotional functioning. While some responses might touch on broader models (such as the inclusion of intellectual and psychological disabilities), the primary focus on physical limitations and conditions places the answers mainly within the medical model of disability, similar to the answers to the first question.

Table 3. Answers to Question 2. When you think about disability, what type comes first in mind?

Theme / Category	Answers (examples)	N	%
Physical disabilities	"Locomotor disability, for example, people in wheelchairs." "Loss of a limb." "Paralysis, amputation, physical deformities."	382	31.02
Intellectual disabilities	"Intellectual disability, learning difficulties." "Cognitive and neurodevelopmental disorders."	312	25.30
Sensorial disabilities	"People without sight or hearing." "Blindness or deafness." "Blind and deaf-mute individuals."	215	17.42
Emotional disabilities	"Anxiety disorders, depression." "Schizophrenia, bipolar disorder." "Severe mental health condition."	152	12.31
Multiple/associated disabilities	"Combined physical and mental disabilities." "Genetic syndromes with multiple impairments." "Mobility and intellectual difficulties."	98	7.95
Inconclusive responses	"I don't know." "n/a." "I'm not sure."	74	6.00

Question 3. *What is the explanation for the occurrence of disability?* The most common theme/category was related to the genetic causal factors (see Table 4).

The analysis of the collected responses suggests that disability is primarily perceived as the result of genetic, congenital, or accidental factors. Most respondents believe that disability can be present from birth due to genetic abnormalities, hereditary conditions, or complications during pregnancy and childbirth. Additionally, there is recognition that disability can also be acquired later in life as a consequence of accidents, traumatic events,

illnesses, or environmental factors. This perspective highlights a dual understanding of disability, both as an inherent condition and as a condition that can develop over time due to external influences.

The responses align primarily with the medical model of disability, emphasizing biological, genetic, and accidental factors as the causes of disability. This reinforces the idea that disability is an individual condition that requires medical attention, treatment, or management. The mention of environmental factors suggests some recognition that external conditions can influence disability.

Table 4. Answers to Question 3. When you think about disability, what type comes first in mind?

Theme / Category	Answers (examples)	N	%
Genetic factors	"Genetic factors can determine disability." "Certain disabilities can be inherited from parents."	474	38.44
Accidents	"A disability can occur due to an accident." "Accidents can cause physical or mental disabilities."	374	30.33
Congenital problems	"Many disabilities are congenital, meaning you are born with them." "Complications during pregnancy can cause disability."	197	15.98
Environmental factors	"The environment in which a person lives can influence the occurrence of disability." "Lifestyle can contribute to the development of certain disabilities."	188	15.25

Question 4. *Does disability occur randomly or with meaning?*

The differing views expressed by the participants underscore the complexity of how disability is understood and interpreted across different communities. For some participants, disability is seen as a random occurrence with no inherent purpose or meaning, simply the result of unfortunate events or conditions that cannot be predicted or controlled. From this perspective, disability is viewed as a challenge to overcome rather than something that holds a deeper significance.

On the other hand, many participants associated disability with a broader meaning as part of a greater divine plan, a way to test faith, or a pathway to spiritual growth. Some answers reflected disability as a transformative life experience, an opportunity for personal development, or a lesson that might shape one's character and understanding of the world. Other

participants expressed views on how disability may catalyze social change, either in terms of societal attitudes or how a person redefines their identity and values. These mixed responses suggested that there is no one-size-fits-all answer to whether disability is random or meaningful, highlighting the need for a more nuanced approach when discussing disability (see Table 5).

The responses from participants align with multiple models of disability, reflecting elements of the medical and social models while also incorporating aspects of the religious model. The medical model is evident in the responses that view disability as a random occurrence or as the result of unfortunate events, such as accidents or genetic factors. On the other hand, the responses that see disability as a transformative life experience, a catalyst for social change, or something that redefines one's identity and values reflect the social model of disability. Finally, the responses indicating that disability is part of a greater divine plan, a test of faith, or an opportunity for spiritual growth reflect a more spiritual or transformative model (i.e., the religious model of disability). These views consider disability not merely a physical or social condition but a life experience with deeper meaning, offering personal or spiritual development.

Table 5. Answers to Question 4. Does disability occur randomly or with meaning?

Theme / Category	Answers (examples)	N	%
Randomly	"Disability occurs randomly." "Disability occurs due to accidents."	494	40.06
With a meaning	"Disability occurs with meaning." "There is meaning behind disability."	473	38.36
Both	"Disability can be both random and meaningful." "Disability occurs for various reasons, some random and others with meaning."	266	21.58

Question 5. *What is the meaning of disability for oneself (the person with a disability) and for those around them?* The most common theme/category was related to disability as a dual challenge (see Table 6).

