

Disability, a Determining Poverty Condition

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Abstract

This work seeks to identify the relationships between disability and poverty and also emphasizes the importance of disability role globally and the interdependence between disability and poverty. In the contemporary period, the subject of socio-professional insertion, the fight against discrimination as well as the improvement of living conditions for people with disabilities have been constantly addressed by international bodies for the protection of human rights, by public authorities at the national level as well as by researchers in the field of social security so as to reduce the risk of impoverishment, respectively of social exclusion for the people with disabilities around the world. Through the lens of socio-cognitive mechanisms, people are influenced by the perception of an ideal of beauty when interacting with disabled people, who are frequently discriminated against and rejected from a social point of view. When the social rejection of disabled people is the common goal of several individuals, they group into masses of people, thus gaining a great power to reject the disability. People with disabilities face physical, social, economic or environmental barriers to their participation in social life, which can lead to poverty and marginalization and they are more exposed to social exclusion and risk of poverty compared to people with mild disabilities who are not completely isolated from society.

Keywords: *Disability; discrimination; marginalization; poverty; health;*

Health is a primary condition of the human life quality, being defined by the World Health Organization as a general physical, mental and social well-being state of. Seen as a set of social components, health is interdependent with society, respectively with the social life of the everywhere individuals.

In correlation with poor education, the lack of health leads to the impoverishment of the population. Important to note here is that the proportion of people with disabilities is significantly higher among groups with a lower level of education compared to people high educated.

The socio-professional inclusion and the economic status of people with disabilities are also real concerns for social policies initiated by the international mechanisms for the protection of the rights and freedoms of people with disabilities worldwide.

In this context, I consider it opportune to debate this issue, also taking into account the worrying percentage of the world's population that people with disabilities currently take place. This percentage ranks the disabled population as the number one minority globally, according to the World Health Organization.

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Marx thinks that between the income sources and needs there is a interdependence relationship with bilateral meaning. While individual needs to contribute to the production of goods and services, as these needs are met, other needs are born. We conclude, therefore, that the last quarter of a century, which is notable for the increase in the production of goods and services, is consistent with the growth and development of new needs, taking into account the percentage increase of people with disabilities during this period.

The income of people with disabilities is composed of two elements: primary income which consists in salary, land, properties, loans and the income from social transfers which is composed by pensions, social aid, disability allowance, health services, transport.

In the case of people with disabilities, the primary income may be missing or may be insufficient to meet their needs, which leads this social category to an increased risk of poverty.

In order to reduce inequality and poverty as important social problems, European countries follow two directions:

- Reducing inequalities, for this purpose, the authorities with responsibilities in the social protection field compensate the reduced incomes of minorities with social transfers incomes and promote social policies to maintain the economic-financial status of people who do not present a marginalization risk and poverty, thus encouraging the reduction of economic inequalities between members of society.

- Fighting poverty, to achieve this objective, the national social protection mechanisms promote social policies to combat and prevent poverty by providing social benefits to poor minorities in order to ensure the financial equality principle for all members of society.

Poor minorities are no longer perceived as responsible for their status, but rather as victims of the social system. The specialized literature highlights several structural theories in this sense, that are applied in parallel for certain social categories.

The theory of the political structure in association with the market economy is the representative theory of the poor, of the socially assisted, of the elderly, of the disabled as a result of reduced financial resources and insufficient representation in professional organizations, trade unions, political parties.

Disease is therefore not a biological condition of human nature, but a social problem, "a form of deviance that violates social norms and prevents individuals from exercising their social roles adequately" (Rădulescu, 2002, p. 7).

The socio-cultural environment in which people live influences their inner evolution and the way they relate to the outside. Individuals with disabilities, unlike others, depend to a greater extent on the environment to which they relate to.

Evolved societies ensure equal opportunities for all its members, but this objective is only considered fulfilled to the extent that citizens are provided with the appropriate development to access the equal opportunities offered by the social environment.

The social exclusion of people, therefore, does not belong to the economic side, but rather to defective interpersonal relations.

The interdependence between disability and poverty has been shown to be stronger when poverty multidimensionally measured in the form of multiple deprivations, compared to when it is measured in terms of earned income.

