BEYOND DISABILITY STIGMA: SOCIO-HISTORICAL DYNAMICS AND CONTEMPORARY EMPLOYMENT OPPORTUNITIES

Academic Monograph

By Ajana Lolat-Pažarauskienė

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I would like to dedicate this academic monograph to life itself, which changes like the seasons – sun, wind, rain, or snow. It can sometimes be challenging, sometimes supportive, but is always worth experiencing in all that it brings. It is my family who taught me this.

And so I would also dedicate this book to those dearest to me – my dear parents and grandparents, my cherished husband, and my beloved assistance dog, Mulan. Having a disability has made me resilient, but together you have made me a dreamer. I will never be able to repay you for all that you have given me, but I can write. From the bottom of my heart, I hope this book can express, at least in some small way, how blessed and grateful I am to be able to call you my family, and how deeply thankful I am for everything.

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ABOUT THE AUTHOR

Ajana Lolat-Pažarauskienė is the founder and head of the Ajana Lolat Charity and Support Foundation, which she has led since 2016. She is particularly well-known for the Hike of Dreams initiative, which seeks to raise awareness of the fact that people with and without disabilities share many of the same struggles, hopes, aspirations, and dreams. Her sustained public and social engagement has seen her receive the LRT Person of the Year Award in 2025, the Lithuanian Honour Award in 2024, and the Lithuanian Power Award in 2023. She became a Lithuanian record holder in 2021 and achieved Guinness World Records in 2022 and 2025, reflecting the broad public impact and visibility of her work.

In 2025, Ajana Lolat-Pažarauskienė and Anna-Katherine Ward co-authored the article 'Workplace Experiences of Employees with Chronic Physical Disability in Post-Soviet Society: A New Model of Escape from Precarious Work', published in the *European Management Journal*. The article examines how employees with chronic physical disabilities often experience precarious working conditions shaped by persistent post-Soviet attitudes, weak implementation of formal protections, workplace exclusion, and limited organisational support. It further shows that employees frequently rely on personal initiative and informal strategies to overcome these barriers and secure greater stability, recognition, and participation at work.

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Obtaining a doctoral degree is a great personal honour, but I wrote this monograph for everyone. Hopefully, it will help each of us to become a little more aware of disability, so that this topic might no longer invoke pity or fear. Instead, I hope that we will become braver in moving closer to others, getting to know each other, and building our futures together, regardless of whether someone has a disability or not.

I am also aware that at every stage of this endeavour I have not stood alone – I have always been supported by others. By my grandparents, who never had the chance to finish secondary school yet could read and write perfectly; by my parents, who taught me to love nature, hardworking people, and books; by my dear husband, who never gave up on me, even when I gave up on myself; and by the hundreds – perhaps thousands – of

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PREFACE

Scholars such as Cañibano et al. (2025) call on researchers to consider and describe how their own characteristics and relationships with the participant population affect their research. Following this guidance, as well as that of others (e.g., Miles et al., 2020), I consider it essential to reflect on my 'insider' status with the participant population.

I was born with a disability in 1989 and grew up in a small rural village in Lithuania, where both social attitudes and institutional arrangements toward disability were markedly different from those that exist today. During my childhood and teenage years, referring to people as 'invalid' in both legal and everyday language was a common and unquestioned practice. Due to the educational regulations in place at the time, I was not able to attend a regular school and instead received home-based education, with a primary teacher visiting periodically to teach core subjects such as Lithuanian and mathematics.

Furthermore, our village did not have regular internet access until the early 2000s, and knowledge about my physical condition – cerebral palsy – as well as possible rehabilitation, educational, and social opportunities was extremely limited. In addition, at that time, we were not aware of broader disability rights movements or international frameworks such as the CRPD.

However, I had an extremely happy childhood. My parents, who were and still are farmers, ensured that I spent much of my time outdoors, surrounded by animals – dogs, cats, chickens, and cows – which became a natural part of my everyday life. Furthermore, my parents love reading and collecting books, so our home has a rich library filled with classical literature, encyclopaedias, and specialised collections. As a result, even though such topics were not formally part of my education, by the age of nine I was already deeply familiar with subjects such as ancient Egypt and Cleopatra, the life of Napoleon, and the basic laws of physics and astronomy. Gradually, word spread about a very curious child in the village, and teachers – even those who were not formally obligated to teach me – began visiting and giving lessons voluntarily, without any expectation

of payment. In particular, an English teacher began to come on her own initiative to help me learn the language. In this way, despite living in a very small village and rarely leaving our house or yard, I gradually became fluent in English at a relatively young age.

I often wonder what motivated my parents and teachers to invest so much effort in my education, especially since we all understood that my life opportunities appeared very limited at the time. Nevertheless, the entire community made remarkable efforts to support my learning. At one point, they even found a way for me to attend the village school for nearly a year – the headmaster had been my father's teacher when he was a child, so it was never my parents or me dealing with my disability alone; everybody looked out for me, as if I were their own child.

However, it soon became clear that completing high school under those conditions would be nearly impossible. Therefore, when I was fourteen, we collectively decided that I should leave home to attend a boarding school that seemed to offer better opportunities. Although the school was located more than 200 kilometres from my home, it provided not only education and accommodation, but also essential medical support, including daily physiotherapy and massage treatments which were – and continue to be – crucial for my health.

It was in that environment that I began to understand how language and social dynamics around disability can shift. I learned that the word 'invalid' could be used not only with care or sympathy, but also as a means of humiliation. Although all the children in the boarding school had disabilities, which in theory placed us on an equal footing, this did not necessarily create a supportive environment. Instead, we often competed with one another to prove who was the strongest or most capable, sometimes at the expense of others. I suppose that we replicated the social dynamics of the world beyond the school's walls, striving to demonstrate that we were 'normal' by adopting the same patterns, even if that meant teasing or excluding other children with disabilities. For instance, my file stated that I was not capable of being independent. Although I regularly showered on my own, I was nevertheless required to participate in a form of 'public washing' in which staff bathed students according to the school's schedule. On one occasion, I was publicly called out for this procedure in

front of my classmates and forcibly showered despite constantly repeating that I could do so independently. My parents later contacted the school to confirm that I could manage this myself, but by then it was too late: the incident had already become widely known among the students, and I was constantly mocked as 'smelling of that governmental shampoo'. Furthermore, right next to our school, there was an asylum for people with 'mental' disabilities. Some of us would go out into the yard and loudly mock these residents where they could hear us.

Over time, I learned how the school's social dynamics worked. I realised which students held informal authority within the hierarchy and managed to regain acceptance by aligning myself with them – for example, by bringing them alcohol, which helped me be seen as 'cool' again (as I mentioned earlier, we replicated the social dynamics of the world beyond the school's walls). At the same time, I gradually found my own ways to build friendships outside the boarding school and used opportunities to escape that environment whenever possible.

One positive aspect of the school was that some of our teachers had disabilities themselves. As a teenage girl, this gave me a great deal of confidence and hope, especially because before then I had never really met adults with disabilities in my everyday life. Seeing teachers with disabilities who were living full lives as different, interesting personalities showed me that growing up with a disability was possible – that I could become an adult, have a job, and build a life like everyone else. Moreover, although it was not part of the official curriculum, these teachers would sometimes share personal stories about what it meant to live with a disability as an adult. They spoke openly about everyday life and even about things we should keep in mind if and when we had families of our own, since disability, according to them, would also influence that part of life. Looking back now as an adult, I am deeply grateful for those lessons. They proved to be extremely practical and valuable, and helped me navigate many challenges later in life.

Indeed, I am now married to a wonderful, very kind, and very strong man who also happens to be blind. One might think that after living with a disability since the first day of my life – more than 36 years now – spending my teenage years surrounded by people with disabilities, and dedicating

all my academic work to the topic of disability – my bachelor's thesis, my master's thesis, my publications, and now this scientific monograph for the defence of my PhD – I would already know everything that there is to know about disability. But that is not the case – this man has taught me so much! Of all his lessons, the most important has been learning not to give up myself to anger, disappointment, or pain, but rather choose happiness, forgiveness, taking responsibility for my own actions and attitude towards my well-being and my future.

I have to admit that living with a disability often brings enormous physical and emotional strain. In everyday life, simple actions – sitting, standing, walking, eating, or even speaking – are rarely effortless. Instead, they require constant awareness and calculation. I often have to think about how to maintain my balance so that I do not fall, whether a restroom is within easy reach, whether the food in a restaurant will be soft enough for me to cut on my own or if I will need to ask for help, and whether winter clothes – shoes or a coat – will be too complicated to put on or too heavy to wear, because even a small increase in weight can quickly lead to exhaustion. Perhaps for this reason, I enjoy searching for beautiful dresses in my free time: they are usually easy to wear and, at least for a moment, allow me to forget the constant need for practicality. On the other hand, perhaps because of the difficulties posed by my condition, my husband and I chose not to have children. Although the CRPD affirms the right of people with disabilities to have families, and it would have been possible with sufficient support, in this case we chose to accept our limits and our vulnerabilities as part of being human. Crucially, this decision was our own, and the fact that we were able to make it represents the realisation of our human rights rather than their limitation. As a result, we are happy, fulfilled, and living life on our own terms.

Truthfully, I cannot say that my life with a disability has been defined only by struggle. Quite the opposite – I feel a deep love for life, for this fragile body of mine, and for all of the experiences it has carried me through. I would not change a single moment of it, and so I would not wish for a different body. To me, it is extraordinarily beautiful and true to thrive while living even with such a small amount of muscular power. However,

this is the body in which I have lived, felt, learned, and loved: what could be more valuable or more beautiful to me?

I share this not seeking sympathy, but to illustrate what it means to conduct research on disability while living with a disability oneself. As far as I can say, there is nothing static or easily defined about disability; it is neither purely negative nor purely positive, and I do not seek to prove either extreme. If I had to describe disability in a single word, it would be '*dynamic*'. Disability is experienced differently by every person who lives with it, by every family that must navigate it, and by every workplace that includes people with disabilities as part of its team. Furthermore, the same disability can be experienced by the same person differently in different stages of life, including both exciting and challenging moments. For this reason, I find Tönnies' (1887/2001) *Gemeinschaft* (community) perspective particularly meaningful when considering how to build supportive and sustainable environments within organisations. Recognising each person as an individual requires more than formal policies – it requires genuine human connection, sometimes beginning with simple acts like sitting down to share lunch.

Furthermore, if I were to name the factor that truly changes situations in not only a *de jure* but also a *de facto* sense, I would point to what Goffman (1963) would describe as 'wise' people. Formal regulations certainly matter greatly, but it is the individuals who stand beside you – not because it benefits them, but because they genuinely care about your well-being and success – who make the real difference. Whether they are parents, co-workers, executives, or an English teacher who chooses to teach even when not required to, such people bring legal principles to life. In some cases, they make these ideals meaningful and beneficial even before supportive legislation exists, or even before they are familiar with it. In my case, I stand before the PhD defence committee presenting this monograph in a language that is not my mother tongue, and I can do so only because my family and my community believed in me, cared for me, and guided me along the way.

Finally, if I were to picture what an open and meaningful future looks like, I would look to those golden moments spent with my family – my parents, my husband, and the people from my beloved village. In a similar

way, one interviewee noted that when imagining their future, work and career prospects were the least important elements, since there is a family to take care of and a house to build. In this sense, I find resonance with Zimbardo and Boyd's (2014) observation within FTP theory, noting that societies tend to prioritise long-term planning, productivity, and delayed gratification, sometimes at the expense of relational presence. Thus, recognising this tension, I believe it is important to acknowledge and support different visions of the future – even when they do not centre on increased productivity or advancement in career hierarchies, but instead focus on caring for family and sustaining meaningful relationships.

Notably, I remain aware that both my position as a researcher born, raised, and living in Lithuania and my lived experience as a person with a disability inevitably shape how I approach and interpret the experiences shared by employees with disabilities and the executives who employ them. Although this insider perspective may have helped me recognise subtle forms of stigma, self-stigma, adaptation, and workplace negotiation that may be less visible to a detached observer, I acknowledge the possibility of researcher bias arising from it. Thus, throughout the research process, I sought to balance experiential understanding with analytical distance, allowing my personal perspective to inform the research while maintaining critical and methodological rigour. In keeping with qualitative research traditions that emphasise interpretation and recognise the complexity of social phenomena (Dodgson, 2017), I sought to ensure that the study's conclusions remained critically examined and methodologically grounded.

I would like to conclude this monograph by recalling *Mitakuye Oyasin* – a common Lakota phrase often used to close statements and prayers. As an expression of gratitude, balance, and interconnectedness, it recognises the sacredness of all beings. I sincerely hope that whatever this work contains – whether historical, social, or personal narratives – it serves not to prove a particular point, but rather as an inspiration for us to come closer to one another: to be curious, to share, to ask, and to listen, to sing, to dance, to dream, and to build our futures together – not because we are obligated to do so, but because we genuinely wish to. This is not a call to abandon contemporary life and return to nature. Rather, it is a vision of a more

advanced society, one in which individuals with or without disabilities become stronger precisely because they can rely on one another unconditionally and with respect.

INTRODUCTION

It is encouraging to know that throughout all the pressing times and solution-seeking moments of today you still find the courage to return to the elders.
Nelson Mandela, message to the 2008 National Youth Festival

In this monograph, I seek to identify how the employment opportunities of people with disabilities are shaped by the interplay between historical socio-cultural narratives and contemporary society–community dynamics. This analysis is situated within the context of organisational practices, (self-)stigmatisation processes, and individual perceptions towards the future. To capture these dynamics, I interrelate the following research objectives:

first, to explore European historical and cultural narratives within the context of society–community dynamics in order to examine how they shape contemporary attitudes towards people with disabilities;

second, to analyse how employees with disabilities' attitudes towards (self-)stigmatisation and their individual futures relate to their work and career prospects;

and third, in parallel, to assess how employers conceptualise disability and how these perceptions are reflected in recruitment, workplace accommodation, and career development practices.

From the earliest archaeological traces to contemporary contexts, people with disabilities have been inseparable from the evolving social, cultural, and institutional landscapes of societies. Archaeological and anthropological studies suggest that in some early communities, bodily difference was accommodated through care, adaptation, and shared survival (Gorman, 2012; Hublin, 2009). Later historical developments show how disability became increasingly connected to labour systems, poverty management, charity, institutionalisation, medical classification, and state regulation. In time, industrial labour regimes, institutional segregation, and eugenic violence further linked disability to assumptions about productivity, dependency, usefulness, and social worth (Karowicz-Bienias,

2018; Rembis, 2018; Rembis et al., 2018). Now, for instance, employment plays a central role in the construction of disability as a social category, since we often define who has a disability based on their perceived inability to work. This framing turns labour capacity into a diagnostic threshold, determining access to welfare, healthcare, and support: those who fall outside normative definitions of 'work ability' risk being pathologized, kept under surveillance, or stigmatised as economically inactive and socially dependent (Dinu & Bengtsson, 2022). However, I argue that although the history of disability has been addressed in various scholarly directions, historical perceptions of disability are still rarely placed in direct dialogue with the contemporary employment experiences of people with disabilities. In response, I bring together European historical narratives and present-day local perceptions of disability employment, exploring the case of Lithuania.

Across OECD countries, individuals with disabilities remain approximately 40% less likely to be employed than those without disabilities, a gap that has changed little over the past decade (OECD, 2022). They also experience delayed educational attainment, in some cases lagging by as much as 15 years, while poverty gaps persist despite income support mechanisms (OECD, 2022). These inequalities continue despite the expansion of legal protections, including those introduced through the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Lithuania provides a particularly revealing example of the gap between formal rights and lived realities. As a CRPD signatory, Lithuania has incorporated relatively strong disability protections into its constitutional and legal framework, including explicit recognition of the right to health, prohibitions against disability-based harassment, and obligations for employers to prevent discrimination – provisions that are in some respects more explicit than those found in, for example, the constitutional framework of the United States (Lolat-Pazarauskiene & Ward, 2025). However, as Lolat-Pazarauskiene and Ward (2025) note, formal disability employment policies in Lithuania often fail to translate into equitable everyday practices, allowing disempowerment, commodification, and specious inclusion to persist. This may occur when workers with disabilities are hired for reputational or economic benefit

while receiving reduced pay, limited autonomy, or fewer opportunities for advancement. In these cases, although participants' working conditions often do not meet the criteria for modern slavery, their precarious work experiences can overlap with slavery characteristics, revealing serious vulnerabilities even within a CRPD signatory (Lolat-Pazarauskiene & Ward, 2025). Furthermore, a 2023 audit by the Lithuanian Commission for Monitoring the Rights of People with Disabilities found that key provisions on equality, accessibility, independent living, education, and data collection had still not been properly implemented. Public attitudes further reveal persistent moral hierarchies: only 28% of respondents would support their son marrying a woman with a hearing impairment, and only 11% would support marriage to a woman with an intellectual disability; 70% considered women with intellectual disabilities irresponsible for choosing motherhood, while 42% supported the possibility of terminating their pregnancies without consent (Office of the Equal Opportunities Ombudsperson, 2024).

This work is grounded on the following theoretical frameworks: first, I draw on Goffman's (1963) theory of stigma and his distinction between 'normals', the stigmatised and the 'wise' (the 'own'), viewing stigma as a relational and identity-shaping process where an individual's 'actual social identity' fails to meet normative expectations. Notably, if individuals accept and apply stereotypes to themselves, the phenomenon of self-stigmatization occurs (Corrigan et al., 2009; Pyszkowska & Stojek, 2022). This leads to the 'why try' effect – a process that erodes self-esteem and hope, causing individuals to abandon future goals (Corrigan et al., 2010; Livingston & Boyd, 2010). As noted by Kowalski & Peipert (2019), this internalization process is typically rigid and linked to shame and reduced life satisfaction, exerting more damaging psychological effects than public stigma itself. However, although public stigmatisation and self-stigma related to mental illness have received considerable research attention, significantly less focus has been placed on stigma associated with physical disabilities, highlighting the need for more extensive research in this area (Kowalski & Peipert, 2019).

In response, I approach employment opportunities not simply as an objective set of possibilities, but rather as the socially and psychologically

mediated perception of opportunity. Drawing on the framework of the Future Time Perspective (FTP), I extend my research by integrating Lewin's (1939, 1951) notion of *psychological life space* that emphasises the inclusion not only of geographical and social environments, but also of a temporal dimension. In this sense, people's behaviour is shaped by how they understand their past experiences, present circumstances, and expected futures (Seijts, 1998). Notably, when time is perceived as expansive, individuals tend to prioritise knowledge acquisition, future planning, social expansion, and long-term achievement; when time is perceived as limited, they tend to prioritise emotionally meaningful goals, close relationships, and present well-being (Carstensen et al., 2003; Lang & Carstensen, 2002; Löckenhoff & Carstensen, 2004). Perceived time and perceived opportunity may in turn be shaped by factors such as health, social status, financial security, and other life circumstances (Kooij et al., 2018; Lang & Carstensen, 2002; Seijts, 1998). Numerous studies have also demonstrated associations between individuals' focus on opportunities and various organisational and personal development factors. For instance, Zacher and Frese (2011), together with Castillo and Fischer (2019), argue that focus on opportunities can enhance employment prospects and support career development by fostering individuals' self-confidence and encouraging a forward-looking mindset that emphasises possibilities rather than obstacles. Similarly, Vermeire and Bruton (2016) highlight focus on opportunities as a valuable framework for promoting positive social change, including the development of effective strategies to reduce discriminatory practices. In this sense, I follow the line suggested by Zacher and Frese (2009) and include the affective dimension of 'remaining opportunities', targeting disability employment as a socially sensitive segment of society.

Notably, social mobility is not only dependent on the individual, but also on family resources and the social networks through which affluent families deploy their capital. From this perspective, inequality persists not because marginalised individuals 'fail to follow the rules', but because the rules are embedded in social networks that systematically privilege the already advantaged, excluding others from the social pipelines that convert credentials into concrete opportunities (Royster, 2007). However, Zimbardo and Boyd (2014) return to the importance of personal relationships and

community involvement, highlighting the lack of attention paid to the psychological conflict involved in delaying immediate gratification for future rewards. They emphasise that the tension lies in choosing between a small pleasure now and a larger reward later. This dilemma becomes especially problematic for 'those excessively future-oriented people who cannot "waste" time relating to family or friends, in community activities, or enjoying any personal indulgence' (Zimbardo & Boyd, 2014, p. 50). Such a mindset, Zimbardo and Boyd argue, contributes to a persistent sense of 'time pressure', which escalates stress levels. This is particularly evident in our globalised economy, where the boundaries between personal and professional time are increasingly blurred and the ability to work anytime, anywhere has intensified these pressures. Despite the depth of these discussions, FTP scholarship has only marginally considered how family networks, friendships, and community belonging shape perceptions of future employment opportunities.

In response, I situate future-oriented motivation within broader relational dynamics between society and community, drawing on Ferdinand Tönnies' (1887/2001) distinction between *Gemeinschaft* (community) and *Gesellschaft* (society) to indicate that social life is shaped by a tension between embedded belonging and formal association. For Tönnies, *Gemeinschaft* is grounded in natural or essential will, shared life, kinship, locality, memory, and moral obligation, whereas *Gesellschaft* is organised through arbitrary or rational will, contract, calculation, exchange, and individual interest. More specifically, in Tönnies' (1887/2001) *Gemeinschaft*, individuals are understood not as isolated actors but as members of an organic whole, in which identities, duties, and possibilities are shaped through shared life. Power and inequality may exist within such communities, but they are morally limited by responsibility, reciprocity, and recognition. Stronger members are expected to support weaker members not merely through formal rules, but through a sense of shared belonging. By contrast, *Gesellschaft* transforms social relations into abstract and transactional forms. The rise of contracts, money, market exchange, private interest, and legal rationality gradually weakens the moral embeddedness of social life. Individuals increasingly appear as independent agents who enter relationships for instrumental purposes,

while labour, property, trust, and even moral behaviour become subject to calculation and exchange. Tönnies therefore presents contemporary society not simply as a more advanced form of organisation, but as a social order marked by abstraction, detachment, competition, and possible alienation.

Tönnies' distinction between natural or essential will and arbitrary or rational will is central to this argument. Essential will is rooted in bodily life, memory, affection, loyalty, gratitude, sincerity, and shared moral feeling. It shifts the relational dynamics to *Gemeinschaft* because it binds people through lived relationships rather than through external agreements (Tönnies, 1887/2001). Rational will, by contrast, is strategic, calculative, and future-oriented; it evaluates relationships in terms of usefulness, advantage, and exchange. While such rationality enables contemporary law, markets, institutions, and coordination, it can also reduce human relations to functional transactions (Tönnies, 1887/2001). Accordingly, I use this concept of community–society dynamics to examine disability as a relational and morally embedded experience. Through this lens, I seek to understand the matrix of attitudes, relationships, and responsibilities within organisations in relation to the well-being and opportunities of employees with disabilities.

Finally, I critically examine the dominant theoretical frameworks – i.e., social and medical models of disability – that have shaped contemporary disability studies. While the medical model understands disability primarily as an individual pathology and the social model attributes it mainly to societal barriers (Shakespeare, 2006), both perspectives can oversimplify the lived realities of people with disabilities (Morris & Vogel, 2024). To move beyond this dichotomy, I adopt the community lenses of disability proposed by Edwards (1995), which conceptualise disability as a relational phenomenon embedded within social networks, moral expectations, and communal life. As the aforementioned history of disability highlights, historically formed assumptions about productivity, dependency, usefulness, and social value continue to influence present-day employment opportunities, organisational practices, and the well-being of employees with disabilities. From this perspective, I establish a matrix for the subsequent analysis of both stigmatisation and self-stigmatisation, where societal labels, stereotypes, and discriminatory expectations may

become internalised and may shape not only how disabled individuals are treated by others, but also how they come to perceive their own place, value, and future within community life.

I then turn to present-day experiences by outlining my empirical research, which was conducted in two interconnected stages. First, I carried out in-depth semi-structured interviews with 45 employees with disabilities in 2020 and 2023. The participants included individuals with mobility and vision impairments whose disabilities were present from birth, emerged in childhood, or developed in adulthood. Their employment backgrounds were diverse, including teachers, programmers, accountants, marketing specialists, editors, masseurs, self-employed professionals, company founders, and CEOs. The interviews explored employment trajectories, everyday work experiences, organisational challenges and strengths, professional development, disability-related barriers, adaptation strategies, and future career perspectives. Second, I conducted 32 semi-structured interviews with employer representatives in 2024 and 2025. These participants represented organisations of different sizes from different sectors, including technology, public services, finance, manufacturing, professional services, medical care, logistics, and telecommunications. I interviewed individuals with substantial or final authority in employment-related decision-making, including executive leaders and human resources executives, in order to examine both the strategic and procedural dimensions of disability inclusion. Notably, recruitment continued until theoretical saturation was reached: by the 45th employee interview and the 32nd employer interview, additional interviews primarily confirmed rather than substantially changed the patterns already identified.

All interviews were conducted online in Lithuanian, audio-recorded with informed consent, transcribed, anonymised, and analysed through systematic coding, thematic analysis, constant comparison, and narrative interpretation. I relied on established qualitative research procedures, reflexive awareness, anonymisation, systematic coding, and careful interpretation to ensure that the findings remained analytically grounded.

The findings of the interviews with employees with disabilities show that the experience of disability emerges through the dynamic interplay

between individualised disability perception and joint responsibility for participation. Participants often reinterpreted impairment in terms of motivation, structured self-discipline, education, financial autonomy, and emotional resilience. These resources became forms of personal capital that helped stabilise identity and expand employment opportunities. At the same time, according to the interviewees, participation is not sustained through individual agency alone; it is also shaped by relational recognition: families who encouraged independence, colleagues who affirmed equality, and supervisors who supported inclusion. Disability, therefore, is neither reducible to bodily limitation nor fully explained by individual willpower. Rather, participation in employment is co-constructed through personal agency, social recognition, organisational support, and shared responsibility.

The findings of the interviews with employer representatives show that disability inclusion is sustained through the continuous balancing of institutional rigour and cultural responsiveness. Employer representatives operate between formal standards and everyday relational dynamics, translating policies into practice while also shaping the normative climate in which inclusion occurs. At the same time, interviewees note that their role requires them to pay attention to operational criteria, safety considerations, productivity expectations, team communication, trust, dialogue, and adaptive learning. In this sense, supervisors and organisational decision-makers emerge as pivotal actors in aligning structural accountability with cultural coherence. Accordingly, inclusion becomes meaningful when it is not merely treated as compliance with formal requirements, but is integrated into the organisation's values, routines, and everyday practices.

With regard to the original contribution of this study, I introduce the following perspectives within the field of disability studies.

First, I bring together historical European contexts from the prehistoric period to the 20th century by showing how historically formed assumptions about productivity, dependency, usefulness, and social value continue to influence present-day perceptions of people with disabilities. Although there is extensive literature on disability history – including work by Rembis et al. (2018), Pietikäinen (2015), and others – much of this

scholarship focuses on later historical periods and pays limited attention to prehistoric communities, which I consider especially relevant for situating disability within a community context and touching on issues including care, adaptation, and belonging. From this perspective, I move beyond the dominant theoretical frameworks that have shaped contemporary disability studies – i.e., social and medical models of disability – and adopt the community lenses of disability proposed by Edwards (1995), which conceptualise disability as a relational phenomenon embedded within social networks, moral expectations, and communal life.

Second, I specifically focus on the case of Lithuania by uncovering hidden aspects of 20th-century Lithuanian disability history. I argue that although disability history has been addressed in various scholarly traditions, historical perceptions of disability are still rarely placed in direct dialogue with the contemporary employment experiences of people with disabilities. Notably, disability employment in Lithuania remains challenging today, because –as Lolat-Pazarauskiene and Ward (2025) show, for example – the employment dynamics of people with disabilities are shaped by post-Soviet cultural legacies. These legacies include the phenomenon of *Homo sovieticus*, which Tyszka (2009) characterised by indifference, limited personal initiative, conformity, and a deep-seated acceptance of hierarchical authority. Such environments foster learned helplessness, as workers internalise expectations of limited agency and adapt by minimizing engagement, innovation, and self-advocacy (Tyszka, 2009).

Lithuanian disability history has been addressed in only a very limited number of academic studies, including those by Praspaliauskienė (2000), Toločka (1997, 2009), Balčiūnė (2022), and Jonutytė and Šmitienė (2021). In addition, most of these academic sources are available only in Lithuanian, and they are primarily accessible only as physical copies in protected library collections. This not only limits their accessibility to international scholars and reduces Lithuania's visibility in broader disability history debates, but also limits access for local communities. This is especially true in rural regions of Lithuania, where opportunities for people with disabilities are often more restricted than in larger cities (Bočiarovaitė & Širvinskaitė, 2024). Furthermore, other historical works often refer to

Lithuania within the framework of the Soviet Union, which can obscure the specific historical experiences, institutional developments, and personal trajectories of people with disabilities in the country. In response, I include various historical narratives, such as an exploration of the late 1930s and early 1940s, when efforts to expand opportunities for people with disabilities in Lithuania were increasingly challenged by eugenic ideas. I also highlight the fact that even within the oppressive Soviet system in Lithuania, blind and individuals with vision impairments achieved notable accomplishments in both education and sports. Povilas Vitkauskas, who became the first blind person in Soviet Lithuania to defend a doctoral dissertation at Vilnius University in 1971, is a notable example, and many others are discussed. Hopefully, shedding light on these narratives may help to create contemporary opportunities for people with disabilities that are grounded not only in scientific evidence, but also in historical recognition.

