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PERSONS' WITH DISABILITIES PERCEPTIONS OF THEIR INCLUSION INTO SOCIAL ENVIRONMENT[1]

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SUMMARY

The aim of this paper is to determine how adults with disabilities perceive their inclusion into a social environment. The research included 30 examinees, 17 with visual impairments (VI), and 13 with cerebral palsy (CP). A semi-structured interview was used in collecting data. The first group of questions included general questions regarding relations of the examinees toward others and relations of people from the environment toward them. The second group of questions assessed perception and attitude of people from the environment toward the examinees.

Research results indicate the following barriers in social inclusion: social rejection by the majority of people, discrimination, prejudice, avoiding general population, making friends only with people with same disabilities, negative social support, and difficulties in social performance. Capacities which need to be developed are: proactive behavior, opportunities for joint activities, reciprocity in interpersonal relations, strategies for coping with discriminating actions, positive informal and formal social support.

Key words: persons with disability, social inclusion, environment, barriers, capacities

INTRODUCTION

Social inclusion and corresponding phenomena

Social inclusion means that persons with disability equally participate in the life of the environment as others. It was explicitly established as the aim within the social model of disability in the 1970s. Environmental barriers limit persons with disability in participating and realizing human rights in an environment. „Disability is everything that imposes limitations on disabled persons: from individual prejudice to institutional discrimination, from unavailable public institutions to useless transportation system, unachievable education, exclusion from employment agreements, etc." (Oliver 1996: 33). Crow (1996) and Hammell (2006) point to the interaction of impairments, environmental circumstances, and meaning which people attribute to their own

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experience with disabilities. According to the CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES by UN (2006) "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." Political scientists, psychologists, marital therapists, anthropologists and other behavioral and social scientists noted that reciprocity is a crucial feature of human social relationships (Buunk et al., 2012). A lack of reciprocity leads to negative emotions, distress, and health problems (e.g., Siegrist, 2009; Vaananen, et al., 2005; Van yperen & Buunk, 1994, according to Bunk et al., 2012). By analyzing covert discrimination with regard to disability in Serbia, Nikolic (2003) concludes that the most common causes of discrimination and the main barriers in social inclusion are prejudice and widespread feelings, such as fear and superstition, toward persons with disability.

„A person is first of all a social being who needs other people and their support" (Barisic, 2013: 69). Social support means that a person feels he/she can get appropriate support from the environment when needed. Its importance as a significant factor in relieving stress was recognized a long time ago (Stanimirovic et al., 2012). Many empirical findings indicate that there is a significant relation between social support and mental health of persons with disability or some chronic illness (Singletary et al, 2009). Social support for individuals with chronic impairments can also have negative facets (Cimarolli & Boerner, 2005). Negative social support is expressed in the forms of over-protection, avoidance, not providing appropriate information about a disability, and is accompanied by feelings of anger and hostility (Papakonstatinou & Papadopoulos, 2010). Observed and gained social support do not need to be identical. This should be pointed out because a person's subjective experience affects his/her reality. The way in which people perceive social support influences their capacities to use available support (Mitić, 2007; Stanimirović & Mijatović, 2011).

Methodological tendencies in disability research

Even though it has been observed that social phenomena require different research methodology from physical phenomena, because people are active subjects rather than passive objects, a positivist paradigm still dominates social sciences. By analyzing current methodological tendencies in research related to persons with VI, Stanimirovic et al., (2011) determine numerous methodological mistakes: unjustified use of parametric statistic procedures on small and heterogeneous samples, and generalizing thus obtained results to entire population, absence of a control group or its discrepancy with an experimental group, etc.

In qualitative paradigm „the emphasis is transferred from the problem of testing a theory, hypothesis or a model, following strict procedure rules of high level statistical and mathematical formalization (quantification) to the problems of systematizing qualitative empirical evidence, its validity and credibility, and gradual generating an established theory" (Halmi, 2005: 345). Regardless of the used method – qualitative or quantitative, the power of a researcher as an expert lies in his/her control over designing, implementing, analyzing, and disseminating the results (Barnes, 1992; Oliver,

1992). Even though qualitative paradigm does not guarantee respect and equality of researchers and their subjects, it has certain advantages. It enables the participants to have an active role in knowledge building (Petrović et al., 2012). It allows in-depth explorations of peoples' perspectives (Bedini & Henderson, 1994; according to Devine & Lashua, 2002).