The participants' responses to the question about the meaning of disability for themselves and those around them reflect various perspectives. A significant portion views disability as a challenge and an opportunity for adaptation, emphasizing the struggle for integration and overcoming obstacles. Other responses highlight feelings of powerlessness and limitation, associating disability with difficulties in daily life. Another important theme is personal maturation, with many participants seeing disability as an opportunity for inner growth and the development of new skills. For some, disability is a spiritual trial, a chance to strengthen faith, and a form of

redemption. Additionally, many emphasize the importance of empathy and social inclusion, perceiving disability as a life lesson for the community. At the same time, some participants did not find a clear meaning for disability, responding with "I don't know" or expressing uncertainty.

These responses align most closely with the social model of disability while also reflecting some elements of the medical and religious models. The social model is most prominent in responses highlighting empathy, social inclusion, and the importance of viewing disability as a life lesson for the community. However, some responses emphasize feelings of powerlessness and limitations, associating disability with daily life difficulties. This aligns more with the medical model, often focusing on the limitations caused by the condition itself. Finally, the responses that describe disability as a spiritual trial, a chance to strengthen faith or a form of redemption reflect a more spiritual perspective aligned with the religious model. These responses suggested that disability may teach life lessons, foster personal growth, and offer opportunities for reflection and transformation.

Table 6. Answers to Question 5. What is the meaning of disability for oneself (the person with a disability) and for those around them?

Theme / Category	Answers (examples)	N	%
Challenge and adaptation	"A challenge that you must overcome and live with." "Adapting to life changes." "Integration into society."	290	23.52
Powerlessness and limitation	"Powerlessness and the burdening of others' responsibilities." "A problem." "The impossibility of leading a normal life."	275	22.30
Opportunity to learn and to grow	"Identity and self-perception." "Awareness of personal value." "A different perspective on life."	160	12.98
Spiritual / Religious challenge	"A trial received from God." "To change something, to learn something." "Strengthening of faith."	141	11.43
Empathy and social inclusion	"Understanding and support given to people with disabilities." "Development of empathy and understanding." "Creating an inclusive environment."	202	16.38
No particular meaning	"I don't know." "No meaning." "I don't believe there is a specific meaning."	165	13.39

Question 6. *How can a person with disabilities be helpful to the ones around them?* The most common theme/category was related to disability as a source of learning and empathy (see Table 7).

The participants' answers mainly emphasize that the life experiences of individuals with disabilities can provide significant lessons in perseverance, compassion, and diversity. Their challenges often reveal the power of adaptability and inner resources, offering inspiring examples for others. In this context, people with disabilities are considered potentially powerful role models, demonstrating how resilience and determination can lead to personal growth despite adversity.

Moreover, responses also reflected that people with disabilities' experiences may foster a greater sense of empathy in those around them, helping others better understand the struggles faced by individuals with disabilities and encouraging more supportive, inclusive behaviors. Through these experiences, individuals with disabilities contribute to developing acceptance and solidarity within their communities. According to some participants, by sharing their stories and challenges, individuals with disabilities can help shift societal attitudes, promoting a culture of understanding, respect, and mutual support. This central theme identified in the answers to this question suggests that disability is not just a personal challenge but an opportunity for collective growth and positive change, helping communities recognize and value diversity in all its forms.

Table 7. Answers to Question 6. How can a person with disabilities be helpful to the ones around them?

Theme / Category	Answers (examples)	N	%
Inspiration and motivation	"They can give us an example of willpower." "As an example of strength and the desire to achieve." "They offer life lessons through their ability to keep going."	284	23.04
Empathy and tolerance	"Through interaction with people with disabilities, others can learn to create more inclusive environments." "They develop patience and compassion." "It (disability) can help us develop empathy."	270	21.90
A different life perspective	"It (disability) presents others with a different perspective on life." "We can learn to see the world differently."	180	14.60

	"It (disability) can offer many lessons; they are much deeper."		
Social and professional contribution	"It (disability) can contribute to the well-being of society." "They can work as best as they can." "It (disability) offers a valuable perspective in different fields."	152	12.32
Inconclusive responses	"I don't know." "Hard to say." "I refrain from answering."	121	9.81
There is no difference between typical individuals	"They are a normal person, they can help with anything." "Just like any other person without disabilities." "You treat them normally, without making any differences."	145	11.76
Other (spirituality, morality–related)	"Develops virtues and closeness to God." "Helps in the growth of morality." "Can be a blessing for the family."	81	6.57

Question 7. *What obstacles does disability impose on the life of a person with a disability? Are there restrictions for people with disabilities in religious life, in denominational schools, in lifestyle, for the afterlife?* The most common theme/category was related to environmental barriers: physical, social, and institutional obstacles in the lives of people with disabilities (see Table 8).