Third, drawing on historical narratives, theoretical insights, and empirical findings based on collected interviews, I develop an analytical research model representing the historical, socio-cultural, institutional, organisational, relational, and individual dynamics through which the employment opportunities of people with disabilities are perceived, negotiated, and shaped. The model integrates three interconnected dimensions: Time, Limitations, and Opportunities, each of which are considered through both structural and individual perspectives. Time captures the historical and temporal context of disability and individuals' future orientations; Limitations examines the processes of both public- and self-stigmatisation; and Opportunities focuses on the interaction between institutional as well as legal infrastructures and individual professional engagement. In bringing these three dimensions together within a single integrated framework, I emphasize that disability employment should not be understood purely through either structural or individual explanations. Rather, it emerges through dynamic interactions between historical legacies, stigmatisation processes, organisational arrangements, relational contexts, and personal future orientations. Thus, while existing scholarship often treats disability either through a medical lens or through the society-as-the-oppressor lens (Shakespeare, 2006), I situate this triangular model

along the *Gemeinschaft–Gesellschaft* (community–society) continuum. I thereby reconceptualise future orientation not merely as an aspect of individual motivation, but instead see it through historical, social, and personal narratives, indicating how more inclusive participation can emerge when we move beyond instrumental logic toward relationships grounded in recognition, reciprocity, and shared responsibility.

Overall, I show that opportunities for people with disabilities unfold within a dense social ecology that can either reinforce stigma or sustain dignity in relation to what Royster (2007) calls 'protective infrastructure'. Families may encourage independence or reproduce overprotection; workplaces may recognise competence or demand continuous proof of worth; and societies may either affirm or question the legitimacy of the professional, intimate, and family lives of disabled people. Therefore, I suggest that sustainable employment opportunities for people with disabilities require more than legal access to work: they depend on relational recognition, practical workplace support, inclusive organisational cultures, and the presence of what Goffman (1963) calls the 'wise' – individuals able to recognise stigma without reproducing it. By bringing together Tönnies' (1887/2001) distinction between community and society, Goffman's theory of stigma, and FTP theory, I also introduce a different understanding of an open future. Rather than treating an open future only as a horizon of individual advancement, career mobility, or productivity, I conceptualise it as representing the possibility for sustained participation, relational continuity, dignity, and belonging. In this sense, for employees with disabilities, an open future may mean not only moving upward professionally, but also being able to be meaningfully present in work, recognised as competent, supported in everyday relations, and free from the constant need to overperform, conceal difference, or justify one's place.

Thus, the community narrative that emerges throughout these accounts neither romanticises support nor denies structural barriers. Instead, it reveals employment participation as a negotiated and sustained achievement. In this way, disability remains a bodily and social reality, but its consequences are neither fixed nor solely self-determined. They are continuously reshaped through recognition, expectation, accommodation, and shared responsibility, whereby both employees with disabilities and

CEOs are expected to consistently fulfil their respective professional responsibilities. In this sense, success in the labour market while having a disability is not a solitary achievement. It is instead a collectively stabilised process that is grounded simultaneously in agency and solidarity, discipline and care, independence and interdependence.

At the same time, narratives on disability shape how people with disabilities are recognised, depending on how competence is defined, how dependence is interpreted, and how employers, colleagues, families, and disabled people themselves understand the boundaries of possible participation. Crucially, these narratives are region-specific. For instance, in Lithuania, precarious work experiences have overlapped with some slavery-like characteristics, despite Lithuania's formal CRPD commitments (Lolat-Pazarauskiene & Ward, 2025). In the United Kingdom, people with sight impairments still face barriers, including negative employer attitudes and inaccessible recruitment, yet 75% of employed people with sight loss report satisfaction with workplace support and adjustments (Limbachia & Mistry, 2026; Slade et al., 2020). These examples highlight the importance of remembering that the present situation of disability employment cannot be understood only through the current legal, organisational, or policy frameworks. Instead, discussions of disability and employment opportunities should always be situated within the broader historical and cultural picture. Here, rather than asking only whether people with disabilities have formal access to work, we must also ask about the cultural norms, social expectations, and historical narratives within which they live and work. Thus, out of respect for the complexity, diversity, and historical weight of disability experiences, I deliberately do not seek to make this scientific monograph symmetrical, conventional, or ordinary. Instead, I have shaped it as a distinctive and singular work, because producing it otherwise, while knowing the history of disability and its legacies of exclusion, classification, and control, would have seemed ethically inadequate, if not exploitative.

Despite the careful approach taken to it, this study faces several limitations. Firstly, the empirical sample includes only individuals with mobility and vision impairments; therefore, the experiences of people with other types of disabilities remain outside the scope of this research. In

addition, the analysis does not systematically examine gender differences in disability employment experiences. These limitations point to important directions for future research.

Finally, I remain aware that both my position as a researcher born, raised, and living in Lithuania and my lived experience as a person with a disability inevitably shape how I approach and interpret the experiences shared by employees with disabilities and the executives who employ them. Though this insider perspective allows me to recognise nuances in everyday challenges, coping strategies, and forms of (self-)stigmatisation that might remain less visible to a more distant observer, at the same time, I remain conscious that such proximity to the subject matter also requires continuous reflexivity, as it may introduce certain researcher biases (Chenail, 2011). For this reason, throughout the research process, I attempted to balance experiential understanding with careful analytical distance. Guided by qualitative research traditions which emphasise interpretation rather than measurement and acknowledge that complex social phenomena rarely yield to a single fixed methodological approach (Dodgson, 2017), and in line with established methodological and ethical requirements, I strove to ensure that, while my personal perspective informed the questions I asked and the meanings I identified, the study's conclusions remained critically examined and methodologically grounded. In particular, I follow guidelines by Baxter & Jack, 2008; Braun & Clarke, 2006; Denzin & Lincoln, 2011; Flyvbjerg, 2006; Gioia et al., 2013; Myers, 2019; Pyett, 2003; Sousa, 2014.

Structure of the Monograph

This monograph is structured into three main chapters:

Chapter 1: Disability Phenomena: Opportunities vs. (Self-)stigmatisation. In the first chapter, I introduce the conceptual and theoretical foundations of this study by examining how understandings of disability have evolved across historical and cultural contexts, from early human communities to contemporary societies. I approach disability as a relational and historically situated experience shaped by collective life, drawing on the community lenses of disability (Edwards, 1995; Rose, 2003). To further structure the

analysis, I draw on Ferdinand Tönnies' distinction between *Gemeinschaft* and *Gesellschaft* to explore how opportunities and constraints for people with disabilities emerge from the tension between community-based recognition and efficiency-oriented social systems. I also discuss the processes of stigmatisation and self-stigmatisation (Goffman, 1963) and introduce the FTP framework (Lewin, 1939, 1951; Seijts, 1998) as a lens for examining how focusing on opportunities rather than limitations may influence the well-being and future perspectives of people with disabilities.

Chapter 2: The Case of Lithuania. In this chapter, I narrow the scope of the research to the Lithuanian context to examine how historical developments have shaped present-day opportunities for disabled employees in the country. I first trace how changing political regimes, moral frameworks, and economic structures across the 20th century influenced the understanding of what it means to have a disability and the employment opportunities of disabled people: from the early 20th-century perception of disabled individuals as 'legitimate' beggars, through interwar initiatives in education and employment and the rise of eugenic ideologies during the Nazi occupation, to a Soviet period marked by medicalisation, segregation, and the broader *Homo sovieticus* phenomenon (Tyszka, 2009). Building on this historical background, I then examine today's Lithuanian context through interviews with employees with disabilities and the executives who employ them, situating present-day labour market participation within the interplay of historical legacies, institutional environments, organisational practices, and the individual roles of employees with disabilities.

Chapter 3: Conclusions. In the final chapter, I bring together the historical, theoretical, and empirical arguments developed throughout the monograph. I present an analytical research model that connects European historical perceptions of disability with contemporary disability employment experiences in Lithuania. I then discuss the main findings and formulate recommendations for research and practice, showing how employment experiences, organisational practices, and processes of stigmatisation are shaped by longer historical meanings and post-Soviet cultural assumptions.

KEY CONCEPTS

Community–society dynamics refers to Tönnies' (1887/2001) distinction between *Gemeinschaft* and *Gesellschaft*. *Gemeinschaft* refers to relations grounded in belonging, reciprocity, moral obligation, and shared responsibility, whereas *Gesellschaft* refers to formal, rational, contractual, and transactional arrangements.

Disability is understood as a relational and historically situated phenomenon rather than only an individual impairment or a result of external barriers. While the medical model locates disability primarily in bodily limitation and the social model emphasises disabling environments, both may oversimplify lived experience when used separately (Shakespeare, 2006; Morris & Vogel, 2024). Therefore, this monograph adopts Edwards' (1995) community lenses of disability, which situates disability within social relations, moral expectations, care, adaptation, and communal life.

Employment opportunities refer not only to formal access to work, but also to recruitment, workplace accommodation, retention, career development, recognition, and perceived future possibilities. They are both structural and subjective, shaped by legal frameworks, organisational practices, stigma, support, and future orientation (OECD, 2022; Zacher & Frese, 2009).

Focus on Opportunities refers to the perception that future possibilities remain open. It is associated with hope, confidence, career planning, employability, and a future-oriented emphasis on possibilities rather than obstacles (Castillo & Fischer, 2019; Vermeire & Bruton, 2016; Zacher & Frese, 2009, 2011).

Future Perspective refers to how individuals interpret their future in relation to past experiences and present circumstances. Drawing on Lewin's (1939, 1951) concept of psychological life space and Zacher and Frese's (2009) distinction between remaining time and remaining opportunities, it includes perceptions of development, advancement, stability, and recognition in work.

Homo Sovieticus describes indifference, conformity, limited initiative, and acceptance of hierarchical authority (Tyszka, 2009; Lolat-Pazarauskiene & Ward, 2025). In this monograph, the concept refers to post-Soviet cultural legacies and historical patterns that continue to shape Lithuanian institutions, attitudes, and workplace relations, including paternalism, medicalised perceptions of disability, hierarchical authority, and dependence on institutional goodwill.

Normals refers to individuals who are not marked by visible or known stigma and who conform to the dominant expectations associated with their social category. As such, they represent the largely invisible normative standard against which others are judged and are rarely required to justify their belonging or manage information about themselves (Goffman, 1963).

Self-stigmatisation refers to the internalisation of negative social stereotypes, when people apply such assumptions to themselves (Bathje & Marston, 2014; Corrigan & Watson, 2002).

Stigmatisation is conceptualised through Goffman's (1963) theory of stigma as a relational process in which an individual's social identity is judged against normative expectations and marked as deficient.

The Wise and the Own refers to individuals who share the same stigma as the stigmatised person and may provide sympathy, validation, and shared understanding (Goffman, 1963).

1 DISABILITY PHENOMENA: OPPORTUNITIES VS. (SELF-)STIGMATISATION

From prehistoric societies that left traces of care and inclusion through to ancient civic ideals, Christian moralities and institutional regulation, the rise of industrial capitalism, colonial hierarchies, and eugenic ideologies – the history of disability reveals complex interplay between communities and the experiences of disabled people within them. Thus, in this chapter I introduce the concept of disability through cultural and historical lenses, tracing how understandings of embodied difference have evolved from early human communities to the contemporary era. Here, rather than adopting either the medical model, which individualises disability as pathology, or the social model, which frames it primarily as structural oppression (Shakespeare, 2006), I approach disability as a relational and historically situated experience shaped by dynamics of collective life, aligning with the community lenses of disability (Edwards, 1995; Rose, 2003). I further incorporate a bidirectional axis inspired by Tönnies' (1887/2001) suggested distinction between *Gesellschaft* (society) and *Gemeinschaft* (community), seeking to examine how opportunities and constraints emerge within the tension between efficiency-oriented social systems and forms of community grounded in mutual recognition and moral embeddedness. I thereby introduce one of the fundamental postulates of this research into the opportunities and limitations encountered regarding employment for people with disabilities.

I further explore the concepts and processes of stigmatisation and self-stigmatisation (Goffman, 1963), focusing on how stereotypes, labels, and discrimination can be internalised (Bathje & Marston, 2014; Corrigan & Watson, 2002) and can continue to affect people's experiences and attitudes within and towards society.

Finally, in the final section of this chapter I present the FTP theoretical framework (Lewin, 1939, 1951; Seijts, 1998), exploring relationships between individuals' focus on opportunities and their well-being. A

question arises from this analysis: how could focusing on opportunities instead of limitations affect the well-being of people with disabilities in the context of the labour market?

This chapter lays the theoretical groundwork for understanding the concept of disability as a complex and evolving matrix that is not only shaped by cultural and historical tendencies, but that is also a (self-)stigmatisation-based phenomena, negatively or positively affecting the experiences of people with disabilities within society, their well-being, and their employment opportunities.

1.1 Disability Within Historical Communities

The history of disability reveals complex interplay between communities and experiences of disability within them. Following these traces highlights the role of community in creating or limiting opportunities for people with disabilities throughout history, recognising disability not as an isolated condition but as a relational experience shaped by collective life. Here, historically formed assumptions about productivity, dependency, usefulness, and social value continue to influence the present-day employment opportunities, organisational practices, and well-being of employees with disabilities.

1.1.1 The Prehistoric Period and the Role of Community

Contrary to popular assumptions that prehistoric life was brutally individualistic, growing archaeological evidence suggests that early human communities demonstrated remarkable capacities for care, empathy, and social inclusion. The broad period dated approximately 500,000–4,000 years ago contains a wealth of evidence demonstrating how individuals with significant physical impairments were not only supported but often survived for years, indicating sustained caregiving within early *Homo* species and later prehistoric societies.

Archaeological records show that early humans, including *Homo erectus* and *Homo neanderthalensis*, cared for community members with significant impairments who lived for extended periods and were buried with dignity and honour, suggesting that acceptance and support for the vulnerable were common social norms (Gorman, 2012; Hublin, 2009). For example, a 500,000-year-old *SH14 cranium* from Spain belonged to a child with a congenital brain deformity. Despite their pathological condition, they were not rejected at birth and survived until at least 5 years of age, apparently receiving the same attention as other children from the group. This suggests that caregiving behaviours for vulnerable community members existed among *Homo erectus* or closely related species, pushing the origins of empathy deep into prehistory (Hublin, 2009). Similarly, one male individual dating to 45,000 years ago, known as *Shanidar 1* or *Nandy*, died around the age of 50, with one arm amputated, loss of vision in one eye, and other serious injuries. This shows strong evidence of long-term group caregiving and social support within a Neanderthal community (Crubézy & Trinkaus, 1992). Another example comes from the 10,000-year-old skeleton known as *Romito 2*, discovered in southern Italy, which belonged to a young man with severe dwarfism who lived into early adulthood and was buried in a high-status cave, suggesting acceptance and respect within his community (Frayer et al., 1987).

Comparable evidence of care and social inclusion also appears in later contexts. For example, a teenager from a 7,500-year-old Florida site, known as *Windover Boy* (Dickel & Doran, 1989), had severe spina bifida, causing paralysis, infections in his leg, and major mobility limits for at least two years before his death. His extended survival has often been interpreted as evidence that his community cared for him (Dickel & Doran, 1989), but Dettwyler (1991) argues that the archaeological record cannot tell us whether this reflects compassion, obligation, or something else. According to Dettwyler (1991), we can know that he lived with severe disability for a long period of time, but not how he was treated or regarded.

However, in northern Vietnam, a young man who lived 4,000 years ago, known as *Burial 9* or *M9*, provides additional evidence that people with disabilities were cared for around the clock by their communities at that time (Oxenham et al., 2009; Tilley & Oxenham, 2011). Archaeological

analysis has revealed that he became paralysed from the waist down before adolescence, lost most function in his arms, and could not have fed or cleaned himself (Oxenham et al., 2009). Despite this, he continued to live for approximately another decade, indicating not only that members of his community provided extensive, sustained care, but also his determination to live and his sense of his own worth (Oxenham et al., 2009; Tilley & Oxenham, 2011).

Figure 1

Prehistoric Dinner (2026), by Margarita Martinkevič.
A contemporary artwork depicting a child with a disability being cared for within a prehistoric setting.

Source: Reproduced with permission of the artist.

Similarly, a woman from the Arabian Peninsula who lived approximately 4,000 years ago and likely suffered from polio survived to the age of eighteen, most likely receiving continuous care and nourishment from her community. Osteological evidence indicates that her caretakers fed her a diet rich in dates, resulting in severe dental decay – an indication of spoiling and overfeeding rather than neglect (Stodder & Palkovich, 2014).

Taken together, these findings refute the long-standing assumption that prehistoric humans were callous or indifferent toward the disabled. Instead, they suggest that compassion, caregiving, and inclusive social organisation were adaptive responses, and some authors even point to these behaviours as contributing to the evolutionary success of early human species (Gorman, 2012; Hublin, 2009).

1.1.2 Major Ancient Civilisations and the Importance of the Image

Attitudes toward disability in the ancient Mediterranean world between approximately 800 BCE and 600 CE in the societies of Greece, Rome, and Egypt were complex and multi-faceted. Moreover, physical and cognitive differences were interpreted through cultural, philosophical, religious, and legal frameworks that connected bodily appearance with moral worth, civic participation, and social inclusion.

Greco-Roman Antiquity and Sparta

People with disabilities in ancient Greece were classified within the category of *ἀδύνατος*, referring to individuals who 'should be excluded from military service and politics' (Penrose, 2015, p. 506). In part because of the cultural ideal of *kalos kagathos,* meaning 'beautiful and good', this concept established a moral framework in which physical beauty signified virtue, while physical unattractiveness suggested moral deficiency. Because aesthetic appearance and bodily symmetry were highly valued in Roman–Greek society, physical attractiveness was closely correlated with ethical

worth. Within this framework, a disabled individual would not necessarily be marginalised solely on the basis of their impairment, but rather because their body failed to meet dominant aesthetic norms (Deris, 2013).

Figure 2

Equestrian statue of Claudius (c. 1587–1589), by Adriaen Collaert, after Jan van der Straet, called Stradanus.

The author presents Claudius through the established visual language of imperial authority, military leadership, and political power, while omitting the physical disability described in historical accounts.

Source: The Metropolitan Museum of Art, New York (Open Access).

An example of this perspective can be seen in the Roman emperor Claudius (41–54 CE) – one of the few ancient rulers believed to have lived with a disability. Ancient sources describe his physical and speech impairments, which contemporary scholars suggest may have reflected a congenital neurological condition, such as cerebral palsy, although no definitive diagnosis is certain (Shin, 2025). Initially dismissed as weak or unintelligent, Claudius was underestimated by his peers, a perception that arguably protected him and enabled his unexpected rise to power. As emperor, he proved to be an effective and capable leader, challenging the stereotypes that once marginalised him (Shin, 2025). Nonetheless, official portrayals of Claudius adhered to Roman ideals of physical perfection: statues and coinage depicted him as bodily 'normal', reflecting broader tendencies in imperial art to erase physical differences in favour of idealised forms (Kershaw, 2022).

Similarly, the Justinian Code reveals how Romans discriminated against deaf individuals based on the cause and nature of their hearing loss: those who could read and write were granted full legal rights, while individuals who were mute, unable to speak clearly, or congenitally deaf and illiterate were denied them (Moores, 2010). Furthermore, people with disabilities often were commodified in exploitative ways, in so-called 'monster markets' (*agora teratōn*) in Rome, where individuals with physical anomalies were displayed and possibly sold as spectacles (Laes, 2008).

Philosophical narratives in religious codes in the Hebrew Bible also established enduring associations between physical impairment, moral value, and social legitimacy. For example, the Hebrew Bible (the Old Testament) outlines which priests may serve at the altar by listing specific impairments (blindness, lameness, facial disfigurement, limb deformity, etc.) that disqualify them from ritual service (Belser, 2019; Jenson, 2021):

> *Speak to Aaron, saying, none of your offspring throughout their generation who has a blemish may approach to offer the bread of his God. For no one who has a blemish shall draw near, a man blind or lame, or one who has a mutilated face or a limb too long, or a man who has an injured foot or an injured hand, or a hunchback or a dwarf or a man with a defect in his sight, or an itching disease or scabs or crushed testicles. No man of the offspring of Aaron the priest who has*

> *a blemish shall come near to offer the Lord's food offering; since he has a blemish, he shall not come near to offer the bread of his God. He may eat the bread of his God, both of the most holy and of the holy things, but he shall not go through the veil or approach the altar, because he has a blemish, that he may not profane my sanctuaries, for I am the Lord who sanctifies them.* (Leviticus 21:16–23, as cited in Nkomazana, 2016)

Greek myths and philosophers also reinforced the idea that bodily symmetry is linked to virtue. Writers such as Dionysius of Halicarnassus and Livy viewed infants with visible anomalies as omens of divine displeasure and used the term *teras* (meaning 'monstrous') to describe them, emphasising physical abnormality and treating such births as ill omens and signs of impending evil that required rituals to safeguard the community (Gosbell, 2016). In addition, Plato's *Republic* suggests that 'deformed' infants should be removed from society, and Aristotle similarly describes disabled people as 'imperfect men', implying that severely deformed infants should not be raised (Kiefer, 2014). Similarly, in the *Homeric Hymn to Apollo*, Hera describes casting out her son Hephaestus because of his physical weakness and impairment:

> *But my son Hephaestus whom I bare was weakly among all the blessed gods and shrivelled of foot, a shame and disgrace to me in heaven, whom I myself took in my hands and cast out so that he fell in the great sea.* (Hesiod, 1920, Homeric Hymn to Pythian Apollo, lines 316–318)

Recent scholarship has challenged the traditional interpretation of the myth of Orion, Cedalion, and Hephaestus by presenting it as a rare ancient narrative of solidarity and mutual assistance among disabled figures (Hall, 2021; Figure 3). However, Greco-Roman myths and philosophical narratives have had a lasting impact on contemporary narratives that conflate disability with ugliness, undesirability, and sexual incapacity.

For instance, they continue to influence contemporary literature by perpetuating harmful assumptions about people with disabilities (Adams, 2021). This legacy is evident in Victor Hugo's portrayal of the abandoned Quasimodo in *The Hunchback of Notre-Dame*, where his bodily difference is immediately interpreted by onlookers as monstrous, sinful, and scarcely

human. Even the child's cry is described as an offensive noise capable of deafening a chanter, placing the disabled infant in symbolic opposition to the sacred, harmonious voice associated with religious worship:

> *'What is this, sister?' said Agnes to Gauchère, gazing at the little creature exposed, which was screaming and writhing on the wooden bed, terrified by so many glances.*
> *'What is to become of us,' said Jehanne, 'if that is the way children are made now?'*
> *'I'm not learned in the matter of children,' resumed Agnes, 'but it must be a sin to look at this one.'*
> *'Tis not a child, Agnes.'*
> *'Tis an abortion of a monkey,' remarked Gauchère.*
> *'Tis a miracle,' interposed Henriette la Gaultière.*
> *'Then,' remarked Agnes, 'it is the third since the Sunday of the Loetare: for, in less than a week, we had the miracle of the mocker of pilgrims divinely punished by Notre-Dame d'Aubervilliers, and that was the second miracle within a month.'*
> *'This pretended foundling is a real monster of abomination,' resumed Jehanne.*
> *'He yells loud enough to deafen a chanter,' continued Gauchère. 'Hold your tongue, you little howler!'* (Hugo, 1831/n.d., p. 121)

However, the widely repeated claim that Greeks – especially Spartans – systematically killed deformed infants by throwing them into a chasm near Mount Taygetus rests on weak foundations: archaeological evidence at the site has not revealed the bones of infants or children – only the remains of executed criminals and traitors (Sneed, 2021). Broader evidence suggests that infants with congenital impairments were not automatically deemed unfit for life. Hippocratic texts describe medical treatments for such conditions, and artefacts such as specialised feeding vessels indicate efforts to support impaired infants, with bio-archaeological findings also showing that some children with anomalies survived into later childhood, implying they received care and were integrated into society (Sneed, 2021).

The community lenses of disability help to explain these patterns by emphasising that in ancient Greece, expectations for ability and participation varied significantly based on status, gender, wealth, and age.

Therefore, disability was not a fixed category for a person, but a flexible role within their social context, determined through ongoing, case-by-case negotiation within families and communities (Penrose, 2015; Sneed, 2018). At the household level, care for impaired members often involved redistributing labour and the use of assistive tools, while architectural features such as ramps at the temples likely served accessibility purposes (Sneed, 2018, 2021).

Figure 3

Blind Orion Searching for the Rising Sun (1658), by Nicolas Poussin.
The artist reimagines the myth of the blind giant Orion as a journey toward healing, presenting blindness within the broader cycle of nature, transformation, and renewal.

Source: The Metropolitan Museum of Art, New York (Open Access).

A similar symbolic logic can be observed in representations of classical goddesses such as Fortuna (the Roman equivalent of the Greek Tyche) and Themis (the Greek embodiment of divine order, whose Roman counterpart is Justitia), who occupy distinct yet visually convergent positions in classical iconography. Fortuna, frequently depicted holding the cornucopia and the *Rota Fortunae* (Latin for 'Fortuna's Wheel'), governs the

unpredictable distribution of prosperity and misfortune, embodying the arbitrariness of chance and fate. Although blindfolded representations of Fortuna are relatively rare, when present they signify not neutrality but the capricious and hazardous nature of fortune – her 'blindness' to merit, justice, or moral worth. By contrast, Themis (the Roman equivalent of Justitia) is associated with scales and the principle of *suum cuique tribuere* ('to each his own'), reflecting balance and distributive fairness. The blindfold, which became prominent in European depictions of Justice after the 15th century, symbolises impartiality – the ideal that judgment should be rendered without regard to personal traits or social status (Codrea, 2018).

Penrose (2015) highlights a significant divergence between Athens and Sparta in both ideological priorities and social structures, which in turn shaped the visibility and treatment of disability. In the Athenian context, there is evidence – particularly from legal and administrative records – indicating that the state recognised certain individuals as ἀδύνατος ('unable' or 'incapable') and, at least in some cases, offered publicly funded support or exemptions. For example, decrees and legal speeches suggest that Athenians who could not work due to physical impairment or chronic illness might receive a small disability pension, contingent on periodic review by civic authorities (Penrose, 2015; Rose, 2016). As Кудрявцева (2022) notes, this small yet symbolically significant allowance (1–2 obols per day) was integral to the broader aims of Athenian democratic policy, providing support for citizens who were physically and economically vulnerable. In the absence of such state-sponsored income, disabled Athenians unable to work would likely have been compelled to beg (Penrose, 2015).

In ancient Greece, enslaved individuals who acquired disabilities were not categorically excluded from productive or meaningful roles; rather, their labour was often reallocated to preserve their economic utility. For example, when one slave fell from an olive tree and crushed his leg – rendering him unfit for agricultural labour – he was reassigned as a *paidagōgos*, a domestic tutor or child attendant, demonstrating that physical impairment did not necessarily negate social or economic value (Sneed, 2018).

Meanwhile, Spartan society, heavily oriented toward military excellence, communal discipline, and elite physical conditioning, framed bodily capability primarily through the demands of warfare and the maintenance of a warrior-citizen class (Penrose, 2015). While the ἀδύνατος were excluded from military, political, and religious duties in Athens and elsewhere, the Spartans, by contrast, criticised those who did not fight – even those with disabilities – while praising those who 'overcame' their impairment (Penrose, 2015). There is no evidence that Athenians sent disabled men into battle as the Spartans did, nor that they imposed severe social stigma on disabled veterans who withdrew from combat. On the contrary, the Athenian Constitution, attributed to Aristotle, explicitly states that individuals who are physically incapacitated may be excused from cavalry service (Penrose, 2015). As a result, there was no single 'disabled experience' in ancient Greece. An individual's quality of life and level of inclusion depended on their social rank, family support, the adaptability of their community, and the nature of their impairment (Penrose, 2015; Sneed, 2021).

Ancient Egypt

In ancient Egypt, people with disabilities were often integrated into social and economic life, with physical differences neither hidden nor marginalised. People with disabilities including dwarfism and other physical differences could attain positions of high status, serving in royal households and as high-ranking officials (Ead, 2024). For example, a comprehensive analysis of the material and visual culture within Tutankhamun's tomb, when examined alongside studies of his physical remains, provides compelling evidence that the young pharaoh lived with a disability (Vogel, 2024). The deliberate inclusion and strategic placement of objects such as numerous chairs and stools, over 100 walking sticks, and an array of medicinal herbs and plants strongly suggest accommodations were made to support his physical condition both in life and in preparation for the afterlife (Vogel, 2024). Artistic depictions of Tutankhamun being assisted or supported by others further reinforce this interpretation, particularly when contextualised with medical examinations of his

mummified body (Figure 4), which indicate congenital deformities and mobility issues (Vogel, 2024). Interestingly, images of enemies were traditionally displayed on pharaonic sandals, symbolically implying that they had been trampled underfoot. However, in Tutankhamun's case, enemies were depicted on the handles of his walking sticks, perhaps reflecting a symbolic shift where he crushed his foes with his hands rather than his feet (Morris, 2019). Vogel (2024) notes that despite this evidence, both scholars and the public continue to frame Tutankhamun as having been able-bodied, revealing a potential persistent discomfort with disability in contemporary society.