The humanity objective since the modern era, namely the contemporary one, of eradicating and treating diseases, in this case, does not have a medical role, but rather a complex of roles, among which we mention the psychological, social role, and last but not least, economic role. Medicine treats diseases, but the success of medicine cannot be consolidated in the absence of belonging to a society. Without economic well-being, psychological comfort and integration to the social environment, it would be impossible for people to be connected to medical care services.

Our opinion is shared by Rodney Coe, who considers that "ever since the medicine existence, doctors have understood that there is an intimate connection between disease and the social environment, an observation that has been felt both in theory and in practice" (Rădulescu, 2002, p. 17).

Regarding the social environment, we are of the opinion that its variations, namely the oscillation from the evolution of everyday social factors to the appearance of new factors, put the individual in the position of being unprepared for new elements and unable to apply the known mechanisms to new social concepts.

This aspect explains the rejection reaction that the social environment shows regarding disabled people.

The elements of novelty, medical conditions, disability, different characteristics that appear in the social environment take individuals by surprise, they do not know what are the social mechanisms that they must adopt in such situations, finally showing reactions of rejection.

The interdependence relationship between the social environment and the individual becomes weaker against this background and gives the opportunity for emotions to influence the individual from a socio-cognitive point of view.

Research carried out in the psycho-social field reveals the structuring of these emotions into two categories, positive emotions and negative emotions respectively.

Among the elementary positive emotions that arouse the desire for information and the interest of individuals in knowledge, we mention alertness, startle and orientation, taking into account the fact that these types of emotions occur in situations where the cognitive limit of unpredictability is within easily acceptable limits. At the opposite pole, we distinguish negative emotional responses, anxiety and fear, which arise in situations where unpredictability reaches a very low acceptance limit, a fact that induces the individual to react away from the element of novelty.

Regarding the novelty elements that appear in the social environment, Bernard Rime is of the opinion that "the element that appears in the environment can, equally, present characteristics that come into conflict with the knowledge structures active at the level of the individual. An incompatibility condition is thus established. There are many social situations in which the new element results from the words, attitudes, or behaviors exhibited by other people. They cause irritation, exasperation or anger. Most of the situations considered by Aristotle in enumerating the conditions conducive to the triggering of anger evoke incompatibilities of this kind. At the heart of emotional structures of this type we find a strong propensity to reject or remove

and, in extreme cases, to annihilate the inconvenient element. Through these very characteristic action tendencies, these emotional structures attempt to assist the individual in re-establishing his connection with the environment" (Rime, 2008, p. 104).

We note, therefore, the interdependent relationship between the individual and the social environment, while understanding the tendency to perceive disabled people as a deviant element. Thus, everything that deviates from the usual environment, from the everyday and familiar, can be perceived as a deviant factor by individuals assimilated to the social environment.

Physical integrity, the state of health of the population is perceived as ideal at the level of society and will always be positioned in contradiction with the disability that occurs most of the time as an element of novelty in the lives of affected people.

The reference to the social has been highlighted in multiple researches in the social field. An important experiment to be presented in our study has children as protagonists, starting from the premise that they use the socio-cognitive models of adults to fix an ambiguous situation.

In 1986, researchers Klinnert, Emde, Butterfield, and Campos conducted an experiment in which they "provided children with an unfamiliar toy, a member of the research team with whom the children had been somewhat familiar beforehand, adopted expressions of joy or of fear. The mother was present but remained impassive. In 83% of cases, the children used the stranger's expressions and adopted an attitude towards the toy in accordance with these signals. It was questioned whether they actively seek this type of information" (Rime, 2008, p. 465).

As noted, social cues influence our perceptions of novelty elements from childhood. The social environment, therefore, contributes to shaping the models that the child will form, and the experience acquired by him will teach him how to contribute to the social constructions of which he is a part. Regarding this aspect, Moscovici is of the opinion that "social representations make available to members of social groups this consensual universe that is necessary for them. They constitute a form of knowledge produced by social thought and which contribute to the development and maintenance of a common vision of reality within a given social group" (Rime, 2008, p. 476).

Novelty elements lose their value over time, they are finally integrated into the usual and the discontinuity they caused is repaired, thus making way for the restoration of social order and the continuity of existing social mechanisms.

Physical impairment can be an important source of discrimination for people with disabilities, although social perception is currently based on a complex of indicators in terms of how to evaluate human interactions. Through the lens of socio-cognitive mechanisms, people are influenced by the perception of an beauty ideal when interacting with disabled people, who are frequently discriminated against and social rejected.