According to the answers received, the obstacles faced by people with disabilities are not inherently caused by the disability itself but rather result from a social, physical, and institutional environment that fails to accommodate their needs. Many of the responses highlighted that various barriers, whether architectural (such as the lack of ramps, inaccessible public transportation), social (including discrimination, stigma, and exclusion), or institutional (such as insufficient accommodations in schools and workplaces), severely limit the full participation of individuals with disabilities in everyday life. These challenges extend to multiple areas, including education, employment, and religious practices, where accessibility is often inadequate.

When discussing the afterlife, most respondents emphasized that there should be no restrictions, highlighting the stark contrast between material and spiritual realms. This perspective underscores a fundamental issue: while societal and structural barriers can hinder access to physical spaces and opportunities, spiritual beliefs often recognize equal dignity and rights for all individuals, regardless of their physical condition. Ultimately, the participants highlighted that the restrictions experienced by people with disabilities are primarily the result of an environment that fails to adapt to their

needs. Instead of fostering inclusion, this leads to marginalization and exclusion, even though, from a moral and spiritual standpoint, their rights should be equal to those of everyone else.

These answers align most closely with the social model of disability, which asserts that disability is not an inherent limitation of an individual but rather a result of environmental, social, and institutional barriers that prevent full participation in society. More specifically, the participants in our sample emphasized that it is not the impairment that disables a person but rather the way society is structured through inaccessible infrastructure, discriminatory attitudes, and lack of accommodations. At the same time, the mention of the afterlife and the contrast between material and spiritual realities could also relate to a human rights-based approach, which asserts that people with disabilities should have the same rights and dignity as everyone else, including in spiritual matters.

Table 8. Answers to Question 7. What obstacles does disability impose on the life of a person with a disability? Are there restrictions for people with disabilities in religious life, in denominational schools, in lifestyle, for the afterlife?

Theme / Category	Answers (examples)	N	%
Marginalization and social exclusion	"They are usually marginalized; that is the only major obstacle." "They are pushed aside, and distinctions are made." "They are treated differently, ignored, and insulted."	312	25.30
Lack of physical accessibility	"Public transportation, social integration, school." "Not all institutions have ramps or elevators." "Accessibility issues in public spaces."	275	22.30
Difficulties regarding education and employment	"Finding a job is a challenge." "In schools, teachers do not show interest in children with disabilities." "Integration into the workforce is difficult."	198	16.06
Discrimination and prejudice	"People with disabilities are looked down upon." "People judge them and do not accept them." "They are treated as if they have no soul."	183	14.84
Difficulties in everyday life	"They cannot enjoy life the same way as others." "They need help with daily activities." "They face many daily obstacles."	124	10.07
No visible impediments / restrictions	"I don't believe there are any restrictions." "There shouldn't be any difference." "All people are equal."	66	5.35

Inconclusive answers	"I don't know."	75	6.08

Question 8. *Can we prevent the occurrence of disability?* The most common answers were related to the idea that we can not prevent it (see Table 9).

Most of the responses suggest that, no, disability can not be prevented. However, many answers also suggested that although specific disabilities cannot be prevented, others can be avoided or reduced through factors such as a healthy lifestyle (balanced diet, avoiding harmful substances, physical exercise), preventive medical care (prenatal check-ups, vaccination, genetic screening), safety measures (avoiding accidents, workplace safety), religious or spiritual factors (prayer, divine will). The responses reflect a predominant view that disability prevention is possible only in some instances, but not always and not entirely. The general focus was on proactive efforts like lifestyle choices, medical practices, and spiritual beliefs while acknowledging that not all disabilities can be avoided.

Table 9. Answers to Question 8. Can we prevent disability?

Theme / Category	Answers (examples)	N	%
No	"No." "I don't think it can be prevented." "Disabilities are inevitable, some are genetic, others occur through accidents."	598	48.50
Partially	"In some cases, yes." "It depends on the disability, some can be prevented through medical care, others cannot." "Some can be prevented through safety measures, others cannot."	374	30.33
Yes, through a healthy lifestyle	"A healthy lifestyle can help prevent some disabilities." "Avoiding toxic substances and a balanced diet are important." "Sports and medical prevention can reduce risks."	146	11.84
Yes, through medical screening and care	"Genetic tests can help prevent certain disabilities." "Prenatal care can prevent some issues." "Vaccination is important for preventing diseases that lead to disabilities."	89	7.22
Inconclusive answers	"I don't know." "Maybe, but I'm not sure." "I haven't thought about that."	26	2.11

These answers align primarily with the social model of disability and the biomedical model to some extent. The focus on factors such as lifestyle choices (balanced diet, exercise) and safety measures (avoiding accidents, workplace safety) suggests an understanding that society can reduce or prevent the impact of disability through prevention and support systems. It also recognizes that certain conditions, though not entirely preventable, can be mitigated through social and environmental changes (i.e., reflecting the adherence to the social model). On the other hand, The emphasis on preventive medical care (e.g., prenatal check-ups, vaccination, genetic screening) suggests an understanding of disability from a medical perspective, where the prevention of disability is viewed in terms of medical intervention and early diagnosis (i.e., the adherence to the medical model).