Overview of relevant research

With the lack of solely qualitative studies, we will present those which illustrate how adults with VI or with a distinct physical disability perceive their inclusion into a social environment.

Devine & Lashua (2002) interviewed 20 participants in leisure programs who had distinct disabilities (cerebral palsy, Down syndrome, spina bifida) and who were able to articulate their experiences. They encouraged them to talk about the meaning of social acceptance, their roles, and their inclusive leisure experiences. Negative attitudes of recreation staff and peers without disabilities toward participants with disabilities were commonly identified by participants as obstacles to acceptance. Individuals who perceived tolerance or acceptance by peers without disability were more likely to be proactive in creating acceptance (demonstrating similarities with peers without disabilities, encouraging them to ask about will-chair etc.).

Buunk et al., (2012) examined perceptions of reciprocity in three types of relationships: partner relationships, family relationships and friendships in a sample of adults with spinal cord injury (tetraplegia, paraplegia, hemiplegia, spina bifida and muscular dystrophy). The questionnaire was related to different aspects of giving and gaining in such interpersonal relations. They found a considerably larger number of reciprocal relations with friends than with partners and family members, and a significant relation between the lack of reciprocal relations with partners and family members and negative feelings and depression. The reason for this may be the fact that people choose their own friends and end these relationships more easily (Buunk et al., 2012).

One of the aims of research conducted by Zganec et al., (2012) was to establish the level of perceived accessibility of some social rights for their beneficiaries and the level of the expressed need for individual forms of social rights. The questionnaire was completed by 391 adults with physical or sensory disability. The answers indicate that they use different financial assistance the most. When asked what types of assistance they needed the most, the majority of the respondents said it was financial assistance, followed by practical assistance, adequate/available health care and psychological assistance/counseling.

By means of in-depth interview, Cimarolli & Boerner (2005) acquired narrative responses from 154 adults with VI. The analysis showed that: a) instrumental help from family members was the most frequent type of positive support, b) underestimation of the participants' capabilities was the most frequent type of negative support, c) less-optimal well-being appeared to be linked with experiencing a lack of support and receiving only negative support.

Data collected by interviewing 31 employed and 66 unemployed adults with VI showed that the *Observed positive social support* from family and friends is significantly bigger, while the *Observed negative support* (over-protection, criticism, anger, and hostility) is significantly lower in the employed than in the unemployed group of examinees with VI (Cimarolli & Wang, 2006).

Data obtained on a sample of 124 adults with VI indicate the examinees' feeling that they get appropriate understanding and the most support from spouses, parents and children, while they are the least satisfied by politicians' support. It is interesting that the examinees in this research consider the support from health and social workers bigger than the one they get from relatives, friends, and church (Barisic, 2013).

Odovic et al., (2013) report on studying the level of realized social roles based on self-evaluation of 51 persons with cerebral palsy, aged between 35 and 55. The examinees difficultly realize or do not realize at all their social roles in the domains of *community living, education, employment, and recreation*, while most do not have difficulties in the areas of *responsibility and interpersonal relations*. The authors conclude that the difficulties are greater in those social roles in which realization requires social participation away from home. Education has proved to be a statistically significant variable in the areas in which most examinees do not experience difficulties – responsibility and interpersonal relations. The fact that the educational structure of the sample was relatively low (45% finished secondary school, and 54% finished only primary school) makes this finding even more important.

THE AIM OF RESEARCH

The aim of our research is to determine how adults with disability subjectively perceive their inclusion into social environment, and to determine their experiences in relations with others and attitudes of others toward them.

RESEARCH METHODOLOGY

This research was exploratory. We chose qualitative paradigm since it provides a deeper insight into personal experiences, and is recommended for examining people from vulnerable groups.

The sample

The research included 30 examinees, 17 with VI and 13 with cerebral palsy (CP) consequences. Among the examinees with VI, 3 have low vision, 9 are totally blind, and 4 have residual sight. Most of them (13) lost sight in early childhood or were born with VI. All the examinees with CP were diagnosed early. A wheel chair is used by 11 examinees, while other CP consequences are heterogeneous.