Going back in time, we find that on Europe, medieval culture reminds us of the jesters roles that disabled people played at the royal court, while the classical era refers to the offense that the royal court perceives regarding the presence in the social life of disabled people.

In France, the 20th century began with the emergence of special education for people with disabilities, an initiative that continued until the 1960s when complex processes regarding the disabled people integration were initiated.

Over time, society's perception of people with disabilities has shifted from the desire to eradicate people to rehabilitation and finally to social integration. The contemporary social model is based on universal human rights and promotes the equality concept and respect, encouraging the people with disabilities participation in social life, social inclusion and social dialogue.

The socio-cultural environment in which people live influences their inner evolution and the way they relate to the outside. Individuals with disabilities, unlike others, depend to a greater extent on the environment to which they relate to.

Evolved societies ensure equal opportunities for all its members, but this objective is only considered fulfilled to the extent that citizens are provided with the appropriate development to access the equal opportunities offered by the social environment.

The social exclusion of people, therefore, does not belong to the economic side, but rather to defective interpersonal relations.

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World Bank President James Wolfensohn said in a press release that people with disabilities in developing countries are among the poorest people. They have been largely overlooked in the world development agenda until now, but the concern for poverty reduction strategies is a unique chance to rethink and rewrite that agenda.

Representing the largest minority globally, I believe that through the social representation of this minority group we will encounter new information regarding the difficult social inclusion of people with disabilities.

Optimism makes us believe that over time, disability will become a familiar condition within society and society members will unanimously contribute to maintaining its good functioning, allowing all individuals access to socio-professional spheres and at the same time guaranteeing equal opportunities in all aspects of social life.

Still at the limit of social acceptability, disability can induce states of confusion regarding the manifestations of participants in the social environment, sometimes overcoming the barriers of the principle of equality and allowing the development of stereotypes, prejudices and discriminatory behaviors towards people with disabilities.

Regarding prejudice, Allport defines it as "negative, unjustified attitudes toward a person or group perceived to be different. Prejudices, understood as attitudes, comprise three component elements: beliefs, emotions and willingness to act" (Rime, 2008, p. 299).

Prejudices are generated by stereotypes, the latter being hasty, simplistic and generalized judgments about a certain social category, a single interaction with a disabled person being enough to extrapolate the opinion about it to the entire minority of disabled people.

Regarding the nature of prejudices, we can appreciate that they are temporary and ephemeral most of the time, while stereotypes have their origin in the education received in childhood, in the family or at school.

Prejudice is a result of positive social identification, feeling of superiority and positive opinion of oneself compared to people with disabilities. They allow individuals to join groups based on common traits and perceptions in order to favor their own group, to maintain group cohesion and not ultimately to reject or discriminate against individuals positioned outside the group of belonging or other groups with distinct beliefs.

In order to edify the feeling of belonging to the group, we reproduce below an important experiment carried out by the sociologist Tajfel in order to highlight the antithesis between the favoring of the belonging group and the discrimination of a different group:

"Respondents were asked to rate a number of dots on the screen, projected in a very short time, which made it impossible to count them. Then a few respondents, chosen by lot, were told who overestimated the number of points and who underestimated them. In the next phase of the experiment, the respondents had to discuss a problem indicated by the researcher. Each group intentionally included people who overestimated and underestimated the actual number of points. After the discussions, each respondent received a number of reward circles, equal to the number of participants in the discussion, and with the task of dividing them according to the contribution of each one to the previous discussion. People arbitrarily chosen by the researcher as under-raters of the actual number of points were found to share a greater amount of circles with other under-raters. They also shared their circles and overestimates among themselves" (Rime, 2008, p. 302).

Following the conduct of this experiment, we note several aspects worth remembering. The first aspect is group cohesion and maintaining the idea of group unity. The second aspect is represented by the positive distortion of the perception of the belonging group, the members of the group not being open to borrowing the beliefs and opinions of the individuals outside.

The third element noted by us is the sufficiency of a single element without scientific foundation to become the binder of the individuals in the group. The last aspect noted by us in the experiment related in the above is the discrimination against the different element, against people with different ideas, respectively against individuals from outside the belonging group.

As we can clearly see, a common element can gain primary importance in shaping an act of discrimination, becoming at the same time the foundation of cohesion and identification of individuals in the group or minority.