Question 9. *Has the way believers have related to a person with a disability changed over time? If so, what was the cause of the change in attitude, and how did it manifest?*. The most common answers related to their attitude changing over time (see Table 10).

The general trend in responses suggests a significant shift in how people with disabilities are perceived, with many highlighting a more inclusive and empathetic approach driven by education and awareness. Nevertheless, some respondents still believe that the change in attitude is incomplete or inconsistent. These views might reflect ongoing societal challenges, such as lingering stigma or barriers to full inclusion, which vary depending on cultural, geographical, or institutional factors. Thus, the evolving understanding of disability appears to be in progress but may not be universally adopted across all communities or social settings.

Table 10. Answers to Question 9. Has the way believers have related to a person with a disability changed over time? If so, what was the cause of the change in attitude, and how did it manifest?

Theme / Category	Answers (examples)	N	%
A general positive change in attitude	"Yes, because now more people are aware that a person with a disability is still a neighbor." "Yes, the attitude of believers has changed due to awareness and education."	412	33.43
No change	"No." "I don't think it has changed." "The attitude of believers towards people with disabilities has remained the same."	355	28.80
Change due to education and awareness	"Education, in a better sense." "I believe that due to education, people have become more tolerant."	176	14.27

Change due to higher accesibility	"Churches have started to adapt to be more accessible." "People with disabilities are more welcomed in schools and society."	114	9.24
Change regarding the religious view: disability is not a divine punishment	"Before, it was believed to be a punishment from God, but now it is known to be a medical issue."	78	6.32
Change due to increased empathy and compassion	"People have become more empathetic and have learned to support more." "More compassion and help."	69	5.59
Inconclusive answers	"I don't know."	29	2.35

Question 10. *What is the role of the Church in the context of disability?* The most common answers were related to the Church's role as a promoter of inclusion, support, and compassion for people with disabilities (see Table 11).

Most responses emphasized that the Church should be a place of acceptance, compassion, and support for all people, regardless of their abilities. Frequently invoked theological foundations included *love for one's neighbor* ("love your neighbor as yourself"); *human dignity* (every person is created "in the image of God"); *inclusion and equality within the faith community*; *moral and material support through prayer, counseling, and practical assistance*. Other responses include prayers for healing, fundraising to support people with disabilities, and promoting an attitude of development and respect for diversity among believers. On the other hand, a few responses express skepticism about the actual role of the Church in supporting people with disabilities, either considering it limited or noting that some religious communities do not get sufficiently involved.

Thus, the Church is viewed by many as having a moral and spiritual duty to be a place of refuge and acceptance for people with disabilities, aligning with core Christian values of love, dignity, and equality. The emphasis on supporting individuals spiritually and materially shows a broader understanding of disability that goes beyond charity to actively promote inclusion. Prayer for healing is also mentioned, reflecting the Church's theological stance on the power of prayer in bringing about positive change. However, some perspectives still suggest that the Church's role is not always as effective as it should be. These responses point to the challenges in the practical application of these ideals, especially within specific communities or churches that may not be as proactive in including or supporting people with disabilities in tangible ways. There is a recognition of the potential for improvement in how religious communities address this issue, suggesting that

while the Church may be seen as a promoter of inclusion, there is still work to be done.

Table 11. Answers to Question 10. What is the role of the Church in the context of disability?

Theme / Category	Answers (examples)	N	%
I don't know	"I don't know." "I can't tell."	572	46.39
Inclusion and acceptance	"The Church must accept and attract these people." "Everyone must be treated equally."	204	16.54
Spiritual and emotional support	"To provide moral support." "The Church offers help through prayer and hope."	157	12.73
Social and material help	"Some churches raise funds for such causes." "The Church should provide resources and material support."	94	7.62
Prayer and faith for healing	"To pray for healing." "Faith in God and in miracles."	89	7.22
Compassion and love for one another	"Love your neighbor as yourself." "The Church promotes love and compassion."	78	6.33
A limited or negative role	"It has no role." "The Church only wants money."	39	3.17

Question 11. *Are there biblical texts that refer to disability? Please mention them.* The most common answers were related to divine healing and compassion toward people with disabilities. (see Table 12).

Most of the responses mention biblical passages in which Jesus heals people with various disabilities, such as healing the blind, the paralyzed, the ten lepers, or the lame, further emphasizing that disability is not a divine punishment but rather a means through which God's power is manifested. Some biblical references mentioned by the participants highlighted that disabilities, while often seen as physical or social challenges, are also framed as part of the divine narrative, showing how people with disabilities can be an integral part of God's plan. The healings performed by Jesus and the teachings from the Old Testament not only emphasize God's compassion and power to heal but also underscore the moral responsibility of others to show care, respect, and protection for those with disabilities. The passages mentioned in participants' answers suggest a general view where disabilities are not seen as a form of divine punishment but as part of God's greater purpose and as a call for humans to respond with empathy, inclusion, and moral integrity.