Figure 4

Illustration of the Egyptian Pharaoh Tutankhamun, by Claus Lunau.
Tutankhamun lived in c. 1341–1323 BC and ruled Egypt in c. 1333–1323 BC during the period known as the New Kingdom. Contemporary examinations of his remains indicate that he lived with several health conditions and physical impairments, including a deformity of the right foot associated with bone necrosis, scoliosis, an overbite, and recurrent malaria. The walking canes discovered in his tomb have been interpreted as evidence that he may have used mobility support.

Source: Science Photo Library.

There is also evidence to suggest that in ancient Egypt, acceptance was not based on the status of people with disabilities: ancient Egyptians with disabilities held a diverse range of roles, working not only in elite positions, but also as herdsmen, musicians, jewellers, servants, nurses, entertainers, and animal tenders (Kamal, 2024). In addition, individuals with physical impairments could become scribes – a highly respected and intellectually demanding occupation responsible for writing, record-keeping, and administration (Ead, 2024). Furthermore, ancient Egyptians recognised the talents and contributions of people with disabilities across various social roles. Examples include the blind musician Harkhuf, who was honoured for his talent in the Old Kingdom, and the god Ptah-Sokar-Osiris, who had a club foot and may have served as a symbolic affirmation that physical difference did not diminish a person's value or skill in craftsmanship (Ead, 2024). This notion is supported by the depiction of a blind harpist performing at a banquet on the wall of the tomb of the ancient Egyptian scribe Nakht (Figure 5), the oldest known representation of a blind musician (Zotova & Kotova, 2024).

Figure 5

Enlarged detail of the *Banquet Scene with Musicians*, *Tomb of Nakht* (1908–1914), by Norman de Garis Davies, Lancelot Crane, and Hugh R. Hopgood.
The original mural was painted on the west wall of the offering chapel inside the tomb of Nakht (TT 52), in Sheikh Abd el-Qurna, Thebes, in c. 1410–1370 BCE. The scene depicts an elegant banquet attended by richly dressed guests and animated by musicians, singers, and dancers providing entertainment.

Source: The Metropolitan Museum of Art, New York (Open Access).

Egyptian religious and cultural ideas further framed bodily difference in largely positive ways. In their religion, disability was imbued with profound symbolic meaning and closely tied to divine power, regeneration, and cosmic order. For example, individuals with dwarfism were accepted as manifestations of the divine. In the *Coffin Texts*, spells associate people with dwarfism with gods like Atum and Ra, suggesting that they were among the first expressions of creative divine force linked to fertility, childhood, joy, and the life-giving forces of earth and light, and representing a divine will through their physical distinctiveness (Bergerot, 2024; Kozma, 2006). Their unique appearance – paired with the perception that they were adult in age but childlike in stature – symbolised continuous growth and regeneration, mirroring the sun's daily cycle from youth at dawn to old age at dusk. This solar association is vividly expressed in religious iconography such as that which depicts Bes or Ptah-Pataikos (Figure 6), divine figures carrying scarabs – symbols of rebirth – or appearing within lotus flowers, themselves emblems of solar creation (Bergerot, 2024). In addition, 'symbolic blindness' (e.g., musicians with eyes covered) appeared in some tomb paintings; however, this may possibly represent ritual or status rather than literal impairment[1] (Andersen, 1997).

While ancient Egypt lacks evidence for a formal 'disability law' in the codified sense, its legal culture typically relied on customary justice. The moral and ethical teachings of ancient Egyptians emphasised compassion and respect for individuals with disabilities, such as the Instructions of Amenemope, a New Kingdom text which states: '*Do not jeer at a blind man nor tease a dwarf. Neither interfere with the condition of a cripple; Do not taunt a man who is in the hand of God, nor scowl at him if he errs*'. The Instructions also note that '*Man is clay and straw, the God is his builder. The Wise Man should respect people affected by reversal of fortune*' (Kozma, 2006, p. 311; Whitmore & Buzon, 2024). This positions disability in Egyptian culture not as a flaw, but as a part of the human condition that is deserving of respect, protection, and moral consideration, while also revealing a cultural respect for bodily

[1] In ancient Egypt, the eye was both a physical organ and a powerful religious symbol. The Eye of [the Egyptian god] Horus (Udjat), representing healing and protection, was commonly used in amulets and burial rites. This symbolism may have extended to artistic depictions, such as musicians with covered eyes, which likely signified not literal blindness but humility, spiritual focus, or a ritual role involving inner vision or a sacred connection to the divine, emphasising spiritual insight over physical sight. For more information, see: Andersen (1997).

difference and affirming that disability was not to be mocked or marginalised, but integrated and protected within the moral order of Egyptian society. Even while some individuals with disabilities may have relied on begging, this was met with social recognition and charity rather than exclusion (Ead, 2024).

Figure 6

Pataikos amulet, Third Intermediate Period (c. 1070–664 BC).
This protective amulet depicts the dwarf deity Pataikos standing on crocodiles and carrying a winged goddess, presenting dwarfism not as a deficiency but as a source of supernatural power and protection.

Source: The Metropolitan Museum of Art, New York (Open Access).

Taken together, the ancient Egyptian view of the body was deeply rooted in religious beliefs and ethical norms, seeing all bodily forms as divinely created and inherently worthy while fostering values of compassion and inclusion. As a result, physical differences were recognised as part of social reality rather than flaws (Morris & Vogel, 2024). This perspective enabled the inclusion of people with disabilities in elite and artisanal roles, alongside divine models displaying bodily variation, combining to reflect a culture in which people with disabilities could be respected and employed for their abilities (Ead, 2024). However, both scholars and the public continue to portray Tutankhamun as able-bodied, thereby avoiding the possibility that a pharaoh – an archetype of power and divinity – could have been disabled (Bui, 2022; Vogel, 2024). This creates contemporary narratives that not only overlook fundamental

aspects of ancient Egyptian culture, but also reinforce assumptions that equate disability with weakness or inferiority.

1.1.3 The Middle Ages and the Role of Religion

Between approximately the 5th and 15th centuries, religious doctrine, charitable institutions, public spectacle, and legal practices together created a complex social landscape in which people with disabilities were both cared for and cast out, venerated and vilified.

Religion dominated every aspect of medieval life, shaping attitudes toward disability in profound and often contradictory ways (Pietikäinen, 2015). For instance, a significant influence on medieval Christian understandings of illness was St Augustine (354–430), who distinguished between ailments arising from natural causes and those attributed to demonic possession (Pietikäinen, 2015). Similarly, in Deuteronomy, madness, blindness, and stupefaction are listed among the curses that God might bring upon those who disobey His commandments (Pietikäinen, 2015). This notion reinforces medieval European views on illness, madness, and disability through the lens of supernatural reality, in which demons, divine punishment, and spiritual struggle played central explanatory roles, and where intellectual, physical, or behavioural difference could mark a person as both dangerous and divinely touched (Figure 7; Pietikäinen, 2015).

Disability was widespread among all social classes, but its impact and treatment varied significantly. Lacking family or community support, disabled peasants faced neglect or abuse (Jarrett, 2023). Some of the most disturbing responses to disability involved public spectacles disguised as entertainment. For example, individuals with intellectual disabilities were locked inside so-called ‘idiot cages’, allegedly to keep them from trouble (Ferleger, 2010; Jimenez, 2023). Furthermore, a ferocious spectacle forced groups of blind men into an enclosure with a pig, each armed with a stick and promised the animal as a reward if they managed to kill it. In reality, the men often struck one another more than the pig, an outcome that spectators found amusing (Richard, 2015). Likewise, blind characters in

drama and farce were subjected to ridicule. They were frequently portrayed as greedy, gluttonous, or morally corrupt, especially in French plays like *Le Garçon et l'Aveugle* ('The Boy and the Blind Man'). These portrayals were echoed in visual art, where blind individuals often appeared in grotesque or comic settings, reinforcing stereotypes that excluded them from society's spiritual, civic, and moral ideals (Figures 7 and 8; Wheatley, 2010). Similarly, 'ships of fools', in which the 'mentally ill' were cast off to sea for a charge and often abandoned, reflect society's urge to remove those perceived as disruptive or burdensome (Jimenez, 2023).

Figure 7

A Fool and a Woman (1520), by Lucas van Leyden.

This scene shows a woman seated beneath a tree while a male fool embraces her and attempts to kiss her. She raises one arm as though trying to repel or restrain him. The fool is identifiable through his clothing and conventional comic appearance, which would have signalled foolishness, moral disorder, or uncontrolled behaviour to a 16th-century audience.

Source: The Metropolitan Museum of Art, New York (Open Access).

Figure 8

Carlo Emanuele I, Duke of Savoy, as an Adolescent (1572), by Giacomo Vighi, known as L'Argenta.

In the second half of the 16th century, Italian portraiture introduced a new convention in which aristocratic sitters were accompanied by dwarf attendants as symbols of courtly prestige. In this painting, Vighi portrays the adult dwarf as subordinate to the young duke of Savoy, as suggested by the casual placement of the boy's hand on top of the adult's head. Clad in dark clothing that blends into the background, the dwarf stands in sharp contrast to the boy's richly adorned attire, reinforcing the disparity in their social status.

Source: By concession of the Italian Ministry of Culture – Royal Museums of Turin; O'Bryan (2015).

Figure 9

A German etching portraying Claus Narr (1574), possibly made by printmaker Balthasar Jenichen, after a painting by Hans Lautensack.

Claus Narr, also known as Claus von Rangstädt or Klaas Nar, was one of the best-known court fools of late medieval and early Renaissance Germany. The etching depicts him in an architectural frame with the personifications of Veritas, Prudentia, and Fama.

Source: Stichting Het Rijksmuseum (Open Access)

Figure 10

Callot figures (1684), by Agostino Mitelli II, after François Collignon and Stefano della Bella. Part of the *Six Grotesques* series, this etching depicts four dwarfs: a finely dressed man professing his love to an elderly woman, alongside a guitarist and a dancing woman playing a tambourine.

Source: The Metropolitan Museum of Art, New York (Open Access).

Such beliefs shaped how communities later interpreted the arrival of the Black Death in 1348, leading to panic and desperation. In the absence of scientific understanding, people turned to religious and moral explanations, framing the plague as divine punishment and directing blame toward marginalised groups. Jews, for instance, were accused of poisoning wells (Porter, 2014). Leprosy, in particular, became synonymous with moral and physical impurity, stigmatised in both religious texts and social practice. People with leprosy were cast out as 'living dead', and in some cases even executed (Jankrift, 2022; Uhrmacher, 2011). However, in many parts of Europe, the primary social consequence was not violence, but the abandonment of loved ones out of fear of infection: family ties collapsed, parents abandoned their children, and children abandoned their

parents, resulting in the sick often dying alone, without care or confession (Cohn, 2017).

Yet the Christian tradition also offered a more compassionate interpretation of disability. Motivated by teachings on charity, mercy, and spiritual duty, the medieval Church became one of the first major institutions to provide organised care for the sick, the disabled, and the poor. In England and across Europe, monasteries, hospitals, almshouses, and leprosaria offered long-term shelter and rudimentary care, often funded through donations from monarchs, the clergy, guilds, and townspeople (Jarrett, 2023). The archaeological data suggests that many children in hospitals came from low socio-economic backgrounds, were more exposed to illness or malnutrition, and experienced greater vulnerability, indicating how medieval hospitals functioned not only as spaces of spiritual healing but also as institutions of social relief (Huggon, 2018). However, this care was not purely altruistic. Giving alms to the disabled formed part of a broader spiritual economy in which benefactors could gain religious merit (Wheatley, 2010), positioning people with disabilities not only as recipients of aid but also as instruments through whom the salvation of others could be secured. In return, residents, many of whom were elderly or disabled, were expected to participate in prayers for their benefactors' souls (Jarrett, 2023).

The archaeological and osteological evidence also indicates that medieval hospitals were not primarily centres of medical treatment in the contemporary sense. Always founded away from cities, these institutions were highly regulated, shaped by routines of devotion, frugal meals, and, in some cases, enclosed gardens designed to foster reflection and order (Jarrett, 2023). Excavations reveal the marked scarcity of specialised medical instruments, such as surgical tools or diagnostic equipment, within hospital contexts, suggesting that invasive or technical procedures were rare (Huggon, 2018). Instead, the nature of care focused on regimen: controlled diet, hygiene, warmth, rest, and moral discipline, supported by prayer, confession, and pastoral care administered by the clergy (Huggon, 2018). Yet alongside compassion, these spaces were also marked by strict discipline and corporal punishment. This duality was especially evident at Bethlem Hospital in London (later known as 'Bedlam'), which began as a

charitable house for sick paupers and evolved into England's first institution for the mentally ill (Jarrett, 2023). Though framed as acts of religious care, the use of restraints – chains, locks, and manacles – reflected a growing shift from healing toward containment (Jarrett, 2023).

In contrast, disability within the aristocracy carried different implications. Noble or royal individuals with impairments were not necessarily excluded from power. King Charles VI of France, for instance, ruled despite experiencing over forty episodes of psychosis between 1392 and 1422 – likely linked to a form of schizophrenia involving memory loss and paranoia – while governance was maintained by Queen Isabeau and male relatives who acted in his stead (Hedeman, 2001). In addition, individuals with intellectual or physical differences, often referred to as 'natural fools' or 'professional fools', frequently served as court jesters (Figure 11), valued more for amusement than for their insight (Pietikäinen, 2015). The enduring figure of the clown, rooted in these roles, reflects how disability was both romanticised and publicly mocked. While some 'fools' were granted symbolic licence to speak truth to power, their presence in aristocratic households often served more to reinforce social boundaries than to promote genuine inclusion (Pietikäinen, 2015).

In *The Tragedy of King Lear*, written in late 1605 or early 1606, William Shakespeare also uses the character of the Fool to articulate uncomfortable truths that the aristocratic characters are unwilling or unable to acknowledge. For instance, Shakespeare (1623/2021, p. 113) suggests that those who fail to adapt their behaviour to the expectations of those in power are likely to face exclusion and hardship. This idea becomes clear when the Fool offers Kent (a nobleman) his coxcomb (a traditional fool's cap designed to resemble a rooster) and explains: '*Why? For taking one's part that's out of favour. [To Kent] / Nay, and thou canst not smile as the wind sits, thou'lt catch / cold shortly*' (1.4.87–88). Moreover, Shakespeare uses the Fool to expose a social order in which truth is rejected while flattery is rewarded. He represents truth as a despised and lowly dog, driven from the house and forced into a crude kennel, whereas flattery, symbolised by the female dog or 'brach', is permitted to remain beside the fire (p. 113). This contrast is expressed when the Fool declares: '*Truth's a dog must to kennel. He must be whipped out, / when the Lady Brach may stand by th' fire and stink*' (1.4.97–98).

Similarly, while the Church held an ambiguous stance toward the label of 'mentally ill' – often associating it with demonic possession – it also recognised certain individuals, known as 'fools for Christ's sake', or 'holy fools', as having a privileged connection to the divine (St Francis of Assisi is highlighted as a notable example in Western Christianity, known for his joyful spirit, preaching to animals and people alike, and embracing humility through eccentric behaviour). In particular, holy fools deliberately adopted foolish behaviour to reject worldly praise and embody spiritual truths. Their visions and ecstatic experiences, when aligned with Church symbolism, were often interpreted as signs of divine favour rather than heresy (Pietikäinen, 2015).

This co-existence of reverence and repression regarding mental and spiritual difference mirrored broader medieval attitudes toward physical impairment. For instance, in medieval France, the practice of blinding as a judicial punishment blurred the boundary between disability and criminality (Wheatley, 2010), embedding a social stigma on blindness that extended beyond the impairment itself. Because blindness could result from legal sentencing rather than natural causes, blind individuals were often viewed with suspicion, their impairment potentially signalling past transgression. As Wheatley (2010) argues, this reflects an early form of the social model of disability, wherein blindness was not only a physical condition but also a socially constructed identity shaped by legal, religious, and cultural frameworks. In this context, disability was not neutral but laden with moral and legal meanings that affected how blind people were perceived and treated within society.

Furthermore, as Jarrett (2023) notes, in early modern England under Henry VIII, especially between 1509 and 1547, the Tudor state began to take a stronger role in regulating poverty and public support. This development was shaped by several factors, including changing public attitudes towards poor people, the break with the Roman Catholic Church, and the closure of the monasteries in the 1530s. As a result, the poor were increasingly divided into different categories, especially between those considered able to work and those seen as unable to support themselves.

Figure 11

Portraits of the court dwarf El Primo (1778), by Francisco de Goya, after Diego Velázquez. Velázquez's original portraits depicted the court jester as an individual with dignity, while Goya's reinterpretation further emphasizes El Primo's psychological depth, individuality, and assertive presence, rather than reducing him to his physical difference or social role.

Source: The Metropolitan Museum of Art, New York (Open Access).

A central category in this system was the notion of the 'impotent poor'. This term referred to people who were unable to work through no fault of their own, including disabled people, elderly people, and those affected by illness, who could receive permission to beg when they could not otherwise survive (Jarrett, 2023). This distinction created an early legal and social separation between the 'deserving' and 'undeserving' poor. Disabled people were more likely to be treated as deserving because their poverty was interpreted as the result of incapacity rather than idleness (Jarrett, 2023).

The Elizabethan Poor Law of 1601 strengthened this approach by making parish communities responsible for poor relief. Most assistance was provided as 'outdoor relief', meaning that people remained in their own homes or communities while receiving help such as money, food, clothing,

or other necessities. Only a small proportion of poor people entered workhouses or other institutions (Jarrett, 2023). This was different from more institutional systems elsewhere in Europe, where hospitals, almshouses, and similar institutions played a larger role. In England, many poor and disabled people continued to live within ordinary parish life, relying on family, neighbours, parish officers, and occasional material support (Jarrett, 2023).

At the same time, records relating to the Poor Law show that disabled people did not automatically receive support simply because they had an impairment. The expectation was often that they would live with family and work where possible (Jarrett, 2023). Parish help usually became more likely when family networks failed, when a person became homeless, or when illness, disability, age, or poverty placed them at risk of destitution. In some cases, local people were paid small sums to care for disabled, sick, or elderly parishioners (Jarrett, 2023).

The Norwich census of 1570 provides especially important evidence about disability in everyday urban life at the time. For instance, disability was often connected to age, since many disabled people were over 40 and a significant number were over 60 (Jarrett, 2023). Many disabled people were married, had children, and lived within family households. In some cases, disabled people married non-disabled partners, and the text of the census suggests that such marriages may have involved mutual support and shared survival (Jarrett, 2023). Disabled people were also not always economically inactive: just under half of the disabled people recorded in the census were working. Women were often spinners or knitters, while some men worked as labourers or tradesmen. Only a small number were recorded as unable to work because of their condition (Jarrett, 2023).

At the same time, early modern attitudes towards disability, even in England, were complex. Though Poor Law relief could provide essential material support, it also subjected recipients to public classification, local investigation, and moral judgment, since their social recognition depended heavily on being seen as genuinely unable to work and morally deserving of assistance (Jarrett, 2023).

Overall, the medieval period represents a formative chapter in the long and complex history of disability. It was an era marked by contradiction:

the same society that could spiritualise difference also institutionalised, marginalised, and dehumanised it. Religion also provided a powerful moral framework that could either justify violence or inspire compassion, depending on the context. The patterns established during the medieval era continue to resonate in contemporary disability discourse, reflected in ongoing tensions between care and control, visibility and exclusion, reverence and rejection. The same trends can be seen within narratives linking disability to work capacity and dependency.

1.1.4 The Rise of Institutions and the Industrial Age

Developed during the industrial era between the late 18th and early 20th centuries, segregated schools and asylums reinforced the belief that people with disabilities required regulation or removal. Colonial systems then spread these norms globally, displacing diverse cultural understandings of difference. These industrial and colonial legacies have shaped our attitudes toward disability and continue to influence our understanding of inclusion and human worth today.

Contemporary narratives often claim that the Industrial Revolution ushered in a period of heightened marginalisation for disabled people, as industrial capitalism supposedly rendered impaired bodies economically 'unfit' for mechanised labour (Rose, 2005). Borsay (2004) argues that such treatment of physical and mental impairments evolved alongside capitalist development, particularly during the shift from feudalism to industrial society, identifying three phases: initially, disabled individuals were grouped with the poor and unemployed at the margins of the economy; then came the segregation of disabled people through specialised institutions; and finally, with industrialisation, disabled people were excluded from the workforce due to the mechanisation of production, which prioritised able-bodied workers. Yet recent historical research complicates this assumption. Evidence from coalfield communities, particularly between 1780 and 1880, demonstrates that disabled people were not automatically excluded from industrial work (Turner & Blackie, 2018; Bohata et al., 2019). Instead, many participated actively in both

surface and underground roles, sometimes even in the most physically demanding jobs. Archival records from South Wales, Scotland, and North East England reveal a notable presence of disabled workers in collieries, where they frequently performed essential tasks within the production process (Turner & Blackie, 2018).

Figure 12

A Book Peddler (c. 1670–1690), by the Master of the Canesso Peddler.
This portrait presents a working man whose physical characteristics may suggest dwarfism and a mobility impairment. The sitter is depicted with empathy, professional identity, and social presence, contributing to an individualised representation of disability in early modern European art.

Source: The Metropolitan Museum of Art, New York (Open Access).

Figure 13

Portrait of Gerard de Lairesse (1665–1667), by Rembrandt van Rijn.
Rembrandt portrays his fellow artist Gerard de Lairesse, whose facial appearance reflected the effects associated with congenital syphilis. Despite significant differences in their artistic approaches, Rembrandt represents de Lairesse with dignity and empathy, foregrounding his individuality and personal presence.

Source: The Metropolitan Museum of Art, New York (Open Access).

Nevertheless, the presence of disabled workers in industrial settings did not equate to social acceptance or equitable treatment. Minors with disabilities were often subjected to mockery, marginalisation, and discriminatory attitudes, particularly in occupational environments that

idealised bodily strength, endurance, and masculine toughness (Borsay, 2004; Rose, 2005).

Furthermore, the working conditions were brutally harsh and unrelenting. Coal had to be manually hacked out and dragged to the surface by human strength, requiring immense physical exertion (Rembis et al., 2018). Miners laboured in narrow, dark, and poorly ventilated tunnels, often crouched or crawling through dust, dampness, and stagnant air. Shifts were long, breaks were rare, and the relentless pace of work left little room for recovery. Roof collapses, falling rocks, and gas or coal-dust explosions were common, but even more frequent were the so-called minor incidents, such as stone crush injuries, falls from wagons, and constant strain from overexertion (Rembis et al., 2018). However, 'disabled' miners were often expected to return to productive employment whenever they were deemed capable (Turner & Blackie, 2018), leading to the widespread musculoskeletal injuries, rheumatism, and debilitating respiratory conditions that plagued workers (Rembis et al., 2018).

Thomas Burt – a British coal miner, trade-union leader, and Liberal–Labour politician – in his autobiography (1924) writes:

> *Still, there was great rush, hurry, and recklessness at Cramlington, and accidents to life and limb were of rather frequent occurrence. Crutches and wooden legs, it is true, were less conspicuous than at Murton, but these appurtenances were not wholly unknown. The ponies had a roughish time of it, many of them having by accident, recklessness, or sheer cruelty lost an eye, and some few of them having lost both eyes. An illustration of this eyelessness, or scarcity of eyes, not without a touch of tragic humour in it, occurs to my memory connected with this period.*
>
> *I chanced on my way 'out-bye' one day to meet a rolley-way man named Bob Barrass, who was struggling with manifold difficulties arising from, or greatly aggravated by, lack of visual faculty. Bob, who was a jolly, boisterous, humorous sort of fellow, had unhappily lost an eye himself. At the time when I met him he was driving, or trying to drive, two blind ponies 'in-bye' along the engine-plane. The road was bad, full of ugly holes, and it was studded at short intervals with little pulleys, – upon which the rope of the engine-plane ran. The light was*

> *imperfect, if, indeed, light was of much avail to the travellers. Progress was slow and laborious. Barrass's temper was severely tried, and quite unequal to the strain. When I drew near to him I overheard him soliloquizing in this wise: 'Noo, we're a few fine beggars to be sent on to the road together. Here's three of us, begod, with only one eye amang us!'* (p. 93–94)

Nevertheless, not all disabled workers undertook the heaviest forms of labour. Many were reassigned to less physically demanding but still essential duties. Injured or impaired miners sometimes served as trappers or furnace keepers, despite these roles often being associated with boys (Turner & Blackie, 2018). On the surface, disabled workers might be employed as 'lampmen', 'knocker-uppers' or callers, who woke miners for their shifts, or teachers in colliery communities (Turner & Blackie, 2018). Furthermore, many mines allowed family-based work groups to operate with minimal supervision. This, along with customs like piecework and worker-led control over output, created flexible conditions that enabled some disabled miners to continue working despite their impairments (Turner & Blackie, 2018).

However, the progress of the Industrial Revolution gradually eroded this flexibility. As 'time discipline' became entrenched, work shifts lengthened, integrated production systems emerged, and the pace of labour was increasingly controlled not by workers themselves but by overseers, engineers, and production managers (Turner, 2024; Turner & Blackie, 2018). With the rise of centralised scheduling replacing previously common forms of temporal autonomy, mechanised haulage, and stricter oversight, workers with disabilities found it increasingly difficult to negotiate their own pace, rest periods, or alternative roles (Turner & Blackie, 2018). Furthermore, as industrial capitalism matured, its emphasis on efficiency, uniformity, and extractive productivity increasingly marginalised those who did not conform to an able-bodied standard of performance (Russell, 2019). As industrial societies evolved, disabled people also faced new expectations of economic productivity. For many who could not meet the narrow standards of industrial productivity, begging or informal labour remained the only means of survival (Rose, 2017).

Figure 14

A Blind Man (The Wayfarers) (1863), by Frederick Walker.
Walker depicts a poorly dressed blind man travelling with the assistance of a young boy. Their physical proximity and coordinated movement emphasise companionship, interdependence, and practical social support.

Source: The Metropolitan Museum of Art, New York (Open Access).

At the same time, institutionalisation had grown at an unprecedented scale, dramatically reshaping the lives of disabled people. For instance, in America, the management of disability, particularly mental illness, was driven not by concern for the individual, but by the imperative to maintain communal peace and moral order. Rather than offering care or treatment, colonial authorities focused on preventative confinement, aiming to isolate those whose behaviour might disturb others (Appleman, 2018). Families, and later local governments under laws, were empowered to confine mentally and cognitively disabled individuals in almshouses, poorhouses,

and jails (Appleman, 2018). Although relatively few disabled people were confined in earlier periods, by the mid-19th century the number of custodial institutions expanded rapidly, including pauper lunatic asylums and workhouses (Borsay, 2004; Jarrett, 2023; Pietikäinen, 2015). These facilities were often overcrowded, chronically underfunded, and marked by neglect or abuse, including unsafe conditions, chaining, minimal medical care (Borsay, 2004; Jarrett, 2023; Pietikäinen, 2015), and documented cases of physical and sexual mistreatment (Dobbing & Tomkins, 2021). Furthermore, these institutions provided little to no medical care and often failed to distinguish between different kinds of impairments or dependency (Appleman, 2018).

A well-documented example is the Royal Earlswood Hospital in England, formerly The Asylum for Idiots and The Royal Earlswood Institution for Mental Defectives, founded in 1847 and relocated to a purpose-built institution in 1855. Earlswood combined residential confinement with education and vocational training for children and adults with intellectual disabilities. Wright's (2001) analysis of this institution challenges the assumption that institutionalisation primarily involved families abandoning unwanted disabled children. By linking asylum records with census returns, Wright shows that families used institutional care in different ways according to their financial circumstances. Parents who paid fully or partially for care appear to have regarded the asylum as a temporary or experimental alternative to domestic care rather than as a permanent place of disposal. Among poorer families admitted on a charitable basis, institutionalisation was more likely to occur when support within the household had become insufficient. Since responsibility for care generally fell on mothers and sisters, the departure of a sibling or another disruption to the household could produce a 'crisis of care' that made continued care at home impossible.

Wright also disputes interpretations of Victorian asylums as institutions created primarily for social control or professional medical advancement. His analysis suggests that Earlswood did not simply change from an educational institution into a custodial one: long stays were relatively uncommon, and their duration declined over time. Institutional life was nevertheless highly regulated and shaped by educational, moral,

therapeutic, and religious objectives. Staff attempted to train residents for productive work, although individual preferences and behaviours may often have been suppressed. Over time, early optimism concerning the treatment and education of people classified as 'idiots' and 'imbeciles' gradually gave way to more pessimistic hereditary explanations of mental disability, which connected having a mental disability with broader social anxieties.

Alongside the rapid expansion of asylums and workhouses, the 18th, 19th, and early 20th centuries also witnessed the rise of increasingly segregated residential schools for the blind and the deaf – institutions that were frequently marked by control, coercion, and harm. Far from offering a humane alternative to family-based care, many of these schools operated on disciplinary models that enforced rigid routines, strict obedience, and corporal punishment as central features of daily life (Branson & Miller, 1993; Oliphant, 2006).

Despite the oppressive nature of many institutions, some became unexpected sites of community and resistance. Deaf schools, for instance, fostered strong cultural and linguistic identities, particularly through struggles against 'oralism', a pedagogical movement that sought to eliminate sign language in favour of lip reading (Fullwood & Levinson, 2023), forming one of the earliest organised disability rights movements.