The sample includes 17 female (10 with VI and 7 with CP), and 13 male adults (7 with VI and 6 with CP). The youngest examinee is 25, and the oldest is 65. Among the examinees with CP, 5 finished only primary school, 7 finished secondary school,

and 1 finished a college of economy. The education level of the examinees with VI is significantly higher than the education level of those with CP. Eight examinees with VI finished secondary school, and 9 have a university degree. There are 25 employed, and 5 unemployed persons in the sample. Working examinees with CP consequences are employed with The Association of Cerebral and Child Palsy of Serbia, The Association of Cerebral and Child Palsy of Belgrade, Employment and Professional Rehabilitation Center, and Work Center of The Association of Cerebral and Child Palsy of Belgrade. Working examinees with VI are employed with The Association of Blind and Low Vision Persons of Serbia, The Association of Blind and Low Vision Persons of Belgrade, massage salon of the Belgrade Association, and Employment and Professional Rehabilitation Center.

Only 2 examinees with CP live with a husband and a child, 2 live alone, while 9 live with one or both parents. Family situation of the examinees with VI is somewhat different: 3 live with a spouse and a child/children, 4 with a wife without children, 3 with a child from a non-marital relationship, 3 are alone, and 4 live with parents or grandparents.

Instrument

A semi-structured interview was used face to face in data collection. After obtaining socio-demographic information, we first asked general questions about their relation to others and the relation of people from the environment toward them, followed by more and more specific questions. The first question the examinees were asked was: „How would you generally describe your relation to the people from your environment, and the relation of the majority of population toward persons with CP (or VI) or some other disability?" Then we asked them how people from their environment see and treat them: family members, friends, colleagues, wider social community. We asked the examinees to describe specific experiences for each topic. We decided in advance that we would ask each of them about discrimination, social support, and what they would change about themselves and the environment in order to improve their inclusion into the society.

Examination procedure

The examinees were interviewed in vivo at The Association of Cerebral and Infantile Paralysis, and The Association of the Blind. The interviews approximately lasted for 50 minutes, with the shortest being 26 minutes, and the longest 125 minutes. All interviews were recorded and transcribed for the purposes of qualitative analysis.

Data analysis

Content analysis procedure was applied in data analysis. We went through all the responses with the aim to generate codes that reflected common themes. On the basis of transcribed responses, we identified all the concepts according to Strauss & Corbin (1998), i.e. parts of sentences, full sentences, or groups of sentences. Then, we grouped

the identified concepts into categories (main themes) and higher sub-categories which group several similar main themes, i.e. concepts. We counted frequencies of certain theme categories and sub-categories for each coded interview.

RESULTS AND DISCUSSION

We will state frequencies and illustrative responses or resumes of what the examinees said for each category and subcategory of main themes, which will provide a better insight into their experiences. We will emphasize differences (where present) in the responses of the examinees with CP and those with VI, as well as employed and unemployed examinees with VI. The role of education level will also be discussed. No differences were determined with regard to gender, age, degree and age of onset of the impairment.

The question concerning relation to others and the attitude of the majority of population toward the examinees opened the following themes: social (un)acceptance by the majority of population (14 examinees with VI and 10 with CP), proactive behavior as a facilitation factor (7 with VI and 5 with CP), positive attitude of family members and friends (13 with VI and 10 with CP), prejudice (14 with VI), discriminating behavior (3 with VI and 10 with CP).

Social rejection

Only 3 examinees with VI and 3 with CP think that members of general population treat them „fairly". The other examinees believe that the attitude of general population toward persons with VI or CP is very bad and discriminating at every level. They say: „Social inclusion is a fairy tale. Most people, i.e. those who haven't had any contact do not accept us and avoid us due to prejudice." They also give their personal experiences: „When I enter a shop or a post office, everybody turns away. They don't want to let me pass to the front of the queue even though I cannot stand for a long time. My speech is not very comprehensible, and I can see that bothers them."

The examinees with CP recognize the current situation without trying to explain the reasons for it. Those with VI elaborate on the causes of avoidance and other forms of discrimination. They believe that the cause of social rejection lies in prejudice, which corresponds to the findings of Devine & Lashua (2002) on a sample of persons with distinct physical impairments. Why don't our examinees with CP try to explain the reasons instead of merely recognizing the current situation? Perhaps this is a result of their lower education level, or they are more under the influence of bad experience.