Table 12. Answers to Question 11. Are there biblical texts that refer to disability? Please mention them.

Theme / Category	Answers (examples)	N	%
Mentions of the miraculous healings performed by Jesus	"Jesus healed the blind, the paralyzed, and the lepers." "The healing of the paralyzed man at the pool of Bethesda."	319	25.87
I don't know	"I don't know." "I can't tell."	615	49.88
Specific biblic references	"John 9:1-3, Exodus 4:11, Matthew 11:5." "Leviticus 19:14 – do not place a stumbling block before the blind."	176	14.27
Disability as part of the divine plan	"God takes responsibility for disabilities." "Exodus 4:11 – Who makes the mute or the deaf? Is it not I, the Lord?"	98	7.95
Compassion for people with disabilities	"The Bible teaches us to help those in need." "We should love our neighbor, regardless of disability."	25	2.03

Discussion

This qualitative study explored Romanian adults' perspectives on disability, analyzing their responses through different disability models. The findings reveal a complex and evolving understanding of disability, encompassing medical, social, and religious perspectives.

Regarding the *conceptualization of disability*, the responses indicated that disability is predominantly understood as a limitation or incapacity affecting daily life. This perspective aligns with the medical model, which views disability as a deviation from the norm, often associated with impairment. However, many participants acknowledged that societal perceptions and barriers exacerbate the challenges faced by individuals with disabilities. This recognition suggests an emerging awareness of the social model of disability, which argues that disability results from environmental and attitudinal barriers rather than merely individual impairments (Retief & Letšosa, 2018).

The responses related to the *perceptions of disability types* suggested that, overall, the participants in our study most frequently associated disability with physical impairments. While intellectual and psychological disabilities were mentioned, the focus remained on physical limitations, reinforcing the dominance of the medical model. However, the acknowledgment of non-visible disabilities suggests a growing awareness of the diverse nature of disability and the need for broader societal recognition and support. This result aligns with previous studies conducted in similar cultural spaces,

highlighting the focus on visible rather than "invisible" disabilities (Maftei & Lăzărescu, 2023).

Further, the majority of participants attributed disability to genetic or accidental factors, emphasizing *medical causes*. This pattern of responses aligns with the medical model, which frames disability as a condition requiring medical intervention or management. However, including environmental factors suggests an awareness of external influences on disability, bridging the gap between the medical and social models. This result also aligns with previous studies conducted in similar cultural spaces, highlighting the focus on the medical model of disability (Maftei & Gherguț, 2023).

The responses regarding whether *disability occurs randomly or with meaning* reflected diverse perspectives. While some participants saw disability as a random event, others attributed more profound spiritual significance, considering it part of a divine plan or a means for personal growth. These interpretations align with multiple models: the medical model (disability as an unfortunate occurrence), the social model (disability as a transformative experience influencing societal change), and the religious model (disability as a spiritual test or lesson). The diversity of views highlights the complex ways disability is understood.

Also, many participants viewed disability as a dual challenge involving both personal adaptation and social integration. Responses emphasized struggles with inclusion and autonomy, while others highlighted disability as a source of personal growth, empathy, and community solidarity. These perspectives align with the social model, which underscores the role of societal attitudes and structures in shaping the experiences of individuals with disabilities. At the same time, these responses may be important in light of previous findings suggesting that empathic concern may be one of the strongest predictors for more positive attitudes toward disability and inclusion (Mirete et al., 2022). Some responses also reflected the medical model, focusing on limitations and struggles, while others resonated with the religious model, seeing disability as a spiritual trial or redemptive experience.

Regarding the *perceived contributions of individuals with disabilities*, participants frequently highlighted how people with disabilities contribute to society by fostering empathy, resilience, and social change (Miller, 2013). This aligns with the social model, emphasizing that individuals with disabilities can be role models and agents of positive transformation (especially since many studies detail, for instance, the posttraumatic growth following acquired physical disabilities, e.g., Hammer et al., 2019). Recognizing that disability is not merely a personal challenge but an opportunity for collective learning underscores the importance of inclusive societal attitudes.

Participants' answers regarding the *perceived barriers faced by people with disabilities* strongly support the social model, as they identified physical, social, and institutional barriers as the main obstacles to inclusion. Rather than attributing challenges solely to impairments, respondents pointed to inadequate infrastructure, discrimination, and exclusionary policies as primary barriers. Additionally, perspectives on the afterlife revealed a contrast between societal restrictions and spiritual inclusion, reinforcing the notion that disability-related limitations are constructed mainly by human systems rather than inherent to individuals. Next, while most participants acknowledged that disability cannot always be prevented, some suggested that proactive measures, such as medical interventions and safety practices, could reduce specific disabilities. This response reflects both the medical model (emphasis on prevention through healthcare) and the social model (recognition of the role of environmental and societal factors in shaping disability experiences).