A similar dynamic, though differently shaped, can be observed in the history of blind education in France. Toločka (2009) highlights how the life and work of Valentin Haüy (Figure 15) represents a decisive turning point in this development. Born in 1745 to a Picard weaver's family, he rose from modest origins to become a linguist and civil servant in Paris, deeply influenced by Enlightenment humanism.

Figure 15
Valentin Haüy giving alms to a blind beggar.
The image depicts Valentin Haüy (1745–1822), a French educationalist, later involved in the organised education of blind people.

Source: Le Journal de la Jeunesse, Paris, 1883.

Figure 16

Blind Joe (Street Violinist) (1888), by Eduard Majsch.

This painting depicts a blind street violinist performing in a public setting. It presents music as a form of labour and economic survival in 19th-century urban life.

Source: Slovak National Gallery, Bratislava (Open Access)

A decisive turning point came with a fair held in Paris in 1771, where blind musicians were humiliatingly turned into a spectacle for the crowd. Dressed in jesters' costumes with donkey ears and cardboard glasses, they were made to imitate sighted people, while a 'conductor', standing with his back to them, grotesquely waved a peacock's tail. This scene, accompanied by the laughter of the crowd and the clinking of coins, struck Haüy as a profound moral injustice. It was here that he publicly declared his determination to 'compel society to respect every blind person as a human being'. Inspired further by Denis Diderot's reflections on blindness and by practical experiments with tactile letters and musical notation, he founded the first Parisian institution dedicated to the systematic education of blind children, thereby transforming moral outrage into an enduring pedagogical project grounded in dignity and equality.

Yet the National Institute for Blind Youth, one of the first schools for blind children in the world, operated under severe material constraints. Located in dark, damp, and overcrowded premises, it relied on limited state subsidies, charitable donations, and income from workshops and concerts. Chronic underfunding meant that even basic needs were rationed. Medical inspections in 1821 documented unhealthy conditions, while later public statements described inadequate ventilation, illness, and infrastructural dangers. Within this environment, the institute functioned simultaneously as a site of education and of hardship, shaping not only intellectual development but also resilience (Toločka, 2009). It was in these conditions that Louis Braille, born on 4 January 1809 in the village of Coupvray to a harness-maker's family, pursued his studies. Blinded in early childhood after an accident in his father's workshop, Braille entered the institute at the age of ten, already equipped with musical training and manual skills cultivated by his parents. Despite the scarcity of textbooks, the absence of adapted musical notation, and the reliance on oral instruction, he distinguished himself through intellectual acuity, musical talent, and discipline. After graduating in 1828, he became a junior teacher, recognised for his pedagogical tact and moral integrity. Notably, Braille supported fellow blind individuals beyond the institute's walls both materially and morally, even relinquishing his position as an organist so

that a financially struggling blind musician with a large family could assume the role (Toločka, 2009).

Braille never established a family of his own, consciously dedicating his life to teaching and to improving literacy for blind people. His most transformative contribution emerged from the practical inadequacy of existing tactile scripts. Linear embossed letters were cumbersome and inefficient; although innovative, Charles Barbier's phonetic dot system proved linguistically and structurally limited (Toločka, 2009). Around 1825, Braille conceived the six-dot cell, a compact combinatorial system that could represent letters, numbers, punctuation, and musical notation. Published in 1829, his method initially encountered resistance from sighted educators reluctant to learn a new script. Bureaucratic indifference and institutional intrigue further complicated its adoption, while tuberculosis progressively undermined Braille's own health. Nevertheless, by the early 1840s, the system had gained official recognition; in 1844, it was publicly demonstrated in the institute's new premises to enthusiastic acclaim. The first books were printed in Braille, and the system gradually became the official method of instruction (Toločka, 2009).

By then, however, Braille was gravely ill. After successive haemorrhages, he died on 6 January 1852 at the age of forty-three, his passing largely unnoticed by the broader public. Yet the six dots that he had devised endured, opening pathways to literacy, scholarship, artistic creation, and social participation for millions worldwide (Toločka, 2009). In this sense, the humanistic impulse initiated by Haüy found durable institutional and technological form through Braille's innovation. What began as moral resistance to public humiliation evolved, within the constrained space of an under-resourced institution, into one of the most consequential educational transformations in contemporary history (Toločka, 2009).

Taken together, these developments complicate the simplistic narrative that industrialisation automatically excluded people with disabilities from economic and social life. In coalfield communities, for example, workers with disabilities were often integrated into the labour force, sometimes in substantial numbers, though within punishing and dangerous environments (Turner & Blackie, 2018). Nevertheless, workers with disabilities are largely absent from historical accounts, reinforcing the idea

that disabled bodies were not present in industrial work – even though, for example, many impaired miners continued to contribute meaningfully to the expanding coal industry, often in low-paid, undervalued, or stigmatised roles (Turner & Blackie, 2018). Crucially, tasks dismissed as 'boys' work' or 'cripple work' were nonetheless vital to the functioning of the pits, reminding us that low status should not be conflated with low economic significance (Turner & Blackie, 2018). Industrial modernity, therefore, left a complex legacy: pragmatic inclusion within certain occupational niches, alongside systems of surveillance, segregation, and institutionalisation that intensified pressures toward bodily normality and economic productivity – patterns that continue to shape present labour market attitudes toward employees with disabilities. Simultaneously, Haüy's humanistic impulse in the 18th century, emerging in response to the public humiliation of people with disabilities, gave rise to transformative educational innovations, such as the Institute for Blind Youth in Paris and Braille's tactile writing system. These developments, expanded literacy, enhanced intellectual autonomy, and broadened professional opportunities for blind people (Toločka, 2009), constituting one of the most significant educational transformations in history.

Colonial Effects on Cultural Attitudes Towards Disability

Institutional models based on the segregation of people with disabilities were soon exported through colonial systems, where they reclassified indigenous populations through biomedical and Eurocentric taxonomies. These systems obscured indigenous ways of knowing and being, particularly in relation to communal understandings of embodiment, wellness, and interdependence (Soldatic & Gilroy, 2018). By pathologising physical and cognitive differences as signs of inferiority or dysfunction, colonial frameworks displaced longstanding spiritual, relational, and communal interpretations of difference within indigenous societies. This form of epistemic violence became embedded in a range of colonial mechanisms, including state-imposed classifications, missionary interventions, and clinical practices, that redefined indigenous lives through defect-based lenses (Grech, 2017; Soldatic & Gilroy, 2018).

First of all, missionaries and colonial doctors played a particularly influential role, fusing Christian redemptive ideologies with biomedical regimes. In doing so, they transformed the disabled body into a symbol of both sin and sickness, something to be spiritually redeemed and medically corrected. Institutions such as mission schools and asylums physically removed disabled people from their communities, isolating them and subjecting them to religious purification rituals and, in some cases, eugenic experimentation (Grech, 2017). Simultaneously, the introduction of foreign diseases, smallpox, and plague devastated indigenous populations, increasing rates of chronic illness and impairment. These epidemics, compounded by starvation, poverty, and the exploitative conditions of colonial labour systems, created widespread debilitation and suffering (Grech, 2017).

Within this colonial framework, the transatlantic slave trade further commodified bodily difference. Enslaved people marked by injury, illness, or impairment were often devalued as less economically productive, reinforcing racialised hierarchies of bodily worth and contributing to the broader civilisational white, strong, 'abled-bodied' narrative (Grech, 2017). Yet disability in the context of slavery must also be understood as a complex site of resistance. Within a system that sought to convert human beings into units of labour, the disabled enslaved body disrupted the logic of capitalist productivity and challenged ideals of the able, contemporary subject (Kennedy, 2017). In this light, impairment may have offered a form of embodied protest – a refusal, intentional or otherwise, to be fully absorbed into the machinery of profit and domination. While punishments inflicted upon enslaved people were meant to assert the owner's absolute control, the resulting injuries and impairments also functioned as visible narratives of resilience, strength, and resistance (Kennedy, 2017).

Importantly, before European contact, many indigenous societies in North America did not have a direct equivalent to the Western concept of 'disability'. Their frameworks for understanding physical and cognitive differences were often deeply integrated into spiritual and communal worldviews (Weaver & Yuen, 2018). Having a disability was frequently seen not as a deficit requiring correction, but as a meaningful component of spiritual, cultural, and social life, sometimes even as a sign of spiritual

connection. In some communities, atypical physical or mental conditions were viewed as a bridge to the spiritual realm, conferring both respect and communal responsibility upon the individual (Johnson, 2018). This reflects a broader cultural logic in which human diversity was not merely tolerated, but celebrated as part of the community's spiritual and social fabric.

Indeed, people with disabilities were frequently included in communal life, and were sometimes assigned special roles or forms of spiritual significance. These inclusive practices supported flexible labour systems that valued each member's contribution to the collective, regardless of ability (Groce, 1999; Ingstad & Whyte, 1995). Core values such as connection, reciprocity, and interdependence guided these communities, shaping how disability was understood and experienced. Instead of isolating individuals who were ill, ageing, or impaired – as is common in many Western contexts – indigenous worldviews often integrated such individuals into a wider matrix of social relationships and care (Weaver, 2018). Among the Lakota, for example, illness is not seen as a threat or burden for the community, but as a condition that remains within the moral and social foundations of the family; here, ill people or those with disabilities are brought into society, not sent away from it (Weaver, 2018). This reflects broader communal values where the wellbeing of each person is seen as interconnected with the wellbeing of all.

A longitudinal study of one tribe in the Southeastern United States underscores how spiritual and familial themes, such as harmony, balance, and strong kinship ties, can support a family's ability to adapt when a member has a disability (Weaver, 2018). Definitions of normality within such frameworks are not fixed or biomedical, but grounded in community values and contributions to social life. Significantly, many indigenous languages lack pejorative terms for disability, indicating an absence of stigma and a fundamentally different understanding of embodied difference (Weaver, 2018).

Archaeological evidence further supports the view that disability did not preclude high social status in indigenous cultures to begin with. For example, Burial 223 from the King Site in northwestern Georgia (dated c. 1300–1600 CE) revealed the remains of a 25-year-old woman with a significant hip deformity, likely the result of childbirth trauma. Despite her

impairment and gender, she was buried with high-status grave goods typically associated with elite male warriors, suggesting that she held a position of considerable prestige (Hally, 2008), illustrating how impairment could co-exist with honour and symbolic significance, rather than resulting in marginalisation. Furthermore, indigenous societies developed sophisticated methods of communication that challenge Western assumptions about intelligence, language, and embodiment. One striking example is American Indian Sign Language (AISL), a highly developed visual-gestural language historically used by numerous Native American nations (Davis, 2010). These groups spoke mutually unintelligible oral languages, making verbal communication difficult. As trade networks expanded and political alliances grew, an elegant and efficient language of the hands evolved to bridge linguistic divides. AISL not only facilitated trade, diplomacy, and intertribal communication, but also served as a fully expressive primary language for deaf Native American individuals. Though now endangered, AISL continues to play a meaningful role in storytelling, ceremonial rituals, legends, prayers, and everyday conversation, exemplifying the depth and resilience of Native American knowledge systems and offering a powerful counterpoint to Eurocentric models of disability culture (Davis, 2010).

Ultimately, the colonial imposition of Euro-American disability models, rooted in individualism, pathology, and productivity, disrupted Native American frameworks that viewed difference as part of the social, spiritual, and communal whole. Colonial systems medicalised variation and erased relational understandings of impairment, constructing 'disability' where none may have previously existed (Weaver, 2018).

These deficit-based logics did not disappear with the end of colonial rule; instead, they persist in contemporary attitudes that treat people with disabilities as damaged goods of lesser value, positioning them at the bottom of the social hierarchy rather than recognising them as equal members of communities and societies.

1.1.5 The 20th Century – the Age of Eugenics

By devaluing the work of people with disabilities and their role in historical industrial development, as well as excluding their cultural role and importance in the lives of their communities, the industrial era elevated labour as the central societal value. Labour was thus closely linked to identity, morality, and citizenship, and measured by time and money. From that perspective, contemporary societies have undergone the 'theoretical glorification of labour', transforming themselves into 'labouring societies' in which work has become the primary means of achieving social recognition and belonging (Dinu & Bengtsson, 2022).

With the emergence of capitalist economies and the Enlightenment's emphasis on rationality, self-discipline, and individual responsibility, having a disability was no longer considered a possible outcome of misfortune, divine will, or natural social hierarchy, but rather a moral failing. Needing assistance became morally suspect; it implied a failure of character (for instance, being lazy) rather than circumstance (Chapman & Withers, 2019). The German 1889 Invalidity and Pension Law formalised this logic, creating a coherent disability category defined entirely by one's inability to participate in capitalist labour. In this framing, to be disabled was not about illness or impairment per se, but about being unproductive in the labour market (Chapman & Withers, 2019). The consequences of this shift were profound: although welfarism nominally recognised the right of disabled people to survive outside the wage economy (for instance, through disability allowances), it did so by locking them into roles of economic passivity and permanent dependence (Chapman & Withers, 2019).

In the post-World War II era, both capitalist and socialist welfare states experienced rapid expansion. Despite ideological divides, these regimes increasingly linked citizenship to labour and productivity, positioning work as both a moral duty and a requirement for full social inclusion (Dinu & Bengtsson, 2022). In Western capitalist democracies, access to welfare benefits – such as pensions and healthcare – was typically contingent on

formal employment, reinforcing the ideal of the able-bodied male breadwinner as the normative citizen. Socialist regimes similarly elevated labour to a central role, embedding it in constitutional frameworks and collective narratives of social contribution. In both models, individuals unable to meet dominant standards of productivity – people with disabilities, in particular – were often excluded, subjected to institutionalisation, or enrolled in rehabilitative programmes aimed at restoring their 'work ability' (Dinu & Bengtsson, 2022). This persistent glorification of waged labour systematically sidelined those whose bodies or minds diverged from normative ideals. As a result, those who did not meet the standard of the productive citizen became doubly marginalised: economically, through inadequate or withheld social benefits and high living costs, and symbolically, through persistent stereotypes that framed them as 'moral failures' (Baár, 2022; Chapman & Withers, 2019).

One of the most brutal ways in which states addressed the so-called problem of disability was *eugenics* – an ideology that sought to 'improve' populations by preventing those deemed 'unfit' from reproducing or participating fully in social and economic life (Bashford & Levine, 2010; Rembis, 2018). Central to such categorisation and hierarchy building was the pathologisation of non-normative bodies, minds, and behaviours. Through IQ tests, family pedigree charts, physical assessments, and social surveillance, eugenicists constructed classificatory systems that disproportionately targeted the poor, marginalised, and socially excluded (Rembis, 2018). This course of action not only medicalised social difference, but also actively produced a new social category of people – those marked as disabled – by proliferating pathological labels that served broader social and political efforts to regulate deviance (Rembis, 2018).

For instance, parents with disabilities were often held to harsher standards than non-disabled parents. In documented cases such as *Adoption of Richardson* (1967), a couple in California – one partner with a hearing impairment and the other with a speech impairment – was denied the right to adopt solely due to their disabilities. In another instance, a father with quadriplegia lost custody of his child because a judge deemed him incapable of fulfilling stereotypical parental roles, such as playing catch. Similarly, a mother with epilepsy was denied custody based solely on her

medical condition (Ravey, 2007). Discrimination extended to the adoption of children with disabilities as well – for instance, permitting annulment if, within five years of the final decree, the child had been found to have a disability so significant that they would have been considered 'unadoptable' at the time. This was exemplified in *Christopher C. v. Kay C.*, where the California Court of Appeals upheld the annulment of an adoption due to an undisclosed mental illness (Ravey, 2007). Though higher courts sometimes reversed these decisions, progress was inconsistent. The broader system continued to legitimise the exclusion of people with disabilities from family life, for example by empowering involuntary sterilisation policies that erased many disabled people's chances at parenthood altogether, making them unable either to adopt or to have biological children of their own (Ravey, 2007).

Concepts such as blood type and genetic homogeneity were mobilised to delineate who belonged to the nation and who did not, privileging sameness over diversity, and blood was frequently used as an organising metaphor. Whether in Zionist claims to a Jewish homeland, Japanese racial categorisation, or territorial belonging in Eastern Europe, eugenics-based perspectives flourished in a wide variety of state systems from liberal democracies to totalitarian regimes, driving the allure of scientific authority (Bashford & Levine, 2010).

Building on these blood-based pseudo-narratives of national belonging, eugenic thinking soon translated into concrete biopolitical interventions aimed at regulating reproduction, especially targeting those marked as 'unfit' for participation in the future population (Wilson, 2022). Rooted in eugenic ideology, compulsory sterilisation policies framed disability – particularly intellectual, psychosocial, and developmental impairments – as a biological threat to national vitality and economic productivity. Labelled as 'feeble-minded', mentally ill, cognitively impaired, or socially deviant, disabled individuals were often institutionalised and subjected to irreversible surgical procedures without consent, with these actions justified through the combined force of medical authority and legal sanction (Reilly, 2015; Rowlands & Amy, 2019; Wilson, 2022). For instance, Harry Laughlin's sterilisation law framed disability under the broad label of the 'socially inadequate person', a category defined by perceived failure

to contribute to society (Wilson, 2022). Pathologising diverse physical, cognitive, and sensory differences, Laughlin grouped the feeble-minded, insane, epileptic, blind, deaf, and deformed as threats to social order, furthermore extending this logic to immigration and advocating for the sterilisation of those likely to produce socially inadequate offspring (Wilson, 2022). By the 1930s, sterilisation had become widespread through legislation in numerous countries, including the United States, Canada, Germany, Japan, and parts of Scandinavia and Latin America (Bashford & Levine, 2010). This led to the ideology and *Aktion T4 Program* of the Nazis, who attempted to 'improve' their race by sterilising and murdering over 400,000 disabled people (Goodey & Rose, 2018).

The Aktion T4 Program: 'Racial Hygiene'

Aktion T4 stands as one of the earliest and most systematic mass murder operations conducted by the Nazi regime; it targeted people with disabilities and was named after the address of the headquarters of the program: *Tiergartenstraße 4*, Berlin (Albrecht, 2006). The T4 programme extended the Nazi regime's campaign of the medicalised killing of children with disabilities to disabled adults, establishing six official extermination centres and numerous unofficial sites across Nazi-controlled Europe. These centres pioneered mass killing techniques, including shootings, lethal injections, and eventually gas chambers using carbon monoxide and other toxic gases. First tested on disabled people, these methods became foundational to the broader machinery of the Holocaust. The bodies of victims were often subjected to post-mortem medical research, further embedding eugenics into the Nazi vision of a purified, productive society (Karowicz-Bienias, 2018).

Also known as 'wild euthanasia' and formally authorised by Adolf Hitler in October 1939, the program was officially terminated in August 1941 due to growing public unrest. However, the killing continued in less formalised ways, involving patients from occupied territories and the broader extermination apparatus of Nazi concentration and death camps, thereby extending the genocidal logic of T4 well beyond its official boundaries (Holmes et al., 2016; Karowicz-Bienias, 2018).

The programme aimed at the total elimination of those deemed 'life unworthy of life' (Ger. *Vernichtung von lebensunwertem Leben*), a category that encompassed individuals with various disabilities, developmental conditions, and mental illnesses in particular. Those classified within this group were regarded as socially worthless and economically burdensome – a status the Nazi regime considered intolerable, especially amid the escalating demands of wartime mobilisation (Karowicz-Bienias, 2018).

The story of the Ovitzes (Figure 17), a Hungarian Jewish family of actors and travelling musicians from an area that is now part of Romania,[2] illustrates how disability could become an additional basis for persecution, exploitation, and medical experimentation, particularly when combined with Jewish identity. Seven of their ten children had dwarfism, and their mother encouraged them to develop a profession that would allow them to support themselves. They formed the Lilliput Troupe, an independent ensemble that performed songs, comic sketches, plays, and instrumental music across central Europe for over a decade. Their success made them unusual among performers with dwarfism, who were more commonly presented as secondary attractions in circuses or variety shows.

In May 1944, the Ovitz family and several relatives were deported to Auschwitz-Birkenau. Their physical differences attracted the attention of Josef Mengele, who regarded them as valuable subjects for racial and medical experimentation. Because the group included both siblings with dwarfism and average-height relatives, Mengele preserved them for comparative study. They received somewhat better rations, were housed separately, their hair was not shaved because it was required for examinations, and they were permitted to wear their own clothing because standard prisoner uniforms did not fit them. However, these privileges did not protect the family from cruelty. Mengele hoped to establish dwarfism as his own area of research and to connect it to Nazi racial theories about Jewish physical and biological 'degeneration'. The Ovitzes were subjected to repeated and painful blood extraction. Family members recalled fainting during the procedures, being revived with water, and then having more

[2] The story of the Ovitz family is documented in the films Liebe Perla (Rozen, 1998) and Warwick Davis: The Seven Dwarfs of Auschwitz (Macfarlane, 2013), both of which recount the family's persecution, imprisonment, and survival during the Holocaust.

blood taken. The procedures they were subjected to also involved bone-marrow procedures, the removal of healthy teeth, hair, and eyelashes, physical measurements, psychological examinations, and intrusive gynaecological investigations.

Figure 17
Group portrait of the Ovitz (Ovici) family, known as the Lilliput Troupe (c. 1950–1954). The Ovitzes were a Jewish family of entertainers, some with dwarfism, who survived imprisonment at Auschwitz.

Source: United States Holocaust Memorial Museum, courtesy of Yehuda Koren and Eilat Negev.

Against extraordinary odds, all twelve family members in the camp – including children and extended relatives – survived until Auschwitz was liberated by the Red Army in January 1945. They later emigrated to Israel, where they resumed their performing career before retiring. Perla Ovitz, the youngest and last surviving sibling, passed away in 2001 at the age of 80. She recalls her experience:

> *If I was a healthy Jewish girl, 1 meter 70 tall, I would have been gassed like the hundreds of thousands of other Jews in my country. So if I ever wondered why I was born a dwarf, my answer would have to be*

> *that my handicap, my deformity, was God's only way to keep me alive.*
> (Macfarlane, 2013)

The origins of Nazi eugenics policy can be traced back to the idea that preserving all human life contradicted the natural order, and that individuals with disabilities should be eliminated through involuntary euthanasia as they would not survive in nature (Karowicz-Bienias, 2018). These ideas gained traction among nationalists and medical elites, contributing to the institutionalisation of eugenics as a legitimate scientific field in Germany. This field included the systematic murder of disabled children under false medical care, where parents were misled with claims of specialised treatment only to later be notified of their child's death. This was often falsely attributed to pneumonia, while in reality they had been lethally injected (Karowicz-Bienias, 2018).

However, despite the scale and brutality of the T4 programme, only a small number of doctors, caregivers, or administrators involved in the sterilisation and killing of disabled people were ever held accountable. Many returned to medical practice without facing any repercussions, while others evaded justice by fleeing, assuming false identities, or quietly reintegrating into post-war society (Iannuzzi, 2014). Although some received harsh sentences, including life imprisonment, these were often later reduced or commuted. The four physicians who led the six main killing centres avoided trial altogether, either dying by suicide or perishing on the Eastern Front. Assistant doctors, when prosecuted, were typically given lenient sentences, reflecting the broader failure to deliver justice for the victims of Nazi medical crimes (Iannuzzi, 2014).

Overall, although capitalism and eugenics are ideologically distinct, both 20th-century frameworks share the core assumption that disabled people are inherently less valuable – either as economic burdens to be managed or as biological threats to be eliminated (Chapman & Withers, 2019; Dinu & Bengtsson, 2022). Both narratives can still be recognised in contemporary attitudes toward people with disabilities and their employment and earning perspectives (Banks et al., 2017; Soldatic & Meekosha, 2012). This reinforces the postulate that having a disability means belonging to a lower social class, in contrast to 'pure' members of

society who do not have a disability and thus belong to a higher social class.

From the 1970s onward, disabled people increasingly organised at the national and international levels, forming networks such as Disabled People's International in 1981 and advocating for self-representation under the 'Nothing About Us Without Us' principle (Callus & Camilleri-Zahra, 2019). Although earlier United Nations instruments addressed disability through non-binding declarations, such as the 1971 and 1975 Declarations and the 1993 Standard Rules, activists argued that these were insufficient to secure substantive equality. In response to sustained transnational advocacy, the United Nations General Assembly established an Ad Hoc Committee in 2001 to draft a disability-specific treaty (Bruce et al., 2002). A working group was established in August 2003 to draft the text. After three years of negotiations, the Ad Hoc Committee adopted the final draft of the Convention and its Optional Protocol in December 2006. The UN CRPD and the Optional Protocol were opened for signature in March 2007 and entered international law in 2008 (Callus & Camilleri-Zahra, 2019), becoming the fastest-drafted treaty in UN history (Kanter, 2022). Furthermore, the negotiation and drafting processes were notable for the unprecedented participation of people with disabilities, which played a direct and influential role in shaping the final version of the Convention and the Optional Protocol (Callus & Camilleri-Zahra, 2019).

The CRPD has been widely recognised as a paradigmatic shift in international human rights law, moving beyond welfare-based or medicalised understandings of disability to reframe it into a matter of enforceable human rights grounded in dignity, autonomy, and participation (Celik, 2017; Degener, 2016). In particular, as Quinn (2009) notes, the Convention provides a moral compass for transformative change while simultaneously establishing legal benchmarks against which that change can be assessed.

At the same time, scholars also highlight a persistent gap between the formal recognition of disability rights and their realisation in practice. For instance, research on the implementation of inclusive education shows that even when domestic legislation aligns with the CRPD, translating legal commitments into effective educational inclusion remains challenging due

to administrative barriers, insufficient resources, and institutional resistance (Ferri, 2017). Similarly, studies on decision-making and legal capacity demonstrate that the CRPD's recognition of autonomy for people with intellectual disabilities has not yet resulted in widespread practical opportunities for supported decision-making. This indicates a continuing disconnect between normative frameworks and lived experiences. For example, caregivers – both family members and professionals – should receive appropriate knowledge, skills, and training in communicating with people with intellectual disabilities so that they can provide meaningful support in decision-making processes (Werner, 2012). Evidence from labour market research further reveals that, despite the existence of disability rights frameworks and policy initiatives, people with disabilities continue to face significant barriers to employment due to limited workplace accommodations, insufficient institutional capacity, and a lack of targeted support mechanisms (Turmusani, 2012). Taken together, these studies suggest that while international and national legal frameworks have advanced the formal recognition of disability rights, substantial structural and institutional challenges continue to limit their effective implementation in everyday social contexts.

1.1.6 Learning from the Past: Community–Society Dynamics

Today's disabled communities deserve historical narratives that recognise the inherent variability of human bodies and lives without filtering the past through medicalised, or eugenic paradigms (Morris & Vogel, 2024). Indeed, interpretations that rely on contemporary assumptions – such as the economic expectations that disabled people must make extraordinary contributions to be valued, or the practice of categorising based on medical status – risk misrepresenting how ancient societies functioned. A more fitting approach would be to emphasise how individuals with impairments were integrated into civic life through shared labour, household adaptation, and flexible social roles (Rose, 2003).

For instance, as mentioned in previous chapters, ancient Greek society lacked a fixed, codified definition of physical disability. Instead, it

evaluated bodily impairments through the lens of one's capacity to fulfil socially expected roles – particularly those associated with citizenship, labour, family, and, for men, military participation. This transformed the experience of having a disability in ancient Greece into a family and civic matter, rather than a medical problem. Moreover, this paradigm suggests that Greeks viewed human variation as a norm rather than a deviation (Edwards, 1995), and challenges the binary division between disabled and non-disabled individuals (Rose, 2003). In addition, aged individuals with weakened limbs were still socially valued, and the very concept of old age was intertwined with expectations of physical decline without shame (Edwards, 1995). Blindness, too, was not inherently disqualifying – blind scholars such as Didymus functioned intellectually and socially with assistance or adaptation, often using aides or relying on oral traditions. The lack of a rigid medical model – in which people are labelled as disabled based on diagnostic criteria – meant that ancient Greek communities could accommodate various impairments through familial and social interdependence (Edwards, 1995). For instance, in Lysias' *Speech 24*, the speaker underscores a multifaceted portrayal of misfortune to justify his eligibility for a disability pension. Though his difficulty walking would have been visibly evident to the court, his argument rests not solely on his impairment, but on a broader narrative of socio-economic vulnerability: he inherited nothing from his father, had long cared for his mother, and has no children to support him. Furthermore, he emphasises his advancing age and physical decline. These cumulative hardships – not the fact of disability in isolation – form the basis for evaluating his capacity to earn a living, which reveals that assessments of (in)ability in Athens were embedded within broader considerations of familial, economic, and generational context (Edwards, 1995).

As aforementioned, ancient Egyptian society also did not equate disability with social exclusion or worthlessness. Instead, individuals with impairments were often integrated into communal life and allowed to contribute meaningfully, whether as scribes, musicians, or skilled artisans (Ead, 2024). This inclusive stance is reflected in both artistic depictions and moral teachings that emphasise compassion, dignity, and kindness toward people with disabilities. Rather than marginalising people based on

physical or sensory differences, Egyptian culture recognised their value and potential, suggesting a socially embedded understanding of disability that was shaped less by stigma and more by ethical obligations and communal roles (Ead, 2024).