They agree that the attitude of general population toward all people with disability is equally bad: „The attitude of general population toward people with disability is discriminating at every possible level, not only toward us but toward all people with disability." Only 2 examinees with CP think that members of general population treat persons with CP, or people with physical impairments, worse than they treat people with other types of disability. They believe people treat persons with VI or hearing impairments better because those impairments are less distinct.

Proactive behavior

Five people with CP believe that with their greater commitment they would possibly show and prove that that they can be equal members of a community. Three examinees with VI emphasize that their behavior is crucial in social acceptance of the blind, and they describe their positive experiences: „I have never had any problems. I take part in recreation programs with sighted people. The most important thing is for us to take initiative, and to explain how we do something." Four more people with VI mentioned how their behavior influences social acceptance, but they do not believe it can change the attitudes of all people. Emphasizing the relation between social acceptance and proactive behavior corresponds to the findings of Devine & Lashua (2002). The fact that proactive behavior of persons with disability can trigger better social inclusion suggests that future studies and rehabilitation programs need to pay greater attention to this question.

Positive attitudes of family, friends and colleagues

With regard to family members and friends, most examinees (25) said that they perceived them as equal, that they had a positive attitude toward them and respected them. They emphasize that it is a completely different relation from the one they have with the majority of population. They are the closest with parents/household members, and then with friends. They build a „protective frame" within these relations and build a relationship with parents/spouses and friends based on unconditional trust. They ask for protection and support from these „closest people" in every failure, bad moment, or unpleasant situation.

Only one examinee with CP stated that her parents and brother perceived her as less worthy and less capable of living, and that all her life she had been under the pressure of the following statement: „You are incapable. See how your brother can..." All 4 unemployed examinees with VI complain that household members hinder their independence: „Don't do that. You cannot do it." Few unemployed examinees do not let us make definite conclusions. However, it can be observed that the parents' protective attitude, based on helplessness stereotype, is probably one of the negative predictors of professional status (employed – unemployed).

Almost all the examinees (26) most frequently or exclusively make friends with „those who share their fate" because as they say: „this is where we are equal, the same...", „we have the same problems...". By making friends only with people who have the same disability, they create a feeling of dignity and perception that people treat them with respect. This tendency is a negative indicator of social inclusion. It is not that only members of general population avoid persons with disability, but this avoidance is mutual. The latter do it in order to protect themselves from frustration. It is necessary to stop this circulus vitiosus somewhere in order to improve social inclusion.

Examinees with CP (11) believe their work colleagues have a friendly relationship with them. Colleagues perceive them as worthy individuals who meet their job requirements according to their abilities. Only one examinee said that there were colleagues who refuse to help them, who are selfish and mind only themselves. Most

employed examinees with VI (10) describe their relationships with colleagues as superficial and mainly good because:"conflicts rarely arise". Only three of them have friendly relationships with colleagues after work.

Reciprocity of relations

When describing interpersonal relations with family members and friends, some examinees (9 with VI and 9 with CP) mentioned reciprocity: „These are genuine relationships in which there is mutual respect, agreement... I do something for them when necessary..." „Friends treat me as equal because otherwise we wouldn't be friends." All these examinees say that they try to help their household members and friends according to their abilities. Two examinees with CP from this group state that they even fawn on household members in order to get what they want. („Sometimes I help my mom clean the house. I do that rarely. I don't like it. But, when I want something I must make an effort..." „When I want something from my parents, I go to my dad and tell him that I love him the most, and I spend all day with him."). Based on these responses, we cannot reach conclusions on the extent of reciprocity of these relationships, i.e. on the proportion of giving and taking. However, the fact that the examinees themselves mentioned this topic is significant. Let us remind you that numerous authors from different fields of study noted that reciprocity is a crucial feature of human social relationships.

Discrimination

Our examinees think that discrimination is present at all levels of a community. Each of them, except 2 examinees with CP, described a certain form of discrimination that they experienced themselves. Descriptions provided by the examinees with VI are various. However, it appears that they are irritated the most by institutional discrimination. They describe their experiences at municipality offices, courts, banks: „Why did you come alone? Next time bring a companion..." What shall I do with you when you cannot read that?" They also give examples of open rejections to enroll in wanted regular schools (grammar schools, medical colleges, universities): „She will not be able to keep up with others. We cannot hinder others because of her..." There are those who are not allowed to participate in social life activities, with an explanation that they need to choose programs designed for „people like them". They also have negative experience with trying to get a job, which is best described by the unemployed examinees: „They open a job competition, and then cancel it. They change the requirements, lose my documents, the only thing left is for them to state that it is desirable the candidates do not have a visual impairment."