Furthermore, participants widely agreed that *societal attitudes toward disability* have improved, particularly within faith communities. Education and awareness were cited as key factors driving this change (many studies also highlight their importance, e.g., Lindsay & Edwards, 2013; Roth et al., 2018), though some respondents noted that progress remains inconsistent. This evolving perspective suggests a shift from viewing disability solely through the medical model toward greater acceptance of the social and human rights-based models, which advocate for full inclusion and equity.

We were also interested in exploring *the perceived role of the Church* in disability inclusion. Many participants saw the Church as a moral and spiritual advocate for inclusion, citing its duty to support individuals with disabilities. The emphasis on compassion, dignity, and practical assistance aligns with Christian teachings. However, some respondents expressed skepticism about the Church's effectiveness, suggesting that while theological principles promote inclusion, actual implementation varies. This highlights a gap between religious ideals and practice, underscoring the need for a higher commitment to accessibility and inclusion. Next, participants referenced many *biblical texts* emphasizing healing and compassion toward people with disabilities. Many saw these passages as affirming that disability is not a divine punishment but rather an opportunity for demonstrating faith and inclusion. The responses align with the religious model of disability, which interprets disability within divine will and moral responsibility.

Theoretical and practical implications

The findings of this study offer valuable insights into how disability is understood within social, religious, and institutional contexts. The study reveals how these perspectives shape attitudes, policies, and lived experiences by examining perceptions through the medical, social, and religious models. A key takeaway is the persistence of the medical model, which views disability primarily as an individual limitation. However, the presence of responses aligning with the social model suggests a growing awareness that disability is also shaped by societal barriers, not just physical or cognitive impairments. This highlights the need for continued education on rights-based approaches to disability and greater awareness of invisible disabilities, such as psychological and intellectual conditions, which are often overlooked.

Our findings also underscore the significant role of environmental barriers—physical, social, and institutional—in limiting accessibility and inclusion for people with disabilities. Policymakers must implement stronger measures to ensure that public spaces, education, and workplaces are more inclusive. Additionally, religious institutions are responsible for fostering welcoming environments, ensuring accessibility in worship spaces, and promoting active participation of individuals with disabilities. The study's findings also contribute to theological discourse, showing that while religious communities are evolving toward greater acceptance, some beliefs may unintentionally reinforce the idea that disability is something to be "fixed" rather than a natural aspect of human diversity.

At the same time, in addition to these potential theoretical implications, the present study also provides some practical applications across multiple sectors. In education, curricula should integrate discussions on different disability models to encourage inclusive perspectives. Healthcare professionals might benefit from adopting a more holistic understanding of disability that extends beyond medical treatment to social and environmental considerations. Organizations can implement disability-friendly hiring practices in workplaces and foster inclusive work environments. Lastly, advocacy efforts can leverage personal narratives and storytelling to shift societal attitudes, dismantle barriers, and promote disability inclusion and equality.

Limitations and future research directions

While this study provides potentially important insights into how Romanian adults conceptualize and experience disability, several limitations must be acknowledged. First, the sample predominantly consisted of young adults, mainly female participants, and individuals with a relatively high

educational level. This demographic skew (i.e., overrepresentation of young, educated females) limits may limit the generalizability of our findings to broader populations, particularly older adults and individuals with lower educational attainment. Future research would benefit from a more balanced and diverse sample to capture broader perspectives. Second, given that the study was conducted in Romania, cultural and religious influences specific to this region may have shaped participants' views on disability. The predominance of Orthodox Christian participants further narrows the scope of religious perspectives explored. Future studies should include more religiously and culturally diverse populations to compare disability perspectives across different belief systems and societies.

Third, while the use of an online survey and open-ended questions was beneficial for gathering in-depth qualitative data, it may have introduced response biases. Due to the format, participants may have provided socially desirable answers (e.g., emphasizing inclusion) or may not have fully articulated their thoughts. Additionally, the lack of face-to-face interaction limited the ability to probe deeper into responses. Future research could incorporate interviews or focus groups for more nuanced discussions. Fourth, while the thematic analysis approach provided a structured way to identify participant response patterns, qualitative research inherently involves subjectivity. Despite measures such as multiple coders and inter-rater reliability assessments, some degree of researcher interpretation remains. Employing mixed-methods designs that incorporate both qualitative and quantitative data might enhance the robustness of future findings.

Also, the study primarily explored individual attitudes and perceptions but did not deeply examine the role of institutional, policy, or systemic factors influencing disability experiences (Layton et al., 2024). Future research might benefit from integrating analyses of societal structures, laws, and accessibility policies to provide a more comprehensive understanding of disability inclusion. At the same time, this study captured perspectives at a single point, preventing an analysis of how attitudes toward disability evolve. Longitudinal studies tracking changes in perceptions and experiences would be beneficial for understanding how societal and cultural shifts influence disability narratives. Also, we did not focus on the human rights model, which would be a future interesting research direction.