There is also little evidence that people with disabilities in ancient Greece, for example, formed a separate identity group or were collectively perceived as a class of others. Instead, disability was a fluid, situationally interpreted status, with individual cases judged on what roles could be fulfilled rather than on the presence of a physical difference per se (Edwards, 1995). In fact, disability has never been experienced uniformly, even within the same time and place. Disability is complex, intersecting with factors such as duration, type, age, social role, material conditions, access to resources, and community support. Overmedicalised readings or the pursuit of a singular, supposedly objective 'truth' risk erasing the agency of historical individuals while simultaneously marginalising contemporary disabled people (Morris & Vogel, 2024).

Altogether, ancient perspectives on disability widely reflect concept of community lenses, in which impairment is neither ignored nor treated solely as an individual deficit. Instead, Edwards (1995) frames it as a socially negotiated condition embedded in communal life by recognising the presence of disability as a regular part of social life and by employing both official provisions and informal social arrangements to ensure participation and care (Sneed, 2018). At its core, the community lenses concept encourages us to pay attention to the social roles, labour expectations, and communal negotiations that shape the lived experience of people with disabilities, reflecting ongoing interactions and localised practices rather than imposed definitions of abnormality or deficiency (Rose, 2003).

However, Rose (2003) clarifies that her argument is not that the ancient Greeks were unaware of disability or that they operated under an idealised continuum from able-bodied to disabled. Rather, she emphasises that while Greeks certainly noticed impairments and even mocked them in ways that contemporary audiences would find offensive, they did not conceptualise disability as a categorical or collective identity.

Indeed, contemporary notions of disability as a distinct category with fixed implications are rooted in later historical developments rather than in classical origins (Edwards, 1995). As mentioned previously, colonialism entrenched and spread deeply harmful attitudes toward disability, framing it as a marker of backwardness that needed to be eradicated in the name of 'progress'. European colonisers frequently regarded people with disabilities in colonised societies as symbols of primitiveness or moral failure, reinforcing a racialised hierarchy in which both disability and indigeneity were constructed as deficits to be corrected (Ead, 2024). These perceptions fuelled the global diffusion of eugenic ideologies, which sought to control and diminish the presence of disability through coercive measures such as institutionalisation, forced sterilisation, and selective breeding. Under the guise of modernisation, colonial regimes often imposed Western biomedical models that pathologised difference, dismantled local systems of care, and legitimised state violence against disabled bodies in both the metropole and the colonies (Ead, 2024).

In response, the social model of disability emerged as a radical alternative, challenging this pathologisation narrative by redefining disability as a product of social exclusion and structural barriers. At its core, by rejecting the 'personal tragedy' framework of the medical model, which focuses on cure, rehabilitation, and individual pathology, the social model reframes disability as the product of an unaccommodating society. Consequently, social model thinking promotes the removal of barriers, emphasising the importance of anti-discrimination laws and the right to independent living. It also reframes disabled people as an oppressed group, whose marginalisation is perpetuated not only by inaccessible systems but also by professionals and charitable institutions that act without accountability (Shakespeare, 2006). However, the social model of disability is increasingly criticised for its oversimplifications and limitations. Its rigid emphasis on social oppression overlooks the nuanced interplay between individual impairments and environmental factors, and its adoption in political activism has sometimes led to insular, exclusionary identity politics, building a need for more integrative and balanced approaches that reflect the complexity of disabled people's experiences (Shakespeare, 2006).

As a result, today disability is more widely understood not as one-sided 'truth', but rather as representing the interplay of biological, psychological, and social factors (Tilley, 2016). This opposes, for example, the drafters of the CRPD, who 'were very determined not to make any negative judgment on impairment' (Degener, 2016, p. 7). I follow this lead and adopt Edwards' community lenses of disability as the central postulate for the analysis presented in this monograph. In doing so, I intend not to be led by either of the 'single-truths' that the social or medical models of disability would encounter. Instead, I seek to create a setting for revealing, as suggested by Morris and Vogel (2024), richer and more authentic accounts that foreground humanity itself, remaining open to the full spectrum of the contemporary experiences of people with disabilities. This includes care, adaptation, and subsequent contradictions, such as marginalisation, stigma, and exclusion, enabling me to follow as far as the collected testimonies lead. In order to construct this setting, I further discuss the distinction between society and community, as suggested by Ferdinand Tönnies in 1887.

Society vs. Community

Based on Tönnies (1887/2001), there is a foundational sociological distinction between two fundamental types of social relationships and forms of human co-existence: *Gemeinschaft* (community) and *Gesellschaft* (society) (see Table 1). *Gemeinschaft* refers to relationships that are intimate, enduring, and rooted in deep emotional bonds – such as those found in families, close-knit communities, or traditional rural life. These connections are not chosen but inherited, forming a natural fabric of belonging that shapes one's identity from birth. In such communities, individuals are bound together through shared language, customs, beliefs, and mutual experiences, often reinforced by memory and emotional continuity. In contrast, *Gesellschaft* refers to social arrangements in the public sphere that are formal, impersonal, and based on individual choice or utility. These include business partnerships, legal contracts, or professional associations, where interactions are structured around goals external to the relationship itself. While community is characterised by mutual affirmation and organic

unity, society tends to be fragmented, pragmatic, and often alienating. One may grow into a community, but one joins a society. The language we use reflects this divide: we speak of a bad society but not a bad community, or of a society of business but not of a community of capital. Community evokes the totality of life shared, something deeply human and rooted in the subconscious, whereas society implies distance, negotiation, and purpose-driven interaction. Even when emotional bonds exist in formal structures, they are overshadowed by the rational frameworks that govern them. In essence, community represents a living network of interdependent wills, while society is a constructed arrangement that often leaves those very human connections behind. For instance, Tönnies (1887/2001) argues that, while business partnerships exist, characterising them as a 'commercial community' or a 'joint-stock community' is misleading and conceptually flawed. In contrast, real community persists in organic settings like 'fields, woods, and pasture', where cooperation is rooted in shared traditions. He critiques contemporary terms like 'society of property' or 'domestic society' for lacking the emotional depth of *Gemeinschaft*, which is more accurately conveyed in lived experiences such as marriage or household life.

Table 1

Corresponding and contrasting concepts of Gemeinschaft (community) and Gesellschaft (society).

Gemeinschaft (Community)	Gesellschaft (Society)
Natural/essential will	Arbitrary/rational will
Self	Person
Possession	Wealth
Land	Money
Family law	Law of contracts

Source: Tönnies, F. (2001). Community and civil society (J. Harris & M. Hollis, Trans.; J. Harris, Ed.). Cambridge University Press. (Original work published 1887).

According to Tönnies (1887/2001), the dynamics of human superiority and subordination within a community are profoundly shaped by the interplay of power and benevolence. Power, by its nature, holds the

potential for both help and harm; when untethered from a sense of responsibility or goodwill, it easily slips into arrogance, coercion, or cruelty. Yet power also enables meaningful assistance, providing the capacity to protect, nurture, and guide others, particularly within organic relationships such as kinship or neighbourhoods. In a well-balanced community, the stronger members instinctively recognise their duty to support the weaker, not out of pity or condescension, but from a shared sense of belonging and mutual purpose. Such communities are held together by layers of connection – physical proximity, spiritual alignment, and shared memory. Whether under the shared roof of a family home, in the collaborative rhythm of village life, or in the camaraderie of colleagues in common work, bonds are maintained through mutual understanding and a tacit agreement about roles, values, and expectations. The roles of servant, neighbour, spouse, or comrade are not defined merely by social contract or legal status, but by the emotional and moral quality of the relationship itself – by sympathy, memory, and the unspoken rhythms of co-existence. In such settings, the silent harmony of shared life carries more weight than formal rules, and dignity arises not from position but from mutual respect and embeddedness in a common life.

Tönnies (1887/2001) also highlights that exchange, in its purest form, stands in tension with the foundational logic of the household, which is structured around shared use, mutual care, and communally distributed resources. Within the household, goods are not bartered but given, consumed, and shared according to need and relational belonging. Only when individual shares are clearly marked as private can true exchange take place – and even then, it echoes the original act of communal distribution. This principle extends outward to the structures of clan, village, and town, which historically formed collective systems of production and consumption that mirror the rhythms of household life. Such systems are communitarian, built not on competition but on reciprocity and role-based cooperation. By contrast, *Gesellschaft* reconfigures all social relations into market-based transactions, where each individual operates in detachment from others, pursuing self-interest under the illusion of mutual benefit. Here, goods are valued not for their intrinsic utility or shared meaning, but because they are exclusive –

possessed by one and desired by others. Value becomes an abstract measure, stripped of moral content and rooted in the labour time necessary for production, creating a universe in which everything is commensurable and exchangeable. In this world, people no longer inherit roles or engage in crafts passed down by tradition; rather, they choose work based on profitability, seeking the most efficient path to personal gain. The result is a mechanistic society where individuals are reduced to interchangeable units of labour – atoms contributing to the abstract productivity of the whole. Even *money* itself becomes a symbol of this abstraction: a product of collective belief, given authority by societal convention, not substance. Laws and contracts uphold this structure by institutionalising the fleeting will of autonomous actors, replacing long-term mutual obligation with momentary consensus. Where community is rooted in memory, obligation, and moral intimacy, a market society depends on calculated equivalence, and convention replaces tradition as the dominant mode of social order.

Overall, the evolution of *Gesellschaft* – contemporary market society – must be understood not as an immediate result of the division of labour or product exchange, but as a long-term historical development that gradually replaces organic human relationships with abstractions (Tönnies, 1887/2001). This societal form personifies rationality and general will in a nominal, even fictional sense: it is a system always in flux, never fully realised, yet continually breaking through natural and moral boundaries. In such a society, individuals are detached and transactional, acknowledging others only to the extent that they serve their self-interest. Social contracts, polite gestures, and legal norms are merely temporary peace treaties within an underlying condition of latent hostility. All relations, whether economic or interpersonal, become strategic exchanges – favours, words, and even acts of kindness are calculated for their return value. Competition, especially in commerce, becomes the defining principle: each participant races to gain the most while giving the least, creating a perpetual war of all against all. Tönnies (1887/2001) underlines that even acts of sociability are reduced to symbolic exchanges, where the appearance of mutual concern hides the reality of self-advancement. Within this framework, capital emerges not as a creative force but as a speculative manoeuvre – value becomes detached from utility, and profit becomes the redistribution of

wealth rather than the creation of it. The true activity of commerce lies not in production but in demand and appropriation, in capturing and redirecting flows of value rather than generating new communal good. In contrast to the organic, art-like creativity found in *Gemeinschaft*, where labour serves the community and remuneration is linked to collective benefit, *Gesellschaft* incentivises activity that may extract profit even at the expense of outsiders. Thus, while merchants and trade can emerge organically within a community when serving common needs, in the context of *Gesellschaft* they signify the triumph of abstraction over relationship, of calculation over kinship, and of economic rationality over moral embeddedness (Tönnies, 1887/2001).

Based on Tönnies' ideas (1887/2001), at the heart of contemporary *Gesellschaft* lies a fundamental contradiction: while most people bring the tangible fruits of their labour to the market in order to exchange them for *goods or money*, the merchant and the usurer operate on a wholly different logic. Their power rests not on production, but on possession – specifically, the possession of money, which is not a good produced by labour but a notional medium that symbolises the abstract potential of all commodities. Money, as such, does not sustain life, build homes, or nourish communities; its sole power is the ability to acquire what others have produced. The merchant seeks to use money to acquire more money, often under the guise of goods; the usurer removes even that pretence, using only the passage of time to accrue profit. This dynamic places exchange on unstable moral ground: what may once have been an act of reciprocity or trust is now engineered to extract surplus, to gain without equivalent contribution. Such gain is legitimised only within the framework of *Gesellschaft*, *where individual advantage is prized above communal wellbeing, and where calculation replaces care*. This leads to the commodification of labour itself, which holds no intrinsic value – only what can be negotiated between its minimum survival cost and its maximum utility for the buyer. The ethical implications are profound: the essence of will, once embedded in the living body and the natural desire to act with care, becomes increasingly abstracted into a calculating instrument aimed at optimisation, domination, and delayed reward.

According to Tönnies (1887/2001), at the core of contemporary social life lies a fundamental tension between two divergent types of will: *natural* or *essential will,* rooted in bodily life, shared feeling, memory, and moral intuition; and *arbitrary*, *calculative will*, shaped by rational thought, instrumental aims, and strategic planning. Calculative will operates like an internal apparatus – a hierarchy of goals, means, and outcomes – through which an individual navigates the world in pursuit of ambition. While this ambition often presents itself as autonomous or freely chosen, it in fact structures one's every social interaction, determining whether others are treated as allies, tools, or obstacles. In such a rationalised framework, sincerity becomes optional, affect is managed for effect, and politeness or morality may be mimicked when beneficial. Calculative individuals learn to suppress unpleasant emotions and perform virtues like honesty or modesty as a form of social currency, knowing that reputation and recognition are as valuable as any tangible good. This performative morality is especially visible in *Gesellschaft*, where appearance often replaces substance and all value is derived from function or exchange. Relationships here become transactional, governed not by love or loyalty but by strategic advantage. Even conscience is hollowed out, becoming a means of managing social perception rather than a guide to truth or goodness. By contrast, *Gemeinschaft* is grounded in shared will and feeling – it flourishes in households, villages, kinship groups, and spaces of enduring emotional life. In such contexts, the will is expressive of one's being rather than a mere vehicle for gain. Natural will inclines individuals toward others with warmth, trust, and reciprocity; it gives rise to community law based on moral duty and inherited bonds, not contracts. This distinction is visible in legal systems: family law, residual and affective, arises from the communal sphere, while commercial law, mathematically precise and rational, governs the realm of *Gesellschaft*, where obligations are calculated and transferable like commodities. The deeper consequence is ontological: while *Gemeinschaft* imagines individuals as members of an organic whole defined by mutual belonging and shared substance, *Gesellschaft* treats them as independent agents who enter relations by contract, guided solely by arbitrary will. Thus, where community implies that individuals belong to one another, the market

society implies that they own themselves and trade in their relations. The shift from *natural will* to *calculative will* marks not only a moral transformation, but a metaphysical one, reshaping the very idea of what it means to live together. Importantly, based on Tönnies (1887/2001), *natural will, rooted in memory, feeling, and bodily need, is progressively overwritten by rational will that calculates, strategises, and reduces all human action to functional means for predetermined ends.* Yet it is only in natural will – expressed in loyalty, gratitude, sincerity, and love – that moral character can truly reside. As *Gesellschaft* becomes more dominant, with its transactional ethos and disembedded rationality, the risk grows that human goodness, as a relational and embodied quality, will be diminished or replaced by technical virtue and utilitarian skill. This tension – between essential and calculating (rational) will, between life-affirming community and profit-maximising society – constitutes the moral fault line of modernity.

At the heart of the transformation from *Gemeinschaft* to *Gesellschaft* lies a profound shift in the nature of ownership, obligation, and social cohesion. In *Gemeinschaft* – the community of kinship, household, or guild – the individual's labour and possessions remain under the moral and functional jurisdiction of the whole (Tönnies, 1887/2001). Even when individuals exercise exclusive use over objects or the results of their work, such use is framed within a communal order in which appropriation ultimately serves shared purposes – immediate use, preservation, or further production. Ownership, in this context, is not private in the strict sense but embedded in the fabric of belonging (Tönnies, 1887/2001). By contrast, *Gesellschaft* fragments this unity. The emergence of abstract instruments like promissory notes and credit transforms property into disembodied potential – wealth becomes a promise, an obligation, a transferable right to command the future actions or resources of others. Thus, wealth is no longer tied to real labour or material use, but to trust in the fulfilment of abstract commitments. This abstraction is the hallmark of market society, where all social ties increasingly derive from contract, and the individual gradually replaces the family as the legal unit (Tönnies, 1887/2001). As this shift proceeds, personal status is replaced by impersonal obligation, and communal solidarity gives way to rational calculation. Even the possibility of slavery – legally treating people as objects – becomes thinkable within

Gesellschaft, so long as it can be justified by contract and utility. In such a society, freedom means the capacity to contract, not the moral autonomy to belong. Natural obligations dissolve into economic logic; even moral values like loyalty or respect are retained only if they serve transactional ends. The rural household or village, once the centre of social life, becomes marginalised, replaced by city apartments rented for cash and relationships sustained by formal agreements rather than affection. As this legal and moral order expands, shaped by Roman law and contemporary natural law theory, it enables an unprecedented degree of social rationalisation. This creates consistency, predictability, and expansion, but also fosters detachment, egoism, and moral atrophy. The culmination of this development is a legal and economic regime where all human relations can be commodified, regulated, and dissolved at will (Tönnies, 1887/2001). Yet within this structure, echoes of the older communal memory persist – in movements to reclaim labour's value, in critiques of land speculation, and in revivals of the principle that law should reflect both rational and natural will. In this duality, the spirit of community survives, not as nostalgia, but as a counterweight to the abstraction and alienation of *Gesellschaft*. The challenge of modernity, then, is to reconcile these two wills – the organic, vegetative roots of communal life and the rational structures of market society – without erasing either (Tönnies, 1887/2001).

Importantly, customs and mores, deeply embedded in the structure of *Gemeinschaft*, form the unconscious, 'animal' foundation of human community. They arise not from legislation or contract but from repetition, memory, and shared necessity – rhythms of daily life solidified into binding norms. Customs surrounding birth, marriage, and death, though tied to individual households, are never private events. They ripple outward into the community, forming a shared symbolic order and establishing the moral infrastructure of belonging (Tönnies, 1887/2001). In societies where clan and community are identical, the community assumes the status of a large, extended family, and every familial ritual becomes an act of collective identity. Over time, these practices, even when their original meaning fades, remain as forms of embodied memory – rituals that both commemorate the past and anchor the present. These customs become expressions of the community's natural will, and are rooted in shared land,

history, and mutual dependence. The land itself, inherited and worked by generations, is not merely property, but also represents memory materialised, a living presence linking ancestors, contemporaries, and descendants. As the physical and symbolic centre of continuity, it gives rise to shared festivals, ceremonies, and moral sentiments – each a manifestation of what might be called 'the will of the soil'. In such settings, moral expectations are not enforced through laws in the legalistic sense, but through mores shaped by affection, piety, and shared identity. Social structures – offices, estates, and leadership roles – emerge organically from this moral-spatial logic, as parts of a greater whole rather than as autonomous units (Tönnies, 1887/2001).

The unity of *Gemeinschaft* rests on this organic interrelation of custom, place, memory, and shared moral feeling – a unity that binds even the dead to the living and the living to the unborn. It is only when this moral ecology is abstracted into rational contract and economic logic that community begins to dissolve into *Gesellschaft*, where symbolic tokens of value replace lived experience and the land becomes a commodity rather than kin. The memory of community may survive within institutions, ceremonies, or even legal norms, but stripped of their lived substance, they risk becoming empty forms – no longer sustaining life, but merely echoing its former coherence (Tönnies, 1887/2001).

According to Tönnies (1887/2001), the most abstract form of unifying will in human society arises from the domain of thought, and it finds expression in what may be termed the spiritual or sacred union of individuals: religion, public opinion, and the intellectual conscience of society. Unlike force or wealth, which operate through external compulsion or material incentive, this form of influence works through imagination, belief, and judgment. It guides behaviour not by threat or reward, but by shaping the internal frameworks through which actions are evaluated as just or unjust, true or false, honourable or shameful. In *Gemeinschaft*, this spiritual will is embodied in religious tradition – faith practised communally, transmitted through rituals, pious acts, and an inherited sense of divine presence rooted in kinship and moral duty. It is experienced intimately and concretely: the gods are ancestors, the home is sacred, and moral law is indistinguishable from cosmic order. In contrast, the spiritual

order of *Gesellschaft* is represented by *public opinion*, which aspires to be rational, universal, and detached from inherited emotion. Its primary function is not to sanctify but to assess – to judge policies, values, and individuals according to abstract norms of reason and correctness. It has no saints, only experts; no rituals, only discourse. Whereas faith speaks to the soul, public opinion addresses the intellect, often through mass media and impersonal communication, stripping judgment of affective depth. This rationalised conscience of society becomes especially powerful in the metropolis, where spiritual unity is no longer sustained by shared customs or divine authority but by newspapers, contracts, and ideologies (Tönnies, 1887/2001). Yet this form of will, despite its secular posture, retains something of religion's structure: it has its heresies (false ideas), its excommunications (social ostracism), and its priesthood (opinion-makers, intellectuals, media). In its most ambitious form, it seeks to replace the moral and sacred order of *Gemeinschaft* with a global rational consensus, a cosmopolitan republic of ideas governed not by love or piety but by correctness and expertise. However, just as with earlier forms of will, this spiritual consensus risks becoming hollow when severed from embodied life and communal feeling. Thus, the development of thought as a unifying will, from religion through public opinion to ideological consensus, reflects the broader trajectory from organic community to rational society – a trajectory rich in emancipatory potential, but shadowed by alienation (Tönnies, 1887/2001). For instance, Gudonis (2020) quotes Ruškus and Mažeikis (2007), who emphasise that representations of blindness and vision impairment in visual culture and educational materials are far from neutral – they are shaped by culturally embedded assumptions about normality, dependence, and otherness. In this context, visual depictions that present people with disabilities as active participants in social interactions play a crucial role in reshaping public attitudes. As Gudonis (2020) also points out, the media holds significant power in constructing disability narratives – not only through external portrayals, but also by shaping understandings of inner experience. Equally important is the visibility and agency of people with disabilities themselves, which are key to dismantling persistent stigmatising views.

The controversy surrounding the movie *Me Before You* (2016) illustrates the power of representation and the importance of examining not only whether disabled characters are visible in popular culture, but also how their lives are imagined, whose perspective shapes the narrative, and which possible futures are made available to them. Disability rights campaigners protested against the film, arguing that its portrayal of a recently disabled man who ultimately chooses assisted death reinforced the harmful assumption that life with a significant disability is inherently burdensome, dependent, and less worth living. They maintained that such narratives devalue disabled lives by overlooking the social, relational, and environmental conditions that shape individual experiences of disability. Although the filmmakers stated that they intended to portray a specific situation rather than promote a broader position, the protests demonstrate how media narratives affect the wider cultural and political contexts in which they are produced and received (Quinn, 2016).

Overall, understanding the true nature of civilisation requires accepting that it is neither a fixed structure nor a linear progression, but a dynamic process marked by continual transformation. The rise and fall of social forms – institutions, norms, and beliefs – are not isolated events but interconnected movements shaped by shifting conceptual boundaries. Change, in this sense, is not merely external or material; it is conceptual and interpretive, rooted in how we perceive and negotiate the meanings of progress, order, and decline. To grasp civilisation is to trace the fluid merging of ideas, to see how opposing tendencies – creation and collapse, tradition and innovation – co-exist within the same historical motion. Although this perspective is difficult to articulate, it offers the key to deciphering the deeper rhythms of human development and the conditions under which societal forms either regenerate or decay (Tönnies, 1887/2001).

Notably, in *The Theory of the Leisure Class* (1899), Veblen was also interested in society–community dynamics, particularly in how community-based forms of social life were transformed by the rise of contemporary Western society. Although their theoretical traditions differ, both Tönnies and Veblen offer important insights into the transition from community-based forms of social life to modernity in Western culture, revealing both significant similarities and important points of contrast in

their analyses (Tilman, 2004). For instance, a key similarity between Tönnies and Veblen lies in their shared concern with the transformation of social relations under contemporary conditions. Both examined how older forms of communal life were weakened by contemporary institutions, urbanisation, industrial development, and increasingly impersonal social relations. In this sense, both were interested not only in structural change, but also in what was lost through this transition, particularly in terms of solidarity, mutual obligation, meaningful cooperation, and more direct forms of social belonging (Tilman, 2004).

At the same time, neither Tönnies nor Veblen should be understood as simply nostalgic thinkers who wished to return to the past. Although both were sometimes criticised for idealising earlier communal forms of life, such a reading is too narrow: both recognised that contemporary science, technology, urban life, and industrial development had become irreversible features of contemporary society. Their concern was therefore not to restore pre-contemporary community, but to consider whether certain communal qualities, such as solidarity, altruism, cooperation, and meaningful work, could be renewed within contemporary social conditions (Tilman, 2004).

The main difference between the two authors concerns how they conceptualised and evaluated social change. Tönnies' distinction between *Gemeinschaft* and *Gesellschaft* focuses on the movement from close, community-based relations towards more impersonal, rationalised, and organised forms of social life. His analysis of *Gesellschaft* can also be read as extending beyond local and national boundaries, since it helps explain the expansion of contemporary social relations into a broader, even world-spanning, social condition. This makes Tönnies relevant not only for understanding modernity, but also for contemporary cosmopolitan sociology (Inglis, 2009).

Veblen, by contrast, developed a more explicitly normative account of social change. He was concerned not only with the fact that societies change, but also with the direction and quality of that change. He criticised institutions shaped by ceremonial, predatory, and status-seeking values, while favouring those that encouraged scientific curiosity, skilled workmanship, technological efficiency, cooperation, and altruism. Compared with Tönnies, whose distinction between *Gemeinschaft* and

Gesellschaft was less directly normative, Veblen more clearly evaluated institutions according to whether they supported fuller human life and more egalitarian social arrangements (Tilman, 2004).

Taken together, Tönnies and Veblen can be seen as complementary rather than identical thinkers. Tönnies provides a broad conceptual framework for understanding the transition from community to contemporary society, including the expansion of *Gesellschaft* beyond local and national contexts. Veblen adds a stronger critique of the institutional values that shape this transition, especially the dominance of predatory, status-oriented, and profit-driven forms of social organisation. Collectively, their work suggests that modernity should not be understood simply as progress, but as a complex transformation in which new forms of organisation emerge while older forms of solidarity, cooperation, and meaningful social life become weakened or require renewal (Inglis, 2009; Tilman, 2004).

This community-within-society orientation is one of the key original contributions of my research. By grounding my analysis in the community lenses of disability, I aim to move beyond the binary framings that often characterise disability as either an individual deficit or a social construct shaped by political ideals (Shakespeare, 2006). Instead, I seek to offer a safe space for a more nuanced, contradiction-laden positioning of disability experience that could otherwise be dismissed as an outlier by other models.

In the following subchapter I examine the processes of stigmatisation and self-stigmatisation (Bathje & Marston, 2014; Cusack et al., 2003; Goffman, 1963), paying particular attention to how societal labels, stereotypes, and discriminatory attitudes can become internalised. This can shape not only how disabled individuals treat others, but also how they come to see themselves, as a result reinforcing marginalisation and limiting access to full participation in community life.

1.2 Concepts of Stigma and (Self-)stigmatisation

Stigma functions as a powerful social force with far-reaching consequences, and is systematically linked to poor mental and physical

health, educational underachievement, and enduring socio-economic disadvantage, including poverty and restricted access to housing, education, and employment. These patterns indicate that stigma operates not only through individual prejudice but also as a structural mechanism that reproduces inequality (Major & O'brien, 2005). While earlier psychological research focused largely on the origins of stereotyping and discrimination, more recent work has turned toward the psychological effects of stigma, emphasising its impact on well-being, self-perception, and life opportunities among stigmatised groups (Major & O'brien, 2005). Classical contemporary views on stigma, traced back to Goffman's 1963 work *Stigma: Notes on the Management of a Spoiled Identity*, are instructive in this regard, but it is also crucial to recognise later developments in stigma theory focusing on *self-stigmatisation* and its effects on individuals' well-being and participation in communal life.

1.2.1 Erving Goffman's 1963 Stigma Theory: Normals vs. Others

Based on Goffman (1963) society can be divided into three key groups based on their relationship to stigma: *Normals*, the *Stigmatised*, and the *Wise (and the Own)* . Each group plays a crucial role in the social dynamics of identity, recognition, and exclusion.

Normals are those individuals who are not marked by any visible or known stigma and who, crucially, conform to the dominant expectations of their social category. Goffman emphasises that 'normals' are not just unmarked by stigma; they also represent the invisible standard by which others are judged. Their attributes – whether related to ability, race, gender, or class – fit comfortably within the expected boundaries of a social role. The 'unblushing male' described by Goffman (1963) (a young, white, urban, heterosexual, Protestant, college-educated, fully employed man with good looks and athletic ability) serves as an exaggerated archetype of the normative ideal in 1950s America. Normals move through society with ease, and are rarely required to manage information about themselves or justify their belonging.

The Stigmatised, by contrast, are individuals whose attributes diverge from normative expectations and who suffer a 'spoiled identity' as a result. Goffman distinguishes between two subtypes: the *discredited*, whose stigma is visible or already known (e.g., physical disabilities), and the *discreditable*, whose stigma is concealable (e.g., mental illness) (Goffman, 1963).

The Wise and the Own. The Own refers to individuals who share the same stigma as the stigmatised person. They often provide sympathy, validation, and shared understanding (Goffman, 1963). This solidarity can be crucial in the formation of support networks and subcultures of resistance. *The Wise* are 'normals' who are closely affiliated with the stigmatised – such as family members, friends, or professionals – and who have acquired insider knowledge about the stigmatised condition. Despite their normative status, the Wise are not untouched by stigma; Goffman (1963) notes that they often acquire 'courtesy stigma', as the discrediting attribute is seen to rub off through association. While some Wise individuals serve as allies, they also face their own challenges in navigating both worlds.