Examinees with CP (11) give examples related to public transportation system – not adapted vehicles for those who use wheel chairs and/or the driver's attitude toward those who use wheel chairs. They often pity them, and even more frequently pretend not to see them at bus stops: „It often happens to me that I wait for a bus at the first bus stop and when it arrives, the driver pretends not to see me. I approach and ask him to lower the ramp, but he refuses to help me get on the bus and doesn't want to lower the ramp. Then I have to ask passersby to lift me up and put me on the bus. But as they

often can't, I have to go back home without finishing the job." They point out that it is extremely important for them to be equal. They wish to participate in all areas of life like other members of the community and find their place in society. They believe that this is made impossible for them because of such behavior as mentioned above. They perceive as discrimination situations when they fall in the street and nobody wants to help them get up. They mention inaccessibility of many objects in the city as a form of discrimination.

Discriminating behavior of people in a wider community – pity, underestimation, avoidance, and even insults were experienced by 10 examinees with CP. One examinee reports what he was told by an employee in a very important state institution: „What and who are you at all? I only talk to true managers, and not the ones like you – managers only on paper."

Experiences of adults with disability in situations when they face discriminating behavior create a bad image of our citizens. According to CESID (2012) most of these citizens consider that discrimination is widely present in Serbia, and that every fifth citizen does not have a feeling that it is wrong. Micevic (2005) determined more expressed discriminating attitudes toward people with disability in children than in their parents. This finding probably results from the fact that adults provide socially more desirable answers, i.e. they are better at censoring.

Adults with disability in our research say that they oppose such behavior by ignoring it (15), behaving in a way they would want others to behave toward them (14), educating those who behave like that about their abilities and needs (10), or with humor (12 examinees with VI).

Prejudice

All examinees with VI say that they face prejudice at every step. Prejudice is present in both common people and those who should not have prejudice (doctors, judges...). We selected several repeated statements: „People think we are incapable, and need a tutor (...), they pity us..." „At the beginning of grammar school they thought I would be satisfied if they gave me a D. They doubted my abilities.""...one educated person is surprised that she works. And he is not ashamed to say 'I thought the blind were deprived of working abilities'..." „... other students avoid us. I suppose they are ashamed or afraid..." Unemployed persons with VI mainly describe prejudice related to education and employment: „I tried to study but the professors believed it was not a place for me..." „You work!" „You know, it is inconvenient that you face a patient. What will he think of us as an institution?" „I am sorry but we don't know how to work with people like you."

Everybody with CP, except 2 examinees, say that they face prejudice daily. According to them, prejudice comes from the society in which persons with disability live, and also from the fact that they are different from other people.

Social support

Almost all the examinees with CP (10) perceive that they get the greatest support from parents, siblings, and then friends. They provide them with emotional, moral, and material support, and physical help. Those who are married (2) describe their spouses as indispensable in giving them emotional and moral support. It is surprising that only one examinee mentions support from a colleague, since they described their relationships with colleagues as good and friendly.

Most examinees with VI (9) get the greatest support from household members (spouses and/or children). The support is both emotional and practical. Parents and grandparents offer the greatest support to 3 of our examinees. Also, all of them mention support they get from friends. The remaining 5 examinees (4 unemployed and 1 employed) think they do not receive adequate support. This is actually what we have described as negative support (underestimation and making them feel worthless). These examinees say:"... I hardly have any social contacts". Out of 9 examinees who hold a university degree, 7 emphasize that their parents' help in reading, obtaining aids, and their emotional support were crucial factors in their educational success. More than half of the examinees with VI (5 employed and all 4 unemployed) say that they finished schools they did not like because of lack of encouragement. They had to drop out of college because they did not have „logistic support", etc.

Only 4 examinees have a personal assistant and 3 examinees have home help. Model of support they consider ideal is financial help because it gives them a sense of security. Examinees who finished primary school state that the government should provide the means for continuing education for all those who are able to study and train for a certain vocation so that they could make their own money in future. They also mention better organization of public transport, available public services, and health care.