Finally, this study contributes to the global disability discourse by offering a context-rich exploration of how disability is conceptualized in a post-communist, predominantly Orthodox Christian society. While much of the international literature focuses on Western, secular contexts, this research addresses a substantial gap by foregrounding the interplay between social

attitudes, religious beliefs, and systemic factors in shaping disability perceptions in Eastern Europe. By examining disability through a multidimensional framework (i.e., medical, social, religious, and identity models), we believe that this paper expands the theoretical landscape and also offers comparative value for scholars, practitioners, and policymakers interested in cross-cultural disability studies.

Conclusion

The study's findings highlight a multifaceted understanding of disability, with perspectives influenced by medical, social, and religious models. While traditional medical views remain prevalent, there is increasing recognition of the role of societal attitudes and structures in shaping disability experiences. The evolving perspectives on disability, particularly within faith communities, suggest a gradual shift toward a more inclusive and empathetic approach. However, challenges remain, including lingering stigma and structural barriers. Future efforts should focus on promoting awareness, improving accessibility, and ensuring that religious institutions actively support individuals with disabilities in both spiritual and practical ways. By fostering a more inclusive society, we can move beyond viewing disability as a limitation and instead recognize it as part of human diversity that enriches communities and strengthens social cohesion.

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Authors' contribution:

All authors equally contributed to this manuscript.

References

Andrews, E. E. (2017). Disability models. In M. A. Budd, S. Hough, S. T. Wegener, & W. Stiers (Eds.), *Practical Psychology in Medical Rehabilitation* (pp. 77–83). Springer International Publishing. https://doi.org/10.1007/978-3-319-34034-0_9

Berghs, M., Atkin, K., Graham, H., Hatton, C., & Thomas, C. (2016). Implications for public health research of models and theories of disability: A scoping study and evidence synthesis. *Public Health Research*, *4*(8), 1–166. https://doi.org/10.3310/phr04080

Black, K. (1996). *A healing homiletic: Preaching and disability*. Abingdon Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2014). What can "thematic analysis" offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-Being*, *9*(1), 26152. https://doi.org/10.3402/qhw.v9.26152

Cho, J. Y., & Lee, E. (2014). Reducing confusion about grounded theory and qualitative content analysis: similarities and differences. *The Qualitative Report*, *19*(32), 1-20. https://doi.org/10.46743/2160-3715/2014.1028

Flick, U., Von Kardoff, E., & Steinke, I. (2004). What is qualitative research? An introduction to the field. In U. Flick, E. Von Kardoff, & I. Steinke (Eds.), A Companion to Qualitative Research (pp. 3-12). London: Sage.

Forber-Pratt, A. J., & Zape, M. P. (2017). Disability identity development model: Voices from the ADA-generation. *Disability and Health Journal*, *10*(2), 350–355. https://doi.org/10.1016/j.dhjo.2016.12.013

Freer, J. R. R. (2023). Students' attitudes toward disability: A systematic literature review (2012–2019). *International Journal of Inclusive Education*, *27*(5), 652–670. https://doi.org/10.1080/13603116.2020.1866688

Haegele, J. A., Hodge, S. R., & Shapiro, D. R. (Eds.). (2020). *Routledge Handbook of Adapted Physical Education* (1st ed.). Routledge. https://doi.org/10.4324/9780429052675

Hammer, C., Podlog, L., Wadey, R., Galli, N., Forber-Pratt, A. J., Newton, M., Hall, M., & Greviskes, L. (2019). Understanding posttraumatic growth of paratriathletes with acquired disability. *Disability and Rehabilitation*, *41*(6), 674–682. https://doi.org/10.1080/09638288.2017.1402961

Hodkinson, A. (2016). *Key issues in special educational needs & inclusion* (2nd ed.). SAGE Publications Ltd.

Hogan, A. J. (2019). Moving Away from the "Medical Model": The Development and Revision of the World Health Organization's Classification of Disability. *Bulletin of the History of Medicine*, *93*(2), 241–269. https://doi.org/10.1353/bhm.2019.0028

Ibrahim, E. A. (2023). *Imago Dei* in Eastern Orthodox statements and implications for inclusion of people with disabilities in the church: A dissonant relationship. *Horizons*, *50*(1), 62–109. https://doi.org/10.1017/hor.2023.9

Klimczuk, A. (2015). Social inclusion of people with disabilities: National and international perspectives by Arie Rimmerman: New York: Cambridge University Press, 2013. *Human Rights Review*, *16*(4), 397–399. https://doi.org/10.1007/s12142-015-0381-3