In addition, Goffman (1963) introduces the concept of the '*in-group deviant*' – an individual who bears a clearly stigmatising trait, yet is paradoxically granted continued inclusion within a group. These individuals are neither fully accepted nor entirely excluded. Instead, they occupy a liminal status, often tolerated or even embraced for their utility in reinforcing the group's own internal boundaries of normalcy. Goffman (1963) refers to them as the '*fraternity fat boy*', '*village idiot*', '*small town drunk*', *or* '*class clown*' – figures who are symbolically 'kept around' not despite their difference, but *because* of it. Their function is ambiguous yet significant: they become symbolic reference points that enable the rest of the group to distinguish themselves as 'normal' by contrast. The single fool or deviant, in this context, serves as a *relational mirror*, a tolerated exception who stabilises group norms by providing an ever-present 'Other' within.

At the heart of Goffman's theory lies the distinction between *virtual* and *actual* social identity. The *virtual* refers to the assumptions others make about someone based on the social roles they appear to occupy, while the *actual* pertains to the real attributes an individual possesses (Goffman, 1963). Stigma arises when there is a 'special discrepancy' between the two – a mismatch that triggers social discomfort and exclusion. This discrepancy

marks the stigmatised as not only different, but globally tainted. The 'spoiled identity' is not merely an individual flaw; it is a disqualification from full personhood in society's eyes, marking them as 'bankrupt' in the social ledger (Goffman, 1963).

As a result, stigmatised individuals employ a range of strategies to manage their identities in a social world that is often structured around normative expectations and unspoken hierarchies of value. One such tactic is *passing* – concealing discreditable features in order to appear 'normal' or to gain unencumbered access to social goods such as employment, education, or intimacy. Passing can provide temporary relief from stigma, but it often comes at the cost of psychological strain, fear of exposure, and the painful sense of living inauthentically (Goffman, 1963).

Another method is *covering*, which involves minimising the salience of a known or visible stigma without fully concealing it. Unlike passing, covering acknowledges the presence of stigma but attempts to soften its social impact by managing its presentation. Covering requires careful calibration of appearance, behaviour, and social cues – it is a form of impression management that anticipates the gaze of the 'normals' and pre-empts their discomfort (Goffman, 1963). Closely related is the use of *disidentifiers* – symbolic cues or behaviours that intentionally signal normalcy and distract from the stigmatised attribute. This might include emphasising aspects of one's identity that conform to dominant expectations (such as dressing in conventional business attire to offset a visible tattoo or accent), or engaging in performative demonstrations of competence, masculinity, femininity, or moral virtue (Goffman, 1963).

Other strategies involve *audience segregation,* keeping separate social worlds to control the flow of information, and managing courtesy stigma – the stigma that 'rubs off' on sympathetic others, such as family members, friends, or advocates of the stigmatised (*the Wise*) (Goffman, 1963). The Wise occupy a precarious position; they may become crucial allies in resisting stigma but are simultaneously vulnerable to suspicion, surveillance, and secondary exclusion (Goffman, 1963) – for instance, in tightly norm-bound institutions such as schools, workplaces, or religious communities. Their involvement often carries emotional and social costs

that mirror, though do not equal, those borne by the stigmatised themselves.

However, Goffman (1963) also notes that *class position mediates perceptions and the impact of stigma*. Individuals of higher status or those regarded as culturally 'eminent' are often granted what he calls *eccentricity credits* – licence to violate norms without being branded deviant. An upper-class individual with an unconventional trait may be seen as quirky or original, whereas a lower-class person with the same attribute may be pathologised or ridiculed.

Furthermore, Goffman (1963) introduces the concept of the *moral career* – the biographical trajectory through which a person comes to understand themselves as a bearer of stigma. This process is not merely cognitive but deeply affective, involving a reconfiguration of one's self-concept in light of society's implicit or explicit judgment. For individuals born into stigmatised identities, this career may begin in early socialisation, as they gradually detect cues of difference and disapproval. However, for those who acquire stigma later in life – through disability, illness, incarceration, or social deviance – the process can be especially brutal. Having previously lived under the illusion of full societal membership, they experience a profound rupture when faced with a new reality in which their personhood is questioned. The pain of this late onset is not simply due to the loss of status or physical ability, but stems from the internalisation of society's normative gaze, which now turns inward. The individual becomes both the object and agent of stigma, enforcing upon themselves the very standards that now exclude them (Goffman, 1963).

The process by which individuals internalise negative stereotypes about their social group and come to believe them by applying them to themselves is conceptualised as *self-stigmatisation,* or *internalised stigma*. It goes beyond simply recognising societal prejudice, involving accepting these beliefs as personally true, which can damage self-esteem, lower self-worth, and limit one's aspirations or life goals (Corrigan et al., 2009).

1.2.2 Self-stigmatisation: Threats and Coping Strategies

Stigmatised individuals are frequently caught between accepting the dominant social definitions imposed upon them and cultivating alternative understandings of self that resist those definitions (Goffman, 1963). Stigmatised individuals often expect rejection and discrimination, which can lead to greater social withdrawal and reduced access to employment, leisure, and social activities. These perceived setbacks may undermine their self-efficacy, self-esteem, and sense of self-worth. Over time, external stigma becomes internalised, shaping emotional and cognitive patterns that manifest as *self-stigma* (Pyszkowska & Stojek, 2022).

This *internal conflict* arises because stigmatised people are socialised into the same normative frameworks as everyone else; they, too, have learned what it means to be 'normal' and what counts as 'deficiency' or 'deviance'. As a result, they often view themselves through the eyes of Normals, adopting an outsider's gaze upon their own identity and thereby managing stigma not only outwardly in interaction, but also inwardly in one's self-conception (Goffman, 1963). Self-stigma has been shown to exert wide-ranging effects on the emotional, cognitive, and behavioural functioning of individuals across various stigmatised groups. In the context of mental health, it is closely associated with shame, self-criticism, low self-esteem, and reduced life satisfaction and meaning. Similar, though less frequently studied, patterns are observed among people with chronic illnesses and physical disabilities, where self-stigma correlates with diminished self-efficacy, internalised negative self-beliefs (e.g., 'I am not capable', 'I am weak'), shame, lower quality of life, and a tendency toward social isolation. However, self-stigma occurs only when: (1) a person becomes *aware* of negative stereotypes about their group, (2) *agrees* with them, and then (3) *applies* them to themselves (Corrigan et al., 2009; Pyszkowska & Stojek, 2022).

Experiencing stigmatisation can undermine both personal and collective self-esteem, whereby individuals are uncertain whether outcomes reflect personal qualities or devalued group membership (Major & O'brien, 2005).

For instance, stigmatisation is systemically associated with adverse outcomes, including compromised mental and physical health, diminished educational attainment, elevated infant mortality, and persistent socio-economic marginalisation manifested in poverty, low social status, and restricted access to housing, education, and employment (Major & O'brien, 2005). Importantly, perceived or enacted public stigma on the one hand, and felt or internalised self-stigma on the other, are distinct constructs that are only moderately related to each other (Corrigan & Watson, 2002; Pyszkowska & Stojek, 2022). Furthermore, *self-stigma is more psychologically harmful than public stigma*, acting as a deeper form of minority stress (Pachankis et al., 2015; Pyszkowska & Stojek, 2022).

Individuals' responses to experiencing being stigmatised varies. In the context of mental health, for instance, meta-analytic findings by Livingston and Boyd (2010) indicate a strong and consistent negative association between internalised stigma and key psychosocial outcomes, including hope, self-esteem, and empowerment. Corrigan et al. (2009) found that internalised stigma mediates the relationship between societal stigma and the 'why try' effect – a phenomenon in which individuals abandon goals or aspirations due to internalised beliefs about their incapacity. Corrigan and Watson (2002) reveal a paradox on this theme: while some individuals experience the profound erosion of self-esteem as a result of internalising societal prejudice, others are motivated by the same stigma, responding with activism or resistance. A third group complicates this duality further: these individuals appear largely unaffected by public stigma, neither internalising its negative messages nor reacting with visible anger. Similarly, Goffman (1963), identifies two strategies of responding to being stigmatised: 1) *minstrelisation* involves the stigmatised person exaggerating their difference in a way that conforms to stereotypes, seeking partial acceptance through performance yet sacrificing authenticity and dignity in the process; and 2) *normification* is the attempt to downplay or erase difference by over-emphasising conformity to majority norms, which can be equally alienating. Goffman (1963) critiques both of these strategies: according to him, such self-presentation, while aimed at reducing social friction, ultimately reinforces the power of stigma.

Furthermore, the phenomenon known as *stereotype threat* highlights how awareness of negative group stereotypes can impair performance through fears of confirming those stereotypes, shaping life chances across multiple domains (Major & O'brien, 2005). Stereotype threat refers to the situational pressure experienced by individuals who are aware that their social group is associated with a negative cultural stereotype and who fear that their performance may be judged through that lens (Spencer et al., 2016). This threat operates not through a lack of motivation or ability, but through the added cognitive and emotional burden of trying to avoid confirming a stigmatising stereotype. For instance, a student's reluctance to seek help in order to avoid confirming racial biases surrounding academic underachievement or an administrator's overinvestment in productivity due to the perceived need to demonstrate competence as a result of stereotypes regarding their ethnicity reflect how stereotype threat shapes behaviour, constrains belonging, and narrows access to informal support and opportunities (Spencer et al., 2016). As a result, this heightened pressure can undermine performance across various domains, from academics to decision-making, while also contributing to broader patterns of underrepresentation, identity disengagement, and reduced well-being. Importantly, stereotype threat can be triggered by subtle situational cues – such as numerical underrepresentation or culturally stereotypic signals – often outside conscious awareness, making it a pervasive and structurally embedded phenomenon rather than an individual psychological failing (Spencer et al., 2016).

Notably, members of stigmatised groups do not encounter stigma as a series of isolated interpersonal events; rather, they interpret their experiences through collectively shared understandings shaped by prior encounters and sustained exposure to dominant cultural norms. Through socialisation, individuals internalise an awareness of how their group is devalued, acquire knowledge of prevailing cultural stereotypes, and recognise the structural possibility of discrimination, even when they do not personally endorse these beliefs (Major & O'brien, 2005). Importantly, such collective representations are learned early in life, with children – particularly those belonging to stigmatised groups – demonstrating awareness of social stereotypes well before adolescence (Major & O'brien,

2005). Alongside stereotypes, individuals also absorb dominant ideological explanations that justify existing social hierarchies and status inequalities. These shared cognitive frameworks profoundly shape how stigma-relevant situations are perceived and appraised, guiding expectations, emotional responses, and behavioural strategies (Major & O'brien, 2005). As a result, stigma can influence the thoughts and actions of stigmatised individuals even in the absence of explicit discrimination or direct social interaction, operating as an internalised and anticipatory force embedded within everyday social consciousness (Major & O'brien, 2005).

On the other hand, inequality is produced through cumulative processes of early exclusion in which educational labelling, disciplinary practices, and unequal access to advocacy systematically disqualify many less affluent individuals from later opportunities (Royster, 2007). For instance, early academic struggles and stigmatising labels not only restrict the formal advancement of Black men but also shape disengagement and self-presentation, as young men adopt defensive masculinity norms in response to diminished institutional expectations and the absence of powerful advocates (Royster, 2007). Even those who successfully navigate schooling encounter a second round of exclusion in the labour market, where informal hiring networks, racialised gatekeeping, and differential tolerance by employers and criminal justice institutions sharply reduce the returns on educational credentials. Access to later rounds of mobility is therefore closely tied to family resources and networks. For families with economic, cultural, and institutional capital, advocacy is strategic rather than incidental: parents monitor evaluations, contest disciplinary decisions, translate norms of 'deportment', and broker access to opportunities that are formally meritocratic but informally relational (Royster, 2007). Such practices – though costly in time, money, and emotional labour – function as a protective infrastructure that shields children from early exclusion and keeps future options open. By contrast, less affluent families, despite comparable aspirations, lack access to the networks through which information circulates, rules are flexibly interpreted, and second chances are quietly negotiated (Royster, 2007). This asymmetry extends beyond schooling into labour markets structured by referrals, reputational signals, and trust-based hiring that privilege those embedded in predominantly

white, male occupational networks. Consequently, Black men who have 'played by the rules' remain structurally disadvantaged not because of individual deficits, but because they are excluded from the social pipelines that convert credentials into opportunities (Royster, 2007).

Overall, (self-)stigmatisation is a dynamic and destructive psychosocial process that converts societal prejudice into individual narratives and behaviour, thereby affecting future outcomes and opportunities. However, although public stigma and self-stigma related to mental illness have been widely examined, stigma surrounding physical disabilities has received much less attention, emphasising the need for more extensive research in this area (Kowalski & Peipert, 2019). To fulfil this gap and capture how *self-stigmatisation* affects the futures and life possibilities of employees with disabilities, I further build my research on the FTP framework, which links individual time orientation to motivation and outcomes, suggesting that how people perceive their past and future directly influences their present behaviour. This includes areas such as goals, decision-making, and overall well-being (Carstensen et al., 1999; Seijts, 1998; Zimbardo et al., 1997), as I further present in the following subchapter.

1.3 Time Perspectives Throughout the Lifespan

The phenomena of time and our interactions with it have been of great interest to scholars throughout human history. Einstein (1922) underlined the importance of our subjective experience regarding this matter, asking: 'How are our customary ideas of space and time related to the character of our experiences?' (p. 1). Later on, Lewin (1939, 1951) followed Einstein's suggested line of inquiry and looked into subjective time phenomena more through the psychological rather than from a physics perspective. He observed that our psychological life space perceptions could be conceptualised as 'the totality of the individual's views of his psychological future and psychological past existing at a given time' (Lewin, 1951, p. 75), or the Time Perspective (TP). In his work, Lewin highlighted the role of our perceptions of our future and past. Carstensen (1991, 1995, 2006; Carstensen et al. (1999) noted that in terms of TP theory, the importance of

our age and our individual perceptions of how much time we have to live should be highlighted. On these grounds, he developed the socio-emotional selectivity (SST) theory, and the part of TP theory that analyses our future-related perceptions became known as the FTP theory. Finally, Rudolph (2016) and perceived the FTP theory through the lenses of Goals Setting Theory, analysing correlations between our perceptions of age and work outcomes. Exploring each of these developmental stages in the history of FTP theory enables the development of a foundation for recognising the organisational factors that affect the FTPs of disabled employees.

1.3.1 The Individual Time Perspective

As mentioned earlier, the roots of efforts to recognise the individual perception of psychological time can be traced back to Albert Einstein's theory of relativity. Einstein (1922) claimed that 'it turns out that certain sense perceptions of different individuals correspond to each other, while for other sense perceptions, no such correspondence can be established' (p. 1). In other words, how one experiences time and space is subjective, and the same events elicit different perceptions in different individuals. To illustrate the background of this psychological matrix and how it can affect our choices, Lewin (1951) compared the psychological stances of two children with the same target or task, where one is older than the other. The author observed that the older child can find a solution quickly, while the younger child faces difficulties. According to Lewin, the reason behind this is the amount of information or experience of what outcomes one's actions or choices will lead to: the more insights the child has, or the older they are, the more their cognitive perception of the situation gets transformed. In other words, 'psychological direction depends on the cognitive structure of a given situation. Behaviour results from forces that have direction. Therefore, all behaviour depends to a large degree on the cognitive structure of the living space. In an unstructured, or new, situation, the person feels insecure because the psychological directions are not defined' (Lewin, 1951, p. 74). However, Lewin (1951) also underlines that 'a change in the cognitive structure may occur on the occasion of

repeated experience' (p. 74). It is the change in the cognitive structure, when the 'meaning' of the event crystallises, that is critically important. Without the meaning of the event as the background, ongoing repetition may lead to overloading and the unlearning of what was learned. In addition, Lewin notes that one's behaviour is profoundly affected by present state and mood, which is highly influenced by past related perceptions. In contrast, controversially, one's morale and individual happiness are more influenced by expectations regarding the future (Lewin, 1951). Overall, Lewin (1939, 1951) recognises the significant impact of psychological life space on one's life, and concludes that 'a person's life space includes not only a geographical and a social environment, but also a temporal dimension' (Coudin & Lima, 2011, p. 220).

Our psychological life space is individual and affects our perceptions of our past and future. By supporting Einstein's theory of relativity (1905, 1922), which identifies time as a somewhat subjective rather than objective human experience (Hiton, 2016), Lewin (1951) expands the idea of the individual experience of time and underlines that 'the reality level of the psychological past, present, and the future, corresponds to the situation as they existed, exist, and will exist according to the individual's belief' (p. 75).

On the other hand, Nuttin (2014) notes that the term 'time perspective' is often used to identify aspects of psychological time that are different from each other, so a clear distinction should be made by grouping them as follows:

The *time attitude dimension* addresses different individuals' positions towards their lifetime: the past, the present, and the future (Laureiro et al., 2017). For example, patients suffering from depression or suicidal thoughts often experience their past negatively, facing a lack of optimistic future scenarios (van Beek & Chistopolskaya, 2015).

Time orientation addresses the predominant orientation towards the past, present, or future (Nuttin & Lens, 1985). For example, young people tend to describe their abilities based on their plans, while seniors, controversially, usually focus on the present by describing their past (Matthews & Stolarski, 2015).

The *proper or balanced time perspective* describes a good, flexible position in the context of our lifetime when the individual has the skill to switch

between different TPs according to different life situations that might arise: for example, overcoming past traumas and taking a risk for the sake of the future (Adams & Nettle, 2009). However, balanced time perspective is a multidimensional matrix covering many manifestations of subjective well-being rather than a stable category or strict 'norm' into which one might fit (Stolarski et al., 2011).

Zimbardo and Boyd (2014) underline the complexity of TP phenomena: different researchers identify the TP matrix by highlighting either different aspects or correlations among various elements. However, other researchers (Heidegger, 1992; Lewin, 1951) note that the future dominates human consciousness, leading to the development of different conceptualisations of the *future* dimension in TP research, such as future-oriented thinking and the FTP (Carelli et al., 2015). I analyse these future-related concepts in the following chapter.

1.3.2 The Future Time Perspective (FTP)

Scholars widely acknowledge the impact of an individual's subjective attitude toward the future on core qualities and life choices. Nuttin (2014), Kooij et al. (2018), and Seijts (1998) agree on the significance of a future orientation that affects various aspects, such as response to life challenges, academic and vocational achievements, motivation, and overall well-being. Nuttin (2014) and Phan et al. (2020) further argue that an individual's motivation and effort are improved when recent activities are perceived as significant to future outcomes. For example, refusing an immediate reward to gain additional benefits (Cheng et al., 2012).

It is worth noting that an individual's perception of time can significantly impact their decision-making and behaviour in the short and long term. Adopting a 'prime perspective' can prioritise long-term benefits. However, recent studies have found that it may also cause individuals to prioritise immediate rewards over future returns, ultimately undermining their economic well-being. For example, exposure to fast-food brands is associated with adverse outcomes (Zhong & DeVoe, 2010).

In contrast, opting for delayed gratification through pursuing goal-oriented behaviour offers substantial benefits. Immediate gratification has been linked to impulsive behaviour and a lack of self-control (Logue, 1988; Mischel et al., 1989). Giving priority to a present-time perspective is a strong indicator of engaging in pleasure-seeking, impulsive, and self-destructive actions, including substance use, such as smoking, drug use, and drinking (Daugherty & Brase, 2010), which further highlights the complex interplay between TP and human behaviour. Therefore, understanding the factors that underlie individual TPs and their interaction with decision-making and behaviour is crucial to better understanding the underlying mechanisms. For instance, the prime perspective can also affect an individual's relationship with their future orientation and lead to detriments. As a model of this process, we can observe that the presence of fast-food brands decreases people's determination to save, encouraging them to prioritise immediate rewards over higher returns in the future, and thus harming their economic benefits (Zhong & DeVoe, 2010). Indeed, high levels of the present-time perspective suggest a stronger tendency to seek pleasure in the present moment. Planners with a present-time perspective tend to make plans within a shorter time frame (Das, 1987). Immediate gratification is the opposite of delayed gratification, and is linked to a lack of self-control and impulsive behaviour. Delay discounting is the phenomenon of a change in the value of a reward as a function of its temporal proximity (Frederick et al., 2002; Kirby & Maraković, 1996; Read et al., 2005). Therefore, a smaller but immediate reward may be chosen over a larger reward for which one must wait a prolonged period, as its value is greater.

Table 2
Development of the FTP concept.

Author(s)	Main perceptions
Carstensen (1991, 1995, 2006); Carstensen et al. (1999);	As people age, they become more and more aware that their time is running out. Because chronological age is strongly related to the passage of time, the perception of time plays a key role in choosing and achieving goals, especially goals related to knowledge acquisition, social contacts, and emotional experiences. For example, the SST theory suggests that when time is perceived as limited, people emphasise positive emotional states and relationships with close social partners.
Rudolph (2016); Seijts (1998);	General FTP is examined to understand the links between age and performance better. The future time frame that employees consider when making decisions will determine what goals they are pursuing, and thus their motivation and performance at work. In addition, because the end of a person's career (i.e., retirement) is an essential point in their life, an older worker perceives their future work time to be more limited than that of younger colleagues.

However, some scholars (Seijts, 1998; Zimbardo & Boyd, 2014) note the complexity and variety of the FTP concepts, resulting in no precise conceptualisation in the sense of the definition, flexibility, or complexity of the FTP, causing difficulties in comparing results among related research.

Overall, identifying the FTP as comprising future perceptions and various future scenarios that may or may not be realised (Aspinwall, 2005) as a starting point, the FTP was later transformed to include the present perception of future *goals*, underlying individual perceptions toward relevant future goals (Bembenutty & Karabenick, 2004; Nuttin & Lens, 1985). Furthermore, the FTP is a complex matrix combined from different factors such as perceived life circumstances, ageing or socialisation processes (Seijts, 1998), individuals' social status, financial freedom levels, and the sense of 'symbolic immortality' over time (Lang & Carstensen, 2002). For instance, some researchers (Carstensen, 1995; Kooij et al., 2017; Lang & Carstensen, 2002) identify the FTP as a homogeneous or bipolar factor that covers *cognitive* FTP perception when time can be perceived as open-ended (*time is expansive*) or limited (*time is perceived as constrained*). Meanwhile, others (Cate & John, 2007; Seijts, 1998) define the FTP as a

multidimensional matrix, identifying not only cognitive but also *affective (remaining opportunities)* dimensions of FTP perception (Kooij & Van De Voorde, 2011). In the following subchapter, I discuss the cognitive and affective FTP dimensions in more depth.

1.3.2.1 The Cognitive and Affective FTP Dimensions

The roots of the cognitive perception of the FTP can be identified in lifespan SST theory (Carstensen, 1995), which identifies the FTP as 'an individual's perception of his or her remaining time to live' (Coudin & Lima, 2011, p. 220). Due to increased age, 'perceived limitations on time lead to reorganisations of goal hierarchies such that goals related to deriving emotional meaning from life are prioritised over goals that maximise long-term payoffs in a nebulous future' (Löckenhoff & Carstensen, 2004, p. 1396). Controversially, SST theory highlights the importance of the emotional experience, emotionally meaningful goals, emotion regulation, and the relationship between these factors (Carstensen et al., 2003), recognising that related changes in lifespan are based on TP rather than chronological age (Löckenhoff & Carstensen, 2004). As an example, Löckenhoff and Carstensen (2004) highlight a case in which individuals face challenging HIV infection diagnoses on similar psychological terms despite belonging to different age groups. As a result, according to SST, 'perceived limitations on time lead to motivational shifts that direct attention to emotionally meaningful goals' (Carstensen et al., 2003, p. 104), such as building grounded relationships with family or facing challenging health issues (Löckenhoff & Carstensen, 2004). However, the theory identifies a paradox in the matrix of motivation: since the relationship between remaining time to live and ageing is constant, age-influenced motivational patterns remain evident, though not in an ordinary role (Löckenhoff & Carstensen, 2004).

Notably, Carstensen et al. (2003) underline that, according to SST, age-related TPs lead to individual diversity in, for instance:

Emotion *regulation.* For example, based on research by Gross et al. (1997), older nuns, representing diverse groups from different continents,

consistently show better control of negative emotions than their younger community members (Carstensen, 1995; Carstensen et al., 2003). In addition, in contrast with younger people, older people tend to remember emotional material better than neutral material (Carstensen & Turk-Charles, 1994).

Social goals. For instance, *when time is perceived as expansive (open FTP), the motivation for social interaction is low, preferring individuality-based goals, such as purchasing knowledge, and when time is perceived as constrained (limited FTP), emotionally significant goals of social interaction, such as community, are preferred*. This leads to a tendency to focus on emotionally fulfilling goals and selectively invest in relationships that align with these values, which often contributes to greater social satisfaction (Kooij & Van De Voorde, 2011; Lang & Carstensen, 2002; Seijts, 1998).

Importantly, individuals may pursue emotionally meaningful goals when the future is perceived as restricted, thereby affecting their satisfaction with social experiences. In their research, Lang and Carstensen (2002) distinguish two categories of emotionally meaningful goals: 1) self-regulating goals and 2) generativity goals. Emotional self-regulating goals refer to emotional self-soothing, while generativity includes goals such as being or becoming a holder of meaning and recognising your responsibility for future generations. Furthermore, emotionally meaningful goals become more prominent for both younger and older adults as life nears its end, suggesting *that age is both consistent with and, controversially, irrelevant to our goals-prioritising processes* (Lang & Carstensen, 2002). When time is finite, both younger and older adults accentuate emotional aspects of their situations and prioritise emotional elements of their situations, as well as employing emotion-focused over problem-focused coping strategies. They also prefer emotionally gratifying social contacts, which result in more dynamic well-being (Löckenhoff & Carstensen, 2004). For instance, a sample of relatively young men with HIV revealed that those research participants closest to their deaths displayed goals most resembling those of older adults (Löckenhoff & Carstensen, 2004).

Overall, focusing on emotional goals correlates with increased complexity of emotional experience and better emotional regulation in everyday life: reduced concern for the future increases the attention paid to

emotional state and the perceived value of relationships, additionally increasing satisfaction with social support networks, which may also increase physical well-being (Carstensen et al., 2003; Kooij & Van De Voorde, 2011; Lang & Carstensen, 2002; Seijts, 1998). However, in some situations, selective choices aimed at enhancing immediate emotional states may jeopardise future well-being (Löckenhoff & Carstensen, 2004). For example, the behaviours associated with a present TP and the likelihood that such individuals will experience failure when faced with situations that demand the delay of gratification, planning, goal setting, and resistance to distraction are well documented. It is believed that high dropout rates among students from backgrounds with low socioeconomic status are a consequence of 'TP discordance' rather than deficits in intelligence: children from vulnerable socioeconomic backgrounds with a dominant worldview of fatalism and hedonism will struggle to think in terms of causality and probability (Zimbardo & Boyd, 2014). Furthermore, in Western society, a future orientation is associated with positive perspectives; for instance, a future-oriented TP has been linked to higher socioeconomic status, greater academic achievement, lower levels of sensation seeking, and reduced engagement in health-risk behaviours (Zimbardo & Boyd, 2014). In contrast, a present-oriented perspective – particularly within predominantly future-focused societies – has been associated with increased rates of mental health issues, juvenile delinquency, criminal behaviour, and addiction (Zimbardo & Boyd, 2014).

In the following section, I further analyse open and limited FTPs in greater depth.

1.3.2.2 Open (Expansive) FTP vs. Limited FTP

As mentioned earlier, when time is perceived as expansive (open), the individual aims to optimise the future by prioritising specific goals, such as expanding knowledge and social and professional networks, gaining social recognition, and pursuing professional goals (Lang & Carstensen, 2002). For instance, an extended (open or expansive) FTP supports the achievement of the complex optimal best by providing the time,

motivation, and psychological space needed for planning, persistence, and sustained effort (Phan et al., 2020). When individuals view their future as expansive, they are more likely to value long-term goals, invest effort, and engage in effective strategies that enable movement from current performance to higher levels of cognitive complexity. In contrast, a short (limited) FTP limits motivation and ambition, making the pursuit of complex outcomes less likely (Phan et al., 2020). Furthermore, perceived task value and expectations of success further strengthen this link, with high value and confidence supporting open FTPs and deeper engagement, mutually reinforcing one another and forming a self-sustaining process that promotes long-term achievement and development (Phan et al., 2020).

However, Lang and Carstensen (2002) also note that selected goals may not align with one's FTP, and bringing them out can result in unfavourable outcomes. For example, according to SST theory, a lack of alignment may occur when:

Pursuing *emotionally meaningful goals while maintaining an open-ended future perspective*. Individuals who prioritise emotionally meaningful goals while viewing their future as open-ended may reduce their engagement in relationships that offer informational or learning benefits. This may lead to tension with social partners who, motivated by concern for the individual's long-term success, encourage future planning or goal-setting (Lang & Carstensen, 2002).

Pursuing *knowledge-related goals while maintaining a limited future perspective*. Notably, when individuals perceive their future time as limited but continue to pursue instrumental goals – such as acquiring new knowledge or skills through social interactions – they may be more likely to experience negative emotions like frustration, impatience, or disappointment, particularly when others fail to meet their expectations (Lang & Carstensen, 2002).