Adults with disability perceive that they get the greatest support from family members, which corresponds to Baresic's finding (2013). While Cimarolli & Boerner (2005) determined, by analyzing the narratives of adults with VI, that instrumental support from family members is the most common form of positive support, our analysis indicated that this model of support is more important to persons with CP, and that examinees with VI emphasize understanding, stimulation, and encouragement more. Data on dissatisfaction of 4 unemployed examinees with VI are compatible with the results which were obtained by Cimarolli & Wang (2006) in a comparative study of employed and unemployed persons with VI. For our examinees, as well as for those in the study by Zganec et al., (2012), the most important model of formal support is financial support. They told us that only in such a model they find security and protection. Criticism directed at formal social support services (health care, social care) by adults with disability from our sample is very mild. In the research conducted by Stanimirovic and Mijatovic (2011), criticism directed at social support of healthcare institutions by adolescents and their parents was far more severe. Perhaps, critical blades of persons with disability become dull over time, they get used to the current situation and let the fate decide their course. Perhaps they have minimal expectations from formal support systems, and they turn to informal ones. These assumptions account for Baresic's

finding (2013) that adults with VI are more dissatisfied with support from their friends than form healthcare and social workers.

Social roles

Difficulties our examinees encountered in education and employment due to prejudice, discrimination, and inadequate social support had negative consequences: „I have become insecure…" „I am not sure any more that I am able to work." Apart from those who have not fulfilled their social roles as workers (5 unemployed examinees), 9 examinees (5 with primary and 4 with secondary school) are dissatisfied with their social roles in these domains, and they believe the society made it impossible for them to achieve more. Almost all the examinees (27) describe difficulties with regard to participating in inclusive socio-cultural and recreation activities: architectural barriers or transportation problems and discrimination. This corresponds to the data obtained by Odovic et al., (2013). None of the examinees take part in social activities of their associations. This could possibly be explained by the fact that they are all employed with their associations, and are thus not interested or do not have time, etc. for additional activities.

Necessary changes

All examinees believe that perception, way of thinking, and attitudes toward persons with disability should first of all be changed in people from the environment. As a result of these changes, they should be perceived as equals who are able to lead a normal life. They suggest the following measures: better propaganda in the media (16), employing persons with disability who would thus demonstrate what they can actually do (12), programs at kindergartens and schools (10), training and meetings (2), theatre plays in which actors are persons with disability (1).

Thirteen examinees would not change anything about themselves, 9 would like to „acquire life skills", „security", etc. Eight examinees would change their financial situation: „I wish my job was better paid and I had enough of my own money so that I don't have to ask for extra from parents all the time." „I wish my salary was bigger, because with this one I sometimes don't have enough for basics."

CONCLUSION

Qualitative research opened an opportunity for the examinees to reconstruct their experiences related to taking part in community life. We were able to get an insight into the perception of social inclusion from the perspective of persons with disability. Almost all of them believe that the majority of population do not accept them, because of which they „build a protective frame" in relationships with family members and friends. They daily face architectural barriers, disregard, pity, underestimation, avoidance, even insults and institutional discrimination. Although they had some ideas on how to change this situation, they insist on financial support as being the most important for them.

Differences in responses of the examinees with CP and those with VI could be attributed to their differences in education levels rather than type of disability. We did not determine any differences with regard to the examinees' level of disability, age of onset, gender, and age. It is obvious that unemployed examinees experience more difficulties in fulfilling their social roles. They are more exposed to discrimination and receive only negative support in their families.

By analyzing the content of responses, we identified „concepts" (themes and sub-themes), which are in fact phenomena corresponding with social inclusion. Some overlap, but are nevertheless significant in building a model of social inclusion and its achievement. It is also obvious that not all of them are at the same level. Their place in hierarchy and mutual interaction should be studied in further research. Barriers of social inclusion are: social rejection by the majority, discrimination (architectural barriers, pity, underestimation, avoidance, insults, institutional discrimination), prejudice, avoiding the population majority by persons with disability, making friends exclusively with „those who share their fate", negative social support (disrespect, over-protection, hostility), difficulties in fulfilling social roles. Capacities which should be developed are: proactive behavior (initiative, explaining their own needs and abilities), opportunities for joint activities, reciprocity in interpersonal relations, strategies for coping with discriminating actions (disregard, giving an example of how to behave, humor), positive informal and formal social support (continuing education, better organized transportation system, personal assistants services, better healthcare, programs for the improvement of life skills and self-esteem.

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