Layton, N., Martin, R. A., Bourke, J. A., & Kayes, N. M. (2024). Structures of oppression or inclusion: What systemic factors impact inclusion in

disability and rehabilitation research? *Social Sciences*, *13*(5), 229. https://doi.org/10.3390/socsci13050229

Lindsay, S., & Edwards, A. (2013). A systematic review of disability awareness interventions for children and youth. *Disability and Rehabilitation*, *35*(8), 623–646. https://doi.org/10.3109/09638288.2012.702850

Maftei, A., & Gherguț, A. (2023). Adversity versus fate, genetics, and the environment: Causal beliefs and attitudes toward intellectual disability. *Journal of Intellectual & Developmental Disability*, *48*(4), 346–356. https://doi.org/10.3109/13668250.2023.2177931

Maftei, A., Gherguț, A., Roca, D., & Dănilă, O. (2023). Transitioning from decades of segregation: Religiosity and the attitudes towards intellectual disability in Romania. *Journal of Beliefs & Values*, *44*(3), 334–348. https://doi.org/10.1080/13617672.2022.2125674

Maftei, A., & Lăzărescu, G. (2023). Where does disability come from? Causal beliefs and representations about disability among romanian children and preadolescents. *Current Psychology*, *42*(29), 25548–25559. https://doi.org/10.1007/s12144-022-03897-z

Maican, P. (2022). The care of persons with intellectual disabilities in Romania: Between politics and theology. *Political Theology*, *23*(3), 201–214. https://doi.org/10.1080/1462317X.2021.1893959

McMahon-Panther, G., & Bornman, J. (2025). Persons with disabilities in the Christian Church: A scoping review on the impact of expressions of compassion and justice on their inclusion and participation. *Journal of Disability & Religion*, *29*(1), 81–108. https://doi.org/10.1080/23312521.2024.2331461

Miles, M. (2002). Some influences of religions on attitudes towards disabilities and people with disabilities. *Journal of Religion, Disability & Health*, *6*(2–3), 117–129. https://doi.org/10.1300/J095v06n02_12

Miller, S. R. (2013). A curriculum focused on informed empathy improves attitudes toward persons with disabilities. *Perspectives on Medical Education*, *2*(3), 114–125. https://doi.org/10.1007/S40037-013-0046-3

Mirete, A. B., Belmonte, M. L., Mirete, L., & García-Sanz, M. P. (2020). Predictors of attitudes about people with intellectual disabilities: empathy for a change towards inclusion. *International journal of developmental disabilities*, *68*(5), 615–623. https://doi.org/10.1080/20473869.2020.1851122

Mirică, R. E., & Soare, I. (2020). The evolution of disability during the last years in Romania and EU member states. *Open Journal of Preventive Medicine*, *10*(07), 169–174. https://doi.org/10.4236/ojpm.2020.107012

Mugeere, A. B., Omona, J., State, A. E., & Shakespeare, T. (2020). "Oh God! Why did you let me have this disability?": Religion, spirituality and disability in

three African countries. *Journal of Disability & Religion*, *24*(1), 64–81. https://doi.org/10.1080/23312521.2019.1698387

Oliver, M. (2013). The social model of disability: Thirty years on. *Disability & Society*, *28*(7), 1024–1026. https://doi.org/10.1080/09687599.2013.818773

Retief, M., & Letšosa, R. (2018). Models of disability: A brief overview. *HTS Teologiese Studies / Theological Studies*, *74*(1). a4738. https://doi.org/10.4102/hts.v74i1.4738

Roth, D., Pure, T., Rabinowitz, S., & Kaufman-Scarborough, C. (2018). Disability awareness, training, and empowerment: A new paradigm for raising disability awareness on a university campus for faculty, staff, and students. *Social Inclusion*, *6*(4), 116–124. https://doi.org/10.17645/si.v6i4.1636

Scullion, P. A. (2010). Models of disability: Their influence in nursing and potential role in challenging discrimination. *Journal of Advanced Nursing*, *66*(3), 697–707. https://doi.org/10.1111/j.1365-2648.2009.05211.x

Swain, J., & French, S. (2000). Towards an affirmation model of disability. *Disability & Society*, *15*(4), 569–582. https://doi.org/10.1080/09687590050058189

Wang, Z., Xu, X., Han, Q., Chen, Y., Jiang, J., & Ni, G.-X. (2021). Factors associated with public attitudes towards persons with disabilities: A systematic review. *BMC Public Health*, *21*(1), 1058. https://doi.org/10.1186/s12889-021-11139-3

Watson, N., & Vehmas, S. (Eds.). (2019). *Routledge Handbook of Disability Studies* (2nd ed.). Routledge. https://doi.org/10.4324/9780429430817

Zaks, Z. (2024). Changing the medical model of disability to the normalization model of disability: Clarifying the past to create a new future direction. *Disability & Society*, *39*(12), 3233–3260. https://doi.org/10.1080/09687599.2023.2255926