At this point, I return to the importance of a 'balanced TP' (see Chapter 1.3.1), where 'balance' means the ability to switch between TP depending on the circumstances. Focusing on the future allows people to reach new heights of achievement, while *positively* focusing on the past allows people to ground themselves in tradition. However, both of these foci – past and future – are beneficial for everyday life and should be integrated and

celebrated by human experiences (Zimbardo & Boyd, 2014). Zimbardo and Boyd (2014) observe that in today's world – where we are consumed by ambitious goals and overwhelmed by demanding schedules – we may accumulate career achievements while failing in other aspects of life, ultimately leading to the potential need for 'time therapy': *learning to* '*develop a broader temporal perspective in which to integrate work, play, and social responsibility*' (Zimbardo & Boyd, 2014, p. 50).

FTP concepts analysed in the context of work are known as one's vocational or occupational FTP (OFTP). In the next chapter, I examine the OFTP matrix in greater detail.

1.3.2.3 Vocational (Occupational) FTP

From a workspace perspective, Zacher and Frese (2009) follow the line of inquiry suggested by Cate and John (2007) and categorise two dimensions of occupational FTP: *cognitive* (remaining time at work) and *affective* (remaining opportunities at work) – this section explores the latter.

Zimbardo and Boyd (2014) observe the importance of personal relationships and community involvement, highlighting the lack of attention paid to the psychological conflict involved in delaying immediate gratification for future rewards. They emphasise that the tension lies in choosing between a small pleasure now and a larger reward later. This dilemma becomes especially problematic for 'those excessively future-oriented people who cannot "waste" time relating to family or friends, in community activities, or enjoying any personal indulgence' (Zimbardo & Boyd, 2014, p. 50). Such a mindset, they argue, contributes to a persistent sense of 'time pressure', which escalates stress levels. This is particularly evident in the globalised economy, where the boundaries between personal and professional time are increasingly blurred and the ability to work anytime, anywhere has intensified these pressures.

In response, Zimbardo and Boyd (2014) advocate for early educational interventions that emphasise primary prevention. They argue that encouraging the principles and benefits of an FTP from a young age is key to promoting healthier behaviour patterns. For instance, the construct of

focus on opportunities (FO) – defined as an attitude oriented towards the number of 'new goals, options, and possibilities employees believe in having in their future at work' (Schmitt et al., 2013, p. 505) – can serve as an effective tool for improving an individual's well-being (Cheng et al., 2012) and enable them to become a mature personality (Carelli et al., 2015; Husman et al., 2016).

Numerous studies have demonstrated associations between individuals' FO and various organisational and personal development factors. For instance, FO has been linked to small business managers' age and business growth (Gielnik et al., 2017), work engagement and job control (Schmitt et al., 2013), or entrepreneurship (Mason & Harvey, 2013). Additional research has connected FO to sectors such as healthcare (Arvidsson et al., 2010) and education (Blömeke & Kaiser, 2012). Meanwhile, Zacher and Frese (2011) together with Castillo and Fischer (2019) argue that FO can enhance employment prospects and support career development by fostering individuals' self-confidence and encouraging a forward-looking mindset that emphasises possibilities rather than obstacles. Furthermore, Vermeire and Bruton (2016) highlight FO as a valuable framework for promoting positive social change, including the development of effective strategies to reduce discriminatory practices.

On the other hand, while FTP theory emphasises individual goal-setting and motivation, Zimbardo and Boyd (2014) remind us of the importance of relational life, highlighting the often-ignored psychological conflict between short-term gratification and long-term goals, particularly in a culture that rewards excessive future-orientation. This means that individuals who deprioritise relationships, community activities, and personal enjoyment in favour of productivity may experience mounting 'time pressure', which can lead to chronic stress (Zimbardo & Boyd, 2014). However, from the research perspective, there is limited attention paid to the roles of family, friends, and community in constraining or enabling future employment opportunities.

Drawing on Goffman's (1963) foundational work, stigma is not merely a static label but a deeply relational process that distorts recognition and access to opportunity: for instance, when individuals internalise society's devaluing attitudes – a process known as self-stigmatisation – they may

come to doubt their own worth and capability, which can profoundly narrow their imagined futures, inhibiting goal-setting, reducing motivation, and severing engagement with educational or occupational pathways (see further in Chapter 1.2). Yet there is limited research on the effects of self-stigmatisation in relation to having a physical disability, leaving a need for more extensive research in this area (Kowalski & Peipert, 2019).

In light of this, I argue that further research on the (self-)stigmatisation of employees with physical disabilities (i.e., vision or mobility impairment) within the FTP framework holds significant potential to improve their future outlooks, career development, and overall well-being. Although FTP theory has traditionally been used to explore age-related experiences – primarily through the cognitive dimension of remaining time (Carelli et al., 2015; Laureiro et al., 2017) – I choose to analyse through a different approach: the *affective* dimension (Zacher & Frese, 2009), where perception towards the future is built through the remaining opportunities perspective. This *dual-focus lens* – (self-)stigmatisation and remaining opportunities – is particularly relevant when examining socially marginalised groups, such as employees with disabilities, whose future planning and motivation may be deeply affected by public stigmatisation towards them. Based on the social dynamics perspective suggested by Tönnies (1887/2001), I raise a central question: *What is disability from the perspective of the dynamics between society and community, and how does (self-)stigmatisation shape the future opportunities of employees with disabilities?* To explore this issue in depth, we now turn to the case of Lithuania.

2 THE CASE OF LITHUANIA

The narrow analytical scope of this chapter enables the examination of how the meaning and social position of disability have evolved within a specific historical and institutional context. By tracing how changes in political regimes, moral frameworks, and economic structures across the 20th century shaped how disability was understood and managed from the early 1900s to the Soviet Russian occupation (1940-1991), a historical foundation is built. This enables the examination of the present Lithuanian context by exploring how opportunities for disabled employees are shaped at the intersection of individual experience, broader institutional environments, and broader social contexts. Drawing on interviews with both disabled employees and the executives who employ them, the ways in which impairment is navigated and workplace participation is negotiated become clear. Together, these perspectives elucidate how contemporary opportunities for disabled employees emerge from the interplay between historical background, structural conditions, organisational cultures, and the individual roles of employees with disabilities.

2.1 Local Historical Realities of the 20th Century

Historical analysis provides the foundation for thus subchapter, which examines the present experiences of disabled workers and their employers to show how earlier structures continue to shape present-day labour dynamics, social perceptions, and the conditions that constrain disabled people's opportunities and participation in the workforce.

2.1.1 1900–1930s: the Reality of 'Legitimate' Beggars

At the start of the 20th century in Lithuania, individuals with mental or physical disabilities were commonly recognised as *real* or '*legitimate*'

beggars, understood as being unable to work (Praspaliauskienė, 2000). At that time, although beggars were generally regarded as a marginalised group, often seen as criminals or vagrants, they were also among the most widely tolerated, and efforts were made to integrate them into society. They were cared for in dedicated asylums or charity organisations, both usually led by Christian priests, that provided shelter, food, and medical assistance for elderly people, orphans, or people with disabilities, and that also cared for the sick, widows, victims of fires, or poor students. Those who were poor, blind, crippled, or severely injured and could no longer be supported at home were forced to rely on the goodwill of strangers, entering shelters (Praspaliauskienė, 2000).

The family played a crucial role in the lives of people with disabilities, often providing as much support and care as possible. For many, the family home served as a safe haven. When families were unable to provide such care, disabled individuals were typically placed in the aforementioned shelters and asylums, which functioned not only as caregiving spaces but also as places where society could conceal its disabled members from public view (Gudonis, 2020). Their families placed them there because they were unable to work full-time, and their relatives could not assume responsibility for their care. However, having a disability and living in such an institution did not stop these individuals from creating families; unfortunately, however, their children frequently inherited the same fate as their parents, eventually becoming beggars themselves (Praspaliauskienė, 2000).

These institutions were largely sustained by public donations, including patronage from the nobility, often driven by Christian intentions and a motivation to 'help the poor'. Almsgiving was discussed in sermons, poetry, and the press, emphasising that it was beneficial to both the giver and the beggar: 'It was stated that a person could be rich and a good Christian, but if he was not merciful, did not help beggars, and did not give them alms, he could be cursed', thus equating almsgiving with a sacrifice to God (Praspaliauskienė, 2000, p. 37). However, shelters and asylums typically had far less space and resources to assist those in need than the actual demand required. Those who could not obtain accommodation in these institutions usually received official begging permission for collecting

alms on the street, considering them *true* or *legitimate beggars* in comparison to pretenders: those who could work but chose begging instead (Praspaliauskienė, 2000).

Importantly, Praspaliauskienė (2000) highlights that beggars played a meaningful role in society's cultural and spiritual practices, often participating in long-standing customs and rites. Their presence was tied to traditions of offering and remembrance, with almsgiving seen as a continuation of ancient Lithuanian sacrificial rituals. For instance, in earlier centuries, beggars were sometimes entrusted with roles that resembled those of spiritual figures, such as mourning the dead. By the 15th century, they were associated with religious duties, including ritual lamentation. In addition, during funeral gatherings and on commemorative days such as All Souls' Day, it was customary to share food and drink with beggars, who were regarded as ritual, symbolic representatives of the deceased. Simultaneously, in the 19th century, it was not uncommon for large groups of beggars to attend the funerals of notable individuals, a tradition embraced across much of Western Europe. Within this worldview, the beggar was more than a social outcast; they were often seen as a liminal figure, believed to possess spiritual insight and a unique connection to the divine or the realm of the dead. Nevertheless, those considered 'legitimate' beggars were frequently neither morally upright nor religious. Many, having been cast out by society and consumed by hopelessness, turned to alcohol as their sole relief. As a result, they were viewed as unwelcome even in their shelters or asylums, and communities made efforts to remove them from these institutions (Praspaliauskienė, 2000). Indeed, such institutions often functioned more as custodial shelters than as centres of empowerment, where, for instance, blind individuals were housed, but often not taught; they were protected, but not included (Gudonis, 2020). Gudonis (2020) quotes Avižonis (1923), who had observed that without access to education, work, or recognition, blind people were left to 'vegetate'.

Beggars who were able to work were considered as pretenders or 'professional beggars', who 'treated begging as a kind of handicraft or profession' (Praspaliauskienė, 2000, p. 143). Such 'professional beggars' undermined even the best-intentioned efforts to provide assistance for

those in need through their constant drunkenness and theft, and, as a result, none of the city's efforts to reduce the number of beggars produced lasting results: there were even those who became wealthy yet still did not give up their 'profession'. Moreover, much like in business, those who were more assertive and skilled at eliciting sympathy tended to receive more donations than the quieter, more devout beggars (Praspaliauskienė, 2000).

Although people were encouraged to give only to the *real* or '*legitimate*' poor, in practice, alms were given indiscriminately, thereby further reinforcing the problem of begging, especially in the capital, Vilnius. To manage the situation, clergy overseeing charitable institutions relied on local nobles and peasants to advise them on whom to admit to shelters, whom to grant begging permits, and whom to remove from the parish (Praspaliauskienė, 2000). The rules stipulated that only elderly, disabled, and work-incapable Christians could be taken into care. They also required a register of those receiving shelter to be maintained and a list of approved parish beggars to be shared publicly, with the aim of helping community members distinguish between those truly in need and 'professional' beggars. These measures discouraged almsgiving to the pretenders, who, for instance, would pretend to be crippled by covering their feet with rotten meat, or pretend to be mute. Ultimately, efforts in this area of social care proved unsuccessful and gradually declined: in the second half of the 20th century, former asylums were converted into residential buildings for church servants (Praspaliauskienė, 2000).

Jews with Disabilities

During the 19th century, Vilnius's already established Jewish cultural life expanded and became increasingly diverse. The city's exceptional concentration of renowned religious scholars and the influence of their work earned Vilnius an international reputation as a major centre of Torah learning and the title 'the Jerusalem of Lithuania' among Jewish communities worldwide (Zalkin, 2019).

In his 1958 memoir, Hirsz Abramowicz (a Lithuanian Jewish educator, Yiddish writer, and chronicler of Jewish life in Eastern Europe) describes the treatment of Jews with mental illnesses under the administration of

Tsar Nicholas I. Relocated to agricultural colonies established on poor, sandy land in the Vilnius–Grodno region, they were left with infertile soil that offered only limited opportunities for successful farming, leaving many colonists economically insecure and dependent on additional trades and occupations (Abramowicz, 1958/1999). Rye and other grains produced very small harvests, while low-value buckwheat was one of the few crops that could be cultivated successfully. Potatoes grew only when the fields were fertilised. Consequently, many Jewish colonists remained poor and had to supplement their agricultural income by working as drivers, peddlers, tailors, harness makers, and practitioners of other trades and cottage industries. This economic hardship created the conditions in which, as Abramowicz describes, caring for people with mental illnesses became an additional source of income for certain families. Even relatively poor urban families were sometimes able to afford this arrangement. In several towns, including Vilnius, the popular belief persisted that Tatars[3] could heal Jewish people suffering from mental illness by using charms, smoking herbs, and offering mysterious incantations.

In time, a similar model of care was developed in the Jewish agricultural settlements. Jewish families from Vilnius, Grodno, Białystok, and surrounding towns began sending relatives with mental illnesses to these colonies. The rural environment was believed to have a calming effect: the colonies were surrounded by pine forests, buckwheat fields, and open countryside. Abramowicz suggests that the clean air, extensive plains, quiet surroundings, and distance from urban life appeared to benefit people described as nervous or disturbed.

The care here was simple but generally humane. Patients received nutritious food, including milk, potatoes, beetroot soup, cabbage soup, and rye bread. They were allowed to move freely around the settlement and were not deliberately isolated from community life. The character of the colonists is presented as calm, unhurried, phlegmatic, good-natured, and industrious. They avoided humiliating or mistreating their patients, even

[3] Tatars were members of Turkic-speaking communities whose were across Eastern Europe and Eurasia. The Lithuanian, or Lipka, Tatars, were a Muslim minority whose ancestors had settled in the Grand Duchy of Lithuania from the late medieval period onward. For more information, see: Miškinienė (2023).

when they became violent or posed a danger. Abramowicz (1958/1999) describes:

> *Families could trust the Jewish colonists not to strike the mentally ill or torture them, even if they became violent. The colonists would only bind their hands if the invalids' actions posed a threat to themselves or those around them. The colonists often brought the invalids with them out to the fields and gave them a task (or, more precisely, a semblance of a task – pulling up weeds, gathering sorrel, etc.) so that they might feel that they were doing something useful. This, naturally, helped strengthen the invalids' disturbed nerves.* (p. 110)

Physical activity and purposeful occupation were central to the colonists' approach, but community involvement was also key. The colonists also included patients in social occasions such as weddings, where local people knew them by name and responded calmly if they became distressed. The wider community also established a school, library, and cultural activities while seeking to improve local living conditions.

Abramowicz (1958/1999) reports that many patients left the colonies feeling healthier and refreshed. Although he provides no systematic medical data for this period, the apparent success of the approach attracted professional interest. Psychiatrist Dr. Abraham Wirszubski studied the placement of mentally ill people in private homes in Deksznie and published his findings in a Polish medical journal. This drew the attention of the municipal hospital authorities, who appointed a commission to examine the patients' living conditions and the effects of rural life. The commission concluded by supporting home-based treatment, but indicated that both patients and carers require professional supervision.

Following this investigation, the Vilnius municipal authorities appointed a psychiatrist and a nurse to supervise people receiving treatment in private homes. Colonists who wanted to care for patients were required to notify a doctor, and their homes were inspected to determine whether they could provide appropriate conditions. The payment for caring for one patient averaged 40 zlotys per month. Families generally cared for two or three individuals, and Abramowicz notes that this income could significantly improve a household's economic position: it could enable a

family to purchase livestock or agricultural equipment, improve a house, or undertake repairs.

This system experienced severe disruption during the First World War and the German occupation in 1915: German military authorities removed mentally disabled Jewish patients from hospitals and colonies, claiming that they would receive better medical care near the Baltic Sea. They were instead transported to an area near Liepāja, Latvia, where they were killed by lethal injection – an early example of the systematic murder of disabled people that Germany would later conduct on a much larger scale. Abramowicz (1958/1999) describes this process: 'The medical division of the German Tenth Army removed all the mentally ill from Jewish hospitals as well as from the Jewish colonies and sent them somewhere near Libava [Liepāja], Courland. There they were put to death in a "scientific" manner – by injection' (p. 111).

In the interwar period, however, Jewish educators and reformers in Vilnius continued to develop more supportive responses to disability, particularly in the field of education.

Valiūnaitė (2025) documents the establishment of a special school for Jewish children with special educational needs in Vilnius by Dr. Vita Levin in 1933 (Figure 18). The school was founded as a special class attached to the Leizer Gurevich School, and operated in the former premises of the Vilnius Yiddish Teachers' Seminary. The school was described as the first institution in Poland[4] established specifically for Jewish children with special needs. Levin characterised it as a centre of 'healing pedagogy', created because mainstream secular Jewish schools could not fully support children with disabilities.

[4] During the interwar period, Vilnius was under Polish administration. For more information, see: Weeks (2015).

Figure 18
Pupils and staff of the school for Jewish children with special educational needs, established in Vilnius by Dr. Vita Levin in 1933.
The school represents an early organised initiative in specialised Jewish education in Vilnius.

Source: The Judaica Collection at the Martynas Mažvydas National Library of Lithuania (Open Access).

By 1934, approximately 50 children were attending. The school employed specially trained teachers, used both Yiddish and Hebrew, and aimed to prepare pupils for greater independence and possible integration into regular schools. Levin envisioned expanding the school into a 6-year institution that would teach pupils a profession or craft, or transforming it into an agricultural college where they could train as skilled farmers. However, the school struggled with financial difficulties, limited places, and a shortage of qualified staff, which meant that not all applicants could be admitted. Valiūnaitė (2025) notes:

> *Most students came to the school from the poorest stratum of society; wealthy parents did not send their children to this educational institution. In Levin's opinion, the school was seen as an institution for the poor, which might have been why wealthy parents did not want their children to learn there.* (p. 458)

Taken together, rural, home-based care offered people with mental illnesses an alternative to institutional confinement, while the interwar school sought to provide disabled Jewish children with specialised

education, practical skills, and greater independence. At the same time, both initiatives were constrained by poverty, limited professional resources, and broader insecurity, leaving Jews with disabilities especially vulnerable during the periods of war and occupation.

2.1.2 Halted by the Nazis: Education vs. 'Merciful' Eugenics

Although delayed, the movement for the education of the blind reached Lithuania in the interwar period. In 1928, a school for blind students was established – the Kaunas Institute for the Blind (by comparison, a similar institution had been founded in Paris in 1784) – yet census data from 1935 show that 50.6% of blind respondents still had no formal education (Gudonis, 2020).

Although the number of blind individuals in need was significant, the resources allocated to them were disproportionately small. The Lithuanian government directed merely 40,000–50,000 litas annually for blind care – a fraction of the support provided in neighbouring countries such as Latvia, where allocations exceeded 200,000 litas (Gudonis, 2020).

Amid this neglect, a group of progressive intellectuals and activists sought to challenge public indifference. Among the most vocal was Pranas Daunys, who wrote movingly of the need to restore dignity and agency to blind individuals. In his view, the moral character of the Lithuanian nation was reflected in its treatment of the most vulnerable. Supporting the blind was not only an act of Christian compassion, but also a patriotic duty. Daunys' writings urged society to view blind individuals not as passive recipients of pity, but as fellow citizens capable of participation and contribution if only given the chance. He emphasised the importance of eliminating barriers such as cold, hunger, and ignorance – symbolically framed as a kind of societal 'cross' carried by the blind (Gudonis, 2020).

Furthermore, Professor Petras Avižonis (Figure 19) advanced a more empirically grounded critique. Drawing comparisons with Germany, where over 2,800 blind individuals had been integrated into various spheres of economic and intellectual life, Avižonis lamented the absence of any comparable effort in Lithuania (Gudonis, 2020). German institutions

offered blind students access to Braille, typewriting, and training in diverse professions – from masseurs to weavers – while Lithuanian institutions lacked even basic tools for literacy or vocational training. Avižonis warned that failure to invest in the education and employment of blind individuals would inevitably condemn them to lifelong dependence and poverty (Gudonis, 2020).

This criticism was echoed in contemporary publications such as the journal *Aklųjų daliai* ('On the Fate of the Blind'), which described the stagnation and hopelessness experienced by many blind individuals in Lithuania. Without access to education, employment, or even literacy, blind people were left isolated and structurally excluded from public life. The journal called for a radical shift in perspective: to treat blind people not as helpless objects of care, but as fully human subjects with rights, aspirations, and potential (Gudonis, 2020).

In this context, the founding of the *Lietuvos akliesiems globoti draugija* (Lithuanian Society for the Care of the Blind – LSCB) in 1930 marked a significant milestone in the development of the response of organised civil society to blindness. Initiated primarily by physicians – particularly ophthalmologists – this organisation became an important advocate for blind education, employment, and public visibility (Gudonis, 2020). Through systematic public outreach, the LSCB challenged prevailing prejudices and sought to introduce the broader population to the needs, abilities, and social worth of blind individuals. Public campaigns emphasised the importance of training and vocational instruction, promoting the idea that, once educated, blind individuals could earn their living and participate meaningfully in economic life. Special attention was paid to their musical talents and tactile abilities, which were presented not as compensatory curiosities but as vocational strengths (Gudonis, 2020).

Figure 19

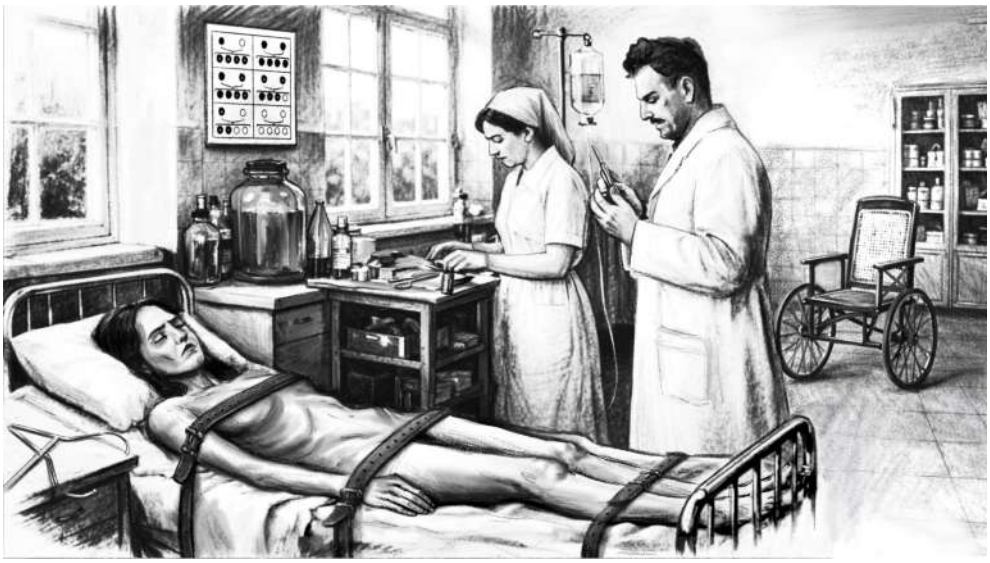
Portrait of Prof. Petras Avižonis (2025), by Arvydas Brazdžiūnas-Dusė.
Professor Petras Avižonis made a significant contribution to Lithuanian ophthalmology, education, and the development of knowledge concerning blindness and vision impairment.

Source: Reproduced with permission of the artist.

On the eve of the national census of 1935, the LSCB published the brochure *Ištieskime ranką akliesiems* ('Let Us Extend a Hand to the Blind'), which strongly advocated for a shift in public perception. It argued that 'every blind person can be taught a suitable craft and even literacy, and many of them, once trained, could earn their own bread'. It further emphasised that blind people could skilfully perform not only coarse or repetitive labour, but also delicate and precise work – such as assembling watch mechanisms or weaving intricate textiles and carpets – thanks to their extraordinarily sensitive fingertips. Blind girls and women were described as highly capable artisans who could work with complex patterns and fine materials (Gudonis, 2020).

Figure 20

Within Eugenics: The Broken (2026), by Rytis Songaila.
A contemporary artwork examining the history and consequences of eugenic thinking directed towards people with disabilities. The work addresses practices such as forced sterilisation and draws attention to the dehumanising effects of standards based on bodily and social normality.



Source: Reproduced with permission of the artist.

Yet despite promising developments and the efforts of intellectuals, structural barriers persisted. Efforts to expand education and employment opportunities for blind individuals increasingly collided with the emerging

ideas of eugenics, which recast disability as a social and biological threat. For instance, by the late 1930s and early 1940s, a significant segment of the Lithuanian biomedical elite had become deeply entangled in international eugenics discourses. This was shaped by their academic exposure in institutions located in areas such as St. Petersburg, Tartu, Western Europe, and the United States – regions where eugenics thinking, particularly the German racial hygiene variant, had already gained substantial traction (Felder, 2013). Among the most prominent figures was psychiatrist Juozas Blažys, who was 'convinced that there might be approximately 15,000 "mental defectives" in Lithuania, of whom 300 ought to be sterilized every year' (Felder, 2013, p. 246).

Such views were not isolated; rather, they reflected a broader consensus among Lithuanian eugenicists and medical professionals, many of whom publicly promoted negative eugenics measures such as sterilisation and abortion as tools for safeguarding national health (Felder, 2013). For example, Dr. V. Bendoravičius, in his 1932 publication *Degeneration and Eugenics,* presented disability, illness, intellectual impairment, and 'degeneration' as hereditary problems that threaten future generations. Reproduction was therefore framed not as a private matter, but as a question of public and national importance.

A central part of his reasoning was the analogy with plant breeding and an inheritance diagram entitled 'Inheritance scheme: the disease predominates'. This diagram used black circles to represent affected people, white circles to represent healthy people, and mixed symbols to represent affected people with a hidden 'seed' or potential for ill health, presenting illness as a transmissible hereditary condition that can be predicted through reproductive combinations. Thus, Bendoravičius (1932) argued that it would be useful in Lithuania to introduce a law allowing sterilisation operations for certain groups of people whom he described as 'degenerates'. He connected this proposal directly to national survival, stating that Lithuania is a small nation surrounded by larger states with energetic populations. Within this nationalist framing, preventing the reproduction of intellectually disabled people and others classified as 'degenerate' was presented as a way to strengthen the nation. The author also listed several 'prohibitive measures': banning marriage for such

groups, sterilisation, and the institutionalisation of psychiatric patients and intellectually disabled people in psychiatric hospitals or shelters, seeking to remove the 'black circle' of degeneration from the ranks of those who reproduce. This analogy allowed Bendoravičius to transfer the logic of agricultural improvement to human society. Just as farmers select plants to improve crops, he argued that society should also control human reproduction in order to improve the population. This led him to support negative eugenics measures, including restrictions on marriage, sterilisation, and institutionalisation, while also encouraging the reproduction of people considered capable, hardworking, and socially useful.

Bendoravičius (1932) also contrasted parents' pride in children who become useful and respected members of society with the suffering of parents whose children are paralysed, blind, intellectually disabled, or chronically ill. Although he recognised parental hardship, he rejected the idea that society should carry responsibility for such individuals. He further described disabled and ill people as economically and civically unproductive, contrasting them with men who serve in the army, die in war, or lose their health through labour. In this framing, usefulness, work, military service, and reproductive value become measures of social worth.

The 1937 National Congress of Lithuanian Physicians also echoed these demands, highlighting the institutional support for such practices (Felder, 2013).

During the Nazi occupation of Lithuania (1941–1944), psychiatric patients became victims not only of German genocidal policy (further discussed in subchapter 1.1.5), but also of local Lithuanian complicity in medical atrocities. While ultimate administrative responsibility for the starvation and abuse of institutionalised individuals lies with the *Reichskommissariat Ostland* – the civilian occupation administration of Nazi Germany responsible for the Baltic region – a closer examination reveals the disturbing involvement of Lithuanian medical professionals, health administrators, and hospital staff in the implementation – and even expansion – of Nazi 'euthanasia' practices (Felder, 2013). Approximately 1,200 to 1,500 psychiatric patients in Lithuania died of starvation and abuse between 1941 and 1944, with local actors playing an active role in these

deaths. A striking example is the case of 41-year-old epileptic Feliksas Garičas, who was admitted to the Vilnius State Psychiatric Hospital weighing 68 kilograms in February 1942 after suffering a seizure. He died eight months later, having wasted away at just 52 kilograms. Although the official cause of death was listed as a 'weak heart', Garičas had been subjected to a brutal regimen of electroconvulsive therapy every third day, a treatment which even at the time was seen as inappropriate for epileptics, especially those weakened by extreme malnutrition. Garičas's death was not an isolated incident, and is emblematic of widespread abuse: in 1942 alone, 384 patients died at this single institution, with total deaths during the Nazi occupation reaching at least 695, possibly as high as 875 or more (Felder, 2013). Under the directorship of Antanas Smalstys, the Vilnius facility became a site of grotesque human experimentation. In addition to electroconvulsive therapy, patients were subjected to other violent forms of therapy, including cardiazol- and insulin-induced convulsions, artificially induced fevers via malaria or typhus infection, and the use of poisons such as strychnine (Felder, 2013). These were not therapeutic interventions, but dehumanising medical experiments that appear to have constituted a particular effort to target and kill people with mental illnesses. They were often conducted on starving bodies that had no hope of recovery: in 1942, ordinary hospital patients were allocated food rations valued at 3.5 Reichsmarks per day, whereas psychiatric patients received less than half that amount – only 1.5 Reichsmarks (Felder, 2013).