As one element becomes the foundation on which people associate to form a group with shared beliefs and visions, the more the feeling of discrepancy, of being different, of being unacceptable towards other groups is accentuated.

In the post-war period, the authorities concern for public health was born and public health departments were established at the county level. Following this fact, the social environment has become closely correlated with the health status of the population.

Hippocrates is the first medical field researcher who formulated the hypothesis that the natural environment, air, water, soil and social environment, economic status, access to resources of various types influence the development of diseases. Until the time of the medicine primordialization, people used natural and spiritual methods of treating diseases, but through the development of the social environment, they resorted to scientific methods of treatment.

In the past centuries, poor health and disability were considered by society as deviant and harmful for the proper functioning of society, which is why the members of society common desire was to eradicate this problem.

In the contemporary period, both health and disability are perceived as social constructions, given that both exist as a result of human interactions.

Important to emphasize in our study is the fact that people's reaction to disability is conferred by the norms and values of the social environment they belong to.

The existence of the individual and the social environment bond, as a result of a medical condition, was noticed as early as 1969, by Field, who highlighted this aspect as: "The confessional therapeutic reaction to the disease comes from the patient need and those around him to receive, in relation to the anxiety caused by illness, various traumas and the presence of death ever-possible, a certain security, love, affectionate and encouraging attitude from the psychological point of view" (Rădulescu, 2002, p. 17).

Harmony, the everyday and the ordinary were perceived by society as a social environment balance, while disability was perceived as a social imbalance.

A better understanding of the relationship between living standards and disability occurred with the industrial revolution, "the most important change in the medical act orientation occurred with the emergence and generalization of the industrial revolution, which was accompanied by a shift in emphasis from the individual health to that of society" (Rădulescu, 2002, p. 23).

In the 8th-19th centuries, in Germany, a project was initiated by the Society of Doctors, which had in mind the emphasis on the need of the disabled or the poor for assistance from the authorities.

The republican France development, after the end of the French revolution, began with the public authorities concern for the citizens public health.

The interdependence between disability and social factors was also discovered in Romania in the 19th century, but the Romanian authorities concern was represented in this case by peasants, not by the population at large.

In this sense, "In 1875, Doctor Iacob Felix had already initiated the first medical legislation in Romania field of industry, being, among other things, the promoter of the first labor protection measures" (Rădulescu, 2002, p. 31). followed ten years later by the Medical-Sanitary Institute in Bucharest establishment, a medical institution accessible to all citizens without discrimination.

Regarding the relationship between disability and social factors, we can consider that disability is, in many cases, caused by social factors, but the interdependence between the two elements is undeniable because disability, in turn, influences the social environment. Whichever way it is directed, the sphere of

influence between the two factors can only lead to the people with disabilities lack of social integration and to poverty. We observe, therefore, that the social stratification imposed by medical conditions produces an interesting phenomenon to note, namely, the dependence of medicine on sociology, given the fact that the social organism cannot exist without medical involvement, thus encouraging the development of the social medicine concept.

In its early stages, social medicine was a philanthropic actions concern whose main objective was to help disadvantaged people in order to alleviate social problems.

Therefore, "Sociology of medicine deals with the relations, processes, phenomena and social institutions that are related to the state of health and disease of a collective, studying their functional dependencies and their relations with the economic system, political system, demographic and cultural factors that contribute to health protection and promotion as an important issue, resource and social value" (Rădulescu, 2002, p. 43).

The disability and disease source is viewed by sociologists as the only legitimate deviant element, considering its deviation from the optimal functioning of the human organism. Disability, the temporary or permanent incapacity of an individual directly influences the people social behavior, including here the difficult access to work, respectively to financial procurement of incomes that allow access to all social spheres: education, culture, medicine, etc.

We therefore infer that social variables are at least as significant as biological or psychological ones. Regarding this aspect, we underline the fact that Goffman identified two types of identities in his research: the virtual social identity and the real social identity.

The virtual social identity consists in people perception with whom an individual interacts, depending on the context of the moment: clothing, appearance, way of speaking, appearance, while the real identity consists in stigmatization, depending on the physical or mental disabilities that they owns an individual, in addition to the other individuals to which it relates.

Real social identity, as we can see, encourages discrimination and stereotyping, disfavoring people with disabilities and restricting the social access to environment: difficulties in professional integration, difficult or unaided access to education, financial shortcomings, etc.