The implication here is unspeakably tragic: Lithuanian psychiatrists did not merely comply with German orders, but exploited the genocidal context to carry out their own tests on a captive and disposable population. The ease with which such experiments were rationalised likely stemmed from the belief that these patients, marked as mentally ill and thus socially devalued, were already condemned to death (Felder, 2013). Notably, in 1943, euthanasia emerged as a contentious issue in Lithuania, sparking debate within the country's medical and intellectual elite. For instance, Dr. Jonas Šliūpas's article openly advocated for euthanasia as a compassionate response to the suffering of incurable patients such as the mentally ill, syphilitics, and alcoholics, arguing that doctors should be authorised to administer life-ending injections (Felder, 2013). This stance provoked

immediate backlash. Psychiatrist Viktoras Vaičiūnas denounced Šliūpas's proposal as incompatible with both medical ethics and the broader moral goals of medicine, anticipating that future advancements would offer ways to relieve suffering without ending life. His critique was reinforced by a formal resolution from a multidisciplinary conference at Vytautas Magnus University, which explicitly rejected euthanasia as a violation of human morality and medical integrity (Felder, 2013). Importantly, condemnation was not limited to secular voices; for instance, Archbishop Juozapas Skvireckas sought to lend the authority of the Catholic Church to the opposition. While some Nazi-sympathising elements may have privately supported such ideas, public sentiment – especially amid growing resistance to the German occupation – largely aligned against euthanasia, viewing it as a Nazi-imposed policy contrary to Lithuanian national values. Yet despite this consensus, pro-euthanasia opinions among Lithuanian physicians persisted, reflecting underlying tensions among bioethical principles, nationalist resistance, and the ideological divisions of the time (Felder, 2013).

The Nazi regime (1941–1944) brought disability into sharp and often brutal focus through forced medical experiments, starvation, and public euthanasia debates. During this period, approximately 120 blind Jews were shot, including one resident of the Kaunas Institute for the Blind and four employees of the Vilnius enterprise for the blind (Toločka, 1997). On 11 July 1944, as the occupiers retreated from Vilnius, they burned the buildings of the enterprise for the blind and shot three blind workers, as well as the dormitory cook who did not have a vision impairment (Toločka, 1997).

The return of Soviet power in Lithuania in 1944 continued to break the lives of people with disabilities by 'locking' them in homes or in specialised institutions, though positive stories emerged. This period of Lithuanian history is analysed in the following subchapter.

2.1.3 'There Are No Invalids in the USSR!': Echoes of *Homo Sovieticus* in Contemporary Lithuania

During the Soviet era, disability was treated strictly as a medical issue, which meant that the social dimension of support was largely ignored (Genienė, 2021). Disability was thereby concealed, pushing those with impairments out of the public sphere (Jonutytė & Šmitienė, 2021). For instance, during the 1980 Moscow Olympics, a Western journalist asked Soviet officials whether the USSR would take part in that year's Paralympic Games in Great Britain. The official response was striking: 'There are no invalids in the USSR!', capturing the sharp essence of the Soviet approach to disability at the time (Phillips, 2009).

On 14 June 1941, the Soviet regime initiated mass deportations from Lithuania to harsh, remote regions of Russia, targeting a wide spectrum of the population, including individuals with disabilities. Among the deportees were several blind individuals who had been active in intellectual and civic life, such as philosopher Dr. Ema Zaludokaitė and Stasys Grincevičius, the brother of poet Beatričė Grincevičiūtė. The practice of deporting people with vision impairments continued into the post-war years (Toločka, 1997).

At the core of Soviet ideology, disability was viewed as an obstacle to labour and an element of bodily weakness incompatible with the idealised 'strong' Soviet person (Jonutytė & Šmitienė, 2021). The state invested little to nothing in social infrastructure or services that would enable people with disabilities to live independently or to participate in society. There was virtually no public discourse around adjusting the built environment or social settings to meet individual needs (Genienė, 2021). For instance, disability benefits were extremely low, and essential assistive devices such as wheelchairs were difficult to obtain and often of poor quality (Viluckienė, 2011). A documentary by Blyža (1967) recounts the story of a marriage between a blind man and 'a self-sacrificing woman' that had been ongoing for 30 years, referring to 'a public scandal' arising in 'bourgeois

Lithuania'[5] when the blind man had decided to marry, with attempts made at the time to prevent the marriage.

Notably, if a person with a disability could not sustain themselves at home, they were placed in institutional care. These institutions were governed by a paternalistic ideology, where decisions were made from above and comprehensive control replaced autonomy, seeing people with disabilities as needing to be 'fixed' or 'cured' through medical means, rather than seeing disability as a condition requiring personal support or environmental adaptation (Genienė, 2021).

Despite officially promoting a materialist worldview, in practice the regime operated on utopian and normative ideals of the human body and identity. This ideology encouraged both the physical and symbolic removal of disabled individuals through deportations from cities or placement in boarding schools and sanatoriums where fear, violence, and neglect prevailed (Jonutytė & Šmitienė, 2021). One such example is the school in Apuolė, Kaunas (Lithuania): former residents recall an atmosphere thick with fear and anger, describing the school as a place of psychological and sexual abuse, neglect, and terror. The smell of stale urine and excrement near the dormitory was so intense that it made one gag. Children were subjected to degrading punishments, such as being forced to share bathtubs while jets of water were blasted at them, causing choking and vomiting. These acts were justified by the prevailing belief that disability was a correctable defect, one that had to be treated through harsh, dehumanising methods (Jonutytė & Šmitienė, 2021). Decisions to institutionalise children were made not by parents but by doctors and health officials, further removing agency and individual consideration. Medical care followed the same logic: children might be immobilised for years in plaster casts or forced to wear standardised orthopaedic shoes that caused bleeding and pain, with no regard for their personal needs. This approach was based on the belief that all bodies could and should be corrected according to a

[5] In Marxist–Leninist ideology, the bourgeoisie was understood as the capitalist ruling class that exploited workers and dominated political power, framing history as a struggle between the bourgeoisie and the proletariat – the working class (Das, 2019). Within this framework, Soviet (communist) propaganda in Eastern Europe accused prewar political systems of being 'bourgeois governments', claiming the Soviets were 'saving national minorities from the exploitation of bourgeois governments' (Чубіна & Федоренко, 2021). Opponents of Soviet rule were portrayed as 'bandits' or 'bourgeois nationalists', implying that they defended capitalist interests rather than the working population (Juodis, 2023).

single model, and when correction failed, individuals were hidden away and removed from view (Jonutytė & Šmitienė, 2021).

Over time, more and more children in Soviet occupied Lithuania came to live in institutions designated for children with disabilities and developmental disorders. By the late 1960s, most boarding schools had become 'auxiliary' schools, designed to provide specialised education for children considered incapable of learning in regular educational settings. Children who did not qualify to live in homes for the 'healthy' were labelled as 'anomalous', 'defective', 'disabled', 'inferior', or 'incomplete' (Balčiūnė, 2022). All of these labels conveyed the idea that such children were either entirely worthless to society or at least less valuable than their 'healthy' peers. This view remained largely unchanged throughout the Soviet Russian occupation. For example, in educational materials aimed at newlyweds and prospective parents, people were warned about the circumstances that might lead to the birth of a child with visible congenital markers – described as signs of human 'worthlessness' (Balčiūnė, 2022). Lithuanian SSR chief obstetrician-gynaecologist Jonas Neniškis openly declared disabled individuals unfit for society: 'Such a baby usually has signs of deformity that are incurable even with treatment. He grows up to be a worthless person, burdened with many physical and mental deficiencies' (Balčiūnė, 2022). Until the mid-1970s, institutional reports usually did not specify children's exact conditions. Instead, reports and personal records frequently employed crude and stigmatising diagnoses such as 'idiot', 'moron', or 'imbecile'. These were often the only terms used in both child profiles and institutional performance reports (Balčiūnė, 2022).

The systemic response to the growing problem of 'dangerous' and 'worthless' children in the Soviet system was based not on individualised support, but on the expansion of institutional segregation through the establishment and enlargement of a network of special institutions (Balčiūnė, 2022). Owing to weak oversight and broad, flexible interpretations, these institutions came to concentrate children with very different experiences and needs in one place. The same special boarding schools and strict re-education facilities accommodated minors suspected of criminal behaviour, children with physical or mental disabilities, those

with behavioural, learning, or developmental difficulties, and sometimes even those sent there for legally insignificant 'offenses' such as 'avoidance of schooling'. Institutional disorder was especially evident in the placement of children in age-inappropriate facilities, often by invoking 'exceptions' that in practice became the norm, as well as in assessments based on contradictory psychiatric certificates. Files frequently noted that children were said to have 'deviations', disorders, or sexual 'perversions', including masturbation, bed-wetting, lethargy, eating disorders, and attention difficulties (Balčiūnė, 2022). As a result, mental 'disorders', 'retardation', or sexual 'deviations' were treated as markers of dangerousness and frequently regarded as aggravating rather than mitigating circumstances, particularly when a child had committed an offense. This logic effectively equated children with developmental or behavioural differences with minors who had committed serious crimes, creating an environment in which cases of sexual abuse, suicide, and other forms of violence increased, while 'education' became a secondary aim eclipsed by a regime of repressive control (Balčiūnė, 2022). Overall, the dominance of the medical model of disability permeated every layer of a person's ecological system: from state structures to family members, all tended to think and act within the logic of 'treat, separate, isolate', effectively 'swallowing' thousands of individuals whose personalities, choices, and agency were often not even acknowledged (Genienė, 2021). Beyond state policy, this rationale was appropriated by some families and mainstream schools to justify institutionalisation as a way of removing children they considered difficult or inconvenient (Balčiūnė, 2022).

In addition to officially regulated medical practices, semi-legal yet widely tolerated – and at times even encouraged – methods of reproductive control emerged in Soviet Lithuania, aimed at limiting the reproduction of certain social groups. Women with mental disorders or those socially marginalised often became targets of preventive abortions, which were framed as a strategy to reduce infant mortality and address perceived social problems (Balčiūnė, 2022). Physicians held significant discretion in deciding whether a pregnancy should be terminated, often basing their judgment solely on subjective criteria such as the woman's appearance, family background, or socio-economic circumstances. In practice, such

measures amounted to a form of eugenics, despite the official condemnation of eugenic ideology (Balčiūnė, 2022). Although sterilisation procedures (e.g., tubal ligation) formally required the woman's consent, it often remained unclear whether the individual was adequately informed or whether the decision had been self-initiated. Moreover, family members sometimes actively participated in restricting the reproductive rights of their disabled relatives, aiming to shield themselves from further burdens (Balčiūnė, 2022).

Even within this oppressive system, instances of humanity emerged: individual schools that genuinely sought to educate, and teachers and doctors who treated people with disabilities with dignity (Jonutytė & Šmitienė, 2021). Furthermore, during the Soviet Russian occupation in Lithuania, blind and individuals with vision impairments achieved notable accomplishments in both education and sports, which were recognised at the national and even international levels. For instance, Povilas Vitkauskas became the first blind person in Soviet Lithuania to defend a doctoral dissertation in history at Vilnius University in 1971, marking a significant milestone in academic inclusion. Other individuals, such as Algimantas Šuminas, Antanas Grigutis, Juozas Karlikauskas, Irena Gailienė, and Valentinas Vytautas Toločka, later pursued advanced degrees in technical and social sciences in the period from 1972 to the establishment of independent Lithuania in 1991 (Toločka, 1997), indicating the emergence of a professionally educated blind intelligentsia. In parallel to these academic advancements, sporting achievements were also celebrated. In 1974, Jonas Burakovas, a blind weightlifter, was awarded the title of Sports Master of the USSR, becoming the first blind Lithuanian athlete to receive such an honour (Toločka, 1997). Likewise, in the field of competitive checkers, Stasė Ingaunytė earned the title of Sports Master after winning the USSR women's championship in 1976, becoming the first blind female athlete to do so in Soviet sports history (Toločka, 1997). In the context of all of these achievements, Jonutytė and Šmitienė (2021) raise a vital question: how did people who were constantly stigmatised, isolated, and constrained still manage to survive, not only retaining their dignity and identity but sometimes even achieving more than was ever thought possible?

The experiences of children with disabilities in Soviet residential schools were far from uniform, varying substantially according to the type of institution, the attitudes of staff, and the support available. The testimonies collected and published by Jonutytė and Šmitienė (2021) reveal both positive and deeply harmful aspects of institutional life. Some former pupils remembered the school as a welcoming and safe environment characterised by friendly, supportive, and educational relationships with teachers. They also recalled opportunities for creative participation, including a drama club in which pupils' ideas and suggestions were heard and their achievements were celebrated by enabling them to perform on larger stages. Vytautas, for instance, recalls: '*At the time, it was common practice for graduates of schools for the blind to be sent to various parts of the Soviet Union after finishing their studies. We travelled to Georgia*' (p. 266).

By contrast, other testimonies reveal institutions that failed to protect children from bullying and did not listen to them when they sought help. Jurgita described running away from school at the age of ten after being repeatedly called names by other pupils:

> *I ran away [from school] when I was ten, but of course my grandmother took me back to the school. … When I appeared on the doorstep, she asked, 'What are you doing here?' I told her everything, of course, but as it seemed to me at the time, no one understood me.* (p. 271)

Jurgita's testimony further illustrates how a child's attempt to escape distress and seek safety could itself be treated as an offence:

> *I looked for help, but I didn't get it. When I returned to school, I was punished. They called me to the deputy head's office, and of course I tried to explain what had happened, but no one even listened. They said, 'How could you do this? I would have been held responsible – I could have lost my job!' No one was interested in hearing me out, [or finding out] what had happened to the child, or perhaps talking to the other children… No. Instead, as punishment, they made me spend a month in the 'bedwetter' room. It was deeply humiliating. Those were the children who still soiled themselves. That experience left a real wound. You are not heard, no one listens to you, you are nobody. I*

> *think that experience also shaped many of the decisions I later made in my life and the work I chose to do.* (p. 271–272)

These testimonies also indicate that disciplinary practices could involve stripping children of their clothes and forcing them to remain naked for an entire day. The fear of having their clothes confiscated again encouraged children to deny what had happened and conceal incidents from adults (Jonutytė & Šmitienė, 2021). Punishment therefore operated not only through formal sanctions, but also through bodily exposure, shame, intimidation, and the suppression of truthful disclosure.

I was also a student at one of these boarding schools myself, and my own experiences reveal how exclusion continued beyond the institution's walls. I remember teenagers shouting, 'Look, the invalids are coming!', and taking photographs of us as we passed by. Unfortunately, this was also the period in which mobile phones with cameras were becoming popular and widely accessible, making humiliations such as these easier to record and share. Even today, I sometimes encounter similar cruelty. On one occasion, a stranger stopped me simply to say that my mother should have been hanged for giving birth to me. Such encounters remain deeply painful and difficult to carry. As a child, however, it was easier to laugh them off and continue walking. Thankfully, this was also the time at which I found a friend outside the boarding school. She took me to the theatre, museums, and other places in the city, and these experiences completely transformed my perspective on life. She showed me that not everyone was cruel and that we could have great fun by simply spending time together. Coming from a very small village, I had never learned how to navigate city buses: when and where to get on or off, how to buy a ticket, or how long it remained valid. She patiently taught me these ordinary but essential aspects of independent life. Even getting soaked in the rain and rushing back to the boarding school felt like great freedom.

During this period, I also began to wear dresses, paint my nails, experiment with different hairstyles, and care about grooming and other aspects of my personal appearance. I had somehow been taught that dresses were unsuitable for me because they might reveal my disabled legs and therefore could not be considered beautiful, so it was also difficult for my family to accept these changes. Reactions in beauty salons could be

equally contradictory: some members of staff appeared genuinely inspired and told me how beautiful it was to see me caring for my appearance, while others suggested simply cutting off my hair because it would be easier to manage. I also still remember entering a pharmacy to buy a pregnancy test and seeing the staff and customers stop what they were doing and stare at me for what felt like at least a full minute. At that moment, I understood why my friend had asked me to buy it instead of going herself, and afterwards we laughed about the situation together.

I still notice these kinds of reactions around me. They may now be shorter and less openly hostile, but they can still feel sharp. Over time, however, learning how to respond to them has become a skill. Usually, I stand patiently smiling, waiting until people 'process' the things in their heads. I try my best not to get angry because, in my experience, it just makes everything worse. It is also important to acknowledge that attitudes are gradually changing in a positive direction. People still stop me or my husband in the street, but today they are more likely to congratulate us or thank us simply for being who we are. Both of us are publicly known for our achievements in sport and social activities, and these encounters often feel warm and affirming rather than intrusive. We are now both great lovers of the theatre, and many of these small interactions have become genuinely pleasant.

Importantly, I am not the only person with a disability whose experience of life has been transformed through theatre, creativity, and the surrounding community. A similar example is provided by the Lithuanian theatrologist, literary scholar, writer, and critic Elvina Baužaitė. Born with muscular atrophy, Elvina has spent much of her adult life in bed and requires assistance with nearly every physical aspect of daily life. Nevertheless, she has developed an active life centred on literature, theatre, friendship, and creative work. She completed a bachelor's degree in Lithuanian philology, supplementary studies in art history, and a master's degree in literary studies through distance learning before pursuing further studies in theatre. By 2016, she had already published six books, including poetry and prose, and regularly contributed literary criticism and interviews with actors, directors, theatre critics, photographers, and literary scholars to Lithuanian cultural publications. Because she cannot type or

write independently, she dictates her poems, articles, academic assignments, interview questions, and correspondence to family members, friends, and assistants, who record her words (Purytė, 2016).

Friends from school and university, as well as writers, actors, photographers, artists, and other cultural figures, regularly visit her home, which she describes not simply as a place where visitors come to see her, but as a café, restaurant, cinema, and meeting space. In this way, a room that might otherwise be understood as a site of confinement becomes a centre of intellectual exchange, friendship, and cultural participation. Her friends and family also serve as bridges to events that she cannot attend physically. They tell her about performances, record book launches, share their experiences of rehearsals and theatrical spaces, and enable her to participate imaginatively and emotionally in cultural life. For example, she had experienced all six of her book presentations remotely through recordings and accounts provided by those who attended. She also used the income earned from her creative work to buy books and give theatre or concert tickets to others, explaining that when members of her family attended a performance, she felt as though she participated through them (Purytė, 2016).

Her work eventually included the biographical book *Tiesos vertikalė* (2021, 'The Vertical of Truth') about actor Vytautas Anužis, which she regards as one of the most important achievements of her life (Tumasonytė, 2024). The project emerged through friendship, extended conversations, interviews, and encouragement from members of the theatre community, illustrating how relationships can make creative and professional possibilities available even where substantial physical barriers remain.

These testimonies respond directly to the question posed by Jonutytė and Šmitienė (2021) regarding the coping strategies of individuals with disabilities. They illustrate how, despite the various challenges faced by disabled people, they have not merely survived, but gone on to thrive and even channelled their disabilities into strengths. The history of disability in Lithuania is not just one of personal adaptation, however, as over time the state began to implement a more inclusive agenda.

Starting around 1950, production units were established specifically to employ people who were blind or deaf. These initiatives aimed to provide

structured employment opportunities for individuals with disabilities, albeit within the paternalistic and profit-averse framework of the Soviet planned economy (Urmanavičienė et al., 2021). For instance, the communist authorities began to build a separate, *isolated infrastructure* for the blind, establishing specialised schools, kindergartens, Braille libraries, and industrial work centres (Lith. *kombinatai*) where they produced various items such as buttons and brushes, etc., seemingly promoting integration (Toločka, 1997). Furthermore, excerpts from a 1952 diary entitled *Medžioklė* ('The Hunt'), preserved in V. Toločka's personal archive, describe how he and Napoleonas Kuolis sought out blind individuals, encouraging them to join the Association of the Blind, work in workshops, and abandon begging.

The Lithuanian Association of the Blind (LAD) played a central role in this process, with more than 7,000 members with vision impairments by 1970. While only 39% of these members were employed, this still marked an increase in the employment of blind individuals, which was directly tied to the expansion of LAD-run facilities and the broader Soviet ideological emphasis on productivity (Toločka, 1997).

The isolated infrastructure of blind individuals was confined to a world adapted specifically for them, yet isolated from the rest of society: education, employment, and housing were all organised within the same closed environment (Andrejauskas, 1994). Although it was officially declared that blind and people with vision impairments received state pensions, education, cultural services, and vacation benefits, in reality this often amounted to symbolic inclusion – a model of 'integration through segregation', where social participation was institutionalised as a form of separation (Andrejauskas, 1994). For instance, in Soviet Russia, the town of Rusinovo in the Kaluga region became emblematic of the state's approach to managing 'the disabled'. Individuals with vision impairments from all territories of the USSR who registered with social services were often relocated to Rusinovo, a settlement specifically designed to house and employ blind residents. The town featured adapted housing and a factory operated by the Russian Association of the Blind, where residents could earn sometimes double the income of a typical engineer during the late 1980s and 1990s (Current Time TV, 2017; BBC News, 2012). While such

arrangements were framed as supportive, they functioned within a broader ideological project aimed at removing disabled people from mainstream society (Carney, 2020). For example, as Andrejauskienė and Andrejauskas (1974) note, in 1969, as much as 42% of blind respondents reported having no close friends, suggesting that even within blind communities people remained socially isolated. In addition, only a small proportion of blind individuals were employed outside the LAD network (Toločka, 1997).

Following Lithuania's independence in 1990 and its accession to the European Union in 2004, national policy began to align more closely with EU priorities, including the promotion of inclusive labour markets and social enterprise (Urmanavičienė et al., 2021). However, this logic of invisibility, deeply embedded in Soviet biopolitics, continues to influence perceptions of disability today, as ideological constructs do not simply vanish by decision alone (Jonutytė & Šmitienė, 2021). For instance, as a signatory to the CRPD, Lithuania has incorporated relatively strong disability protections within its constitutional and legal framework: the constitution explicitly recognises the right to health, prohibits disability-based harassment, and places obligations on employers to prevent discrimination in the workplace – provisions that are more explicitly articulated than in, for example, the constitutional framework of the United States. As Lolat-Pazarauskiene and Ward (2025) observe:

> *Lithuania's constitution explicitly guarantees an approach to the right to health, whereas the US constitution does not; its legislation explicitly prohibits discriminatory harassment on the basis of disability, whereas this is only guaranteed in separate legislation in the US; and employers are required to take one or more specific measures to prevent disability-based discrimination at work according to Lithuania's constitution, whereas no explicit requirements exist in that of the US.* (p. 3)

Yet according to an audit conducted by the Lithuanian Commission for Monitoring the Rights of People with Disabilities (2023), 'although Lithuanian institutions are making efforts towards international commitments, none of the articles regulating equality and non-discrimination, accessibility, the equality law, independent living, humanitarian crises, education, and the collection of statistics are being

properly implemented.' Consequently, individuals with disabilities in Lithuania may continue to encounter barriers to employment despite formal legal guarantees.

Lolat-Pazarauskiene and Ward (2025) have explored how individuals with visibly detectable chronic physical disabilities in Lithuania navigate and attempt to escape precarious working conditions in a post-Soviet context. Interview data from 45 participants reveal that many workers with disabilities do not fear job loss as much as they experience a sense of being trapped in unsuitable or even harmful employment (Table 3). These individuals often feel obligated to accept exploitative conditions, with social expectations pressuring them to express gratitude for having a job at all, despite the absence of adequate support or fair treatment.

Table 3

The workplace experiences of employees with chronic physical disability in post-Soviet society: the case of Lithuania.

Theme	Secondary code	Primary code	# References	Representative quote
Experiences of precarious work	General feelings of disempowerment	No alternatives	2	'Well, where are you going without us? Where are you better off without us? How to say? They have given you working conditions, and you are hostage to the situation one way or another.'
		Obligation to accept the status quo	4	'If it wasn't for my family, I don't know if I would have put in as much. Sometimes it can be too much, and it can harm your health. Sometimes, it's about family, even if you're not good.'
	Perceptions of specious inclusion practices	Disregard for health	5	'… you are physically sick from the screen and have nowhere to stand.'
		Financial exploitation	5	'The employer … pays you a little less because you get disability benefits, even when you work more than others.'
Performance barriers	Direct barriers via inaccessibility	Work speed barriers	8	'Where a healthy person will do the same work in 5 minutes, a disabled person will do it in 30 minutes, and this determines many things … Why, it's easier to hire someone who is completely healthy and let them work.'
		Non-adapted environment	13	'Okay, you found a building with an elevator, a beautiful accountant arrived, in beautiful wheels, sitting beautifully, but it turns out she can't go to the toilet.'
	Indirect barriers via prejudicial treatment	Physical disability as a mental impairment	3	'For some reason, people add mental disability to all disabilities. I do not know why. He is just afraid that disabled people will do something bad. Therefore, I think they are afraid that we cannot do the job, like if you have a disability, you're automatically stupid.'
		Instilled sense of helplessness	9	'… parents, out of concern or love, do everything for them … Just because they start with that concern or love, they start doing everything for them.'
		Ignorance of work abilities	15	'Employers are really afraid to employ people who have … even a mild disability … They don't know what they can do.'

Theme	Secondary code	Primary code	# References	Representative quote
Precarious work escape	Impression management	Concealing	20	'Since I work remotely in all the mentioned places, no one sees that disability so there is no need to overcome anything.'
		Redirecting	30	'Having a good academic background help[ed] to offset the perceived deficiencies related to disability. You can prove that your disability does not hamper you from performing your desired job.'
	Informal support	Lateral support	29	'I am very happy that they accept me like this… The team supports me like this, adapts to my needs.'
		Top-down support	14	'It was nice when my supervisor went to his own supervisor and said "I have a man on staff, I want him to stay. Can we find tools that will suit him?"'
	Entrepreneurship	Opportunity creation	6	'It is important that people would not be afraid to work specifically for themselves and to realise themselves. It may not always be necessary to look for a job, you can create your own workplace.'
		Self-accommodation	3	'… decide for yourself how busy you want to be, how much it would affect you, and what you want.'

Source: Lolat-Pazarauskiene, A., & Ward, A.-K. (2025). Workplace experiences of employees with chronic physical disability in post-soviet society: A new model of escape from precarious work. *European Management Journal*. Advance online publication.

In their study, participants frequently described practices of so-called inclusion that in fact perpetuated inequality. Employers would hire workers with disabilities to appear compliant with inclusion policies, only to underpay them by citing state-issued disability pensions. In doing so, organisations justified wage discrimination while concealing it behind a facade of social responsibility. These specious inclusion practices contributed to the commodification of disabled workers, reinforcing a power imbalance that left employees feeling exploited and disempowered (Lolat-Pazarauskiene & Ward, 2025).

Performance-related challenges were another key theme. Participants faced structural barriers, including inaccessible work environments, a lack of adapted tools, and unrealistic productivity expectations. Even basic provisions like restroom access or ergonomic accommodations were often lacking. These environmental factors significantly hindered productivity and reinforced the perception that disabled employees were less competent, despite evidence to the contrary.

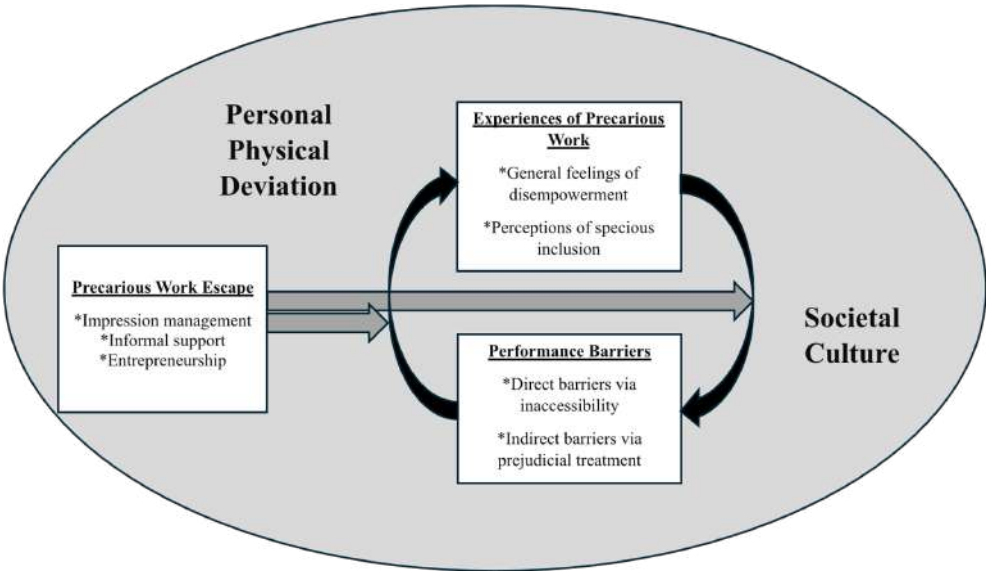
Social barriers were even more pervasive. Many participants encountered prejudices that equated physical disability with intellectual incapacity. They were often infantilised by family members or underestimated by colleagues and employers. These experiences fed into internalised narratives of helplessness, which stemmed in part from a Soviet-era paternalistic culture that discouraged autonomy and fostered dependency. This sense of learned helplessness was described by several participants as originating in overprotective childhood environments and extending into adulthood (Lolat-Pazarauskiene & Ward, 2025). In response to these challenges, the participants had developed informal strategies to improve their situations. Impression management was commonly used