The person with a disability role becomes, through the prism of social interactions, a social role, with negative valences, perceived in a hostile way by society as something undesirable, unpleasant.

Disability is not, therefore, a consequence of a physical reality, a consequence of a medical condition, but rather a social reaction to the concepts of difference, deviation from the usual, from the unanimously agreed norms of the social environment and of the interactions that precede from the propagation of it in people's daily lives.

Social segregation becomes directly proportional to the severity of the of disability form. Thus, the more severe the disability, the stronger the social exclusion of disabled people from society becomes.

We deduce from this the fact that people with a disability high degree are more exposed to social exclusion and risk of poverty compared to people with mild disabilities who are not completely isolated from society.

The interdependence between disability and poverty has been shown to be stronger when poverty is multidimensionally measured in terms of multiple deprivations than when it is measured in terms of earned income.

In the situation of disabilities people, the primary income may be missing or it is insufficient to meet their needs, which leads to an increased risk of poverty for this social category.

People with disabilities face physical, social, economic or environmental barriers to their participation in social life, which can lead to poverty and marginalization. Lack of accessibility in the physical environment and discrimination can prevent disabilities people from entering the school system, limiting their skills, knowledge and future ability to work and produce economic value. The same barriers can prevent disabilities people from being included in the labor market or limit the type and amount of work they can do, reducing their economic income.

The resistance to change in this situation is very significant. When there is already a hostile perception, a prejudice regarding disabled people such as that they would be negative for the social environment, would have a difficult collaboration in the field of work, would be unworthy to access society, the issuer of the prejudices behaves as such in the situation of interaction with disabled people, causing them to behave incorrectly, unusual even for them.

Later, the reaction of people from this social category to hostile behavior will be categorized as aggressive, defective, unacceptable for society. Moreover, people with disabilities, having characteristic features that differentiate them from others, have the belief that they are always subject to prejudice and stereotyping in their interactions with others, a fact that will increase the manifestation of behavior in accordance with the negative expectations of those with whom they interact.

As we have observed, minorities are perceived as social groups with negative traits. Minority identification conflict refers to the discrimination of minorities with common elements to individual identity because the minorities social precept, respectively their assessment, makes people admit identification with a negatively valued minority.

The minority represents a collective that is in a lower position in a social power relationship, not being considered a positive example of norms and customs, but a negative one, a fact that makes it become the object of inferiorization in many cases.

That is why minority does not refer to an intrinsic feature of the group's nature, but to a position of inferiority in the power relationship between two groups. More precisely, we understand by the concept of minority the deviation from the norms valued by society, from the standardization process imposed by the social environment everywhere, a fact that causes permanent tensions between minorities and the majority.

Sharing the social behaviors of the out-group represents a primary risk for the majority because this fact can reverse the poles of social power between the majority

and minorities. By investing common principles and ideas with minorities, members of majorities could give a chance for social power to the minorities.

The interdependence between disability and poverty has been shown to be stronger when poverty multidimensionally measured in the form of multiple deprivations, compared to when it is measured in terms of earned income.

Over time, society's perception of people with disabilities has shifted from the desire to eradicate people to rehabilitation and finally to social integration. The contemporary social model is based on universal human rights and promotes the equality concept and respect, encouraging the people with disabilities participation in social life, social inclusion and social dialogue.

The socio-cultural environment in which people live influences their inner evolution and the way they relate to the outside. Individuals with disabilities, unlike others, depend to a greater extent on the environment to which they relate to.

Evolved societies ensure equal opportunities for all its members, but this objective is only considered fulfilled to the extent that citizens are provided with the appropriate development to access the equal opportunities offered by the social environment.

We conclude here that the social exclusion of people, therefore, does not belong to the economic side, but rather to defective interpersonal relations between people all around the world.

Moreover, we agree that physical impairment can be an important source of discrimination for people with disabilities, although social perception is currently based on a complex of indicators in terms of how to evaluate human interactions. Through the lens of socio-cognitive mechanisms, people are influenced by the perception of an ideal of beauty when interacting with disabled people, who are frequently discriminated against and rejected from a social point of view.

That is why we think that is highly recommended, for a better social cohesion of all citizens life regardless of their health status, to have a constant balance, so that everyone have access to all social spheres and society functions as an entire whole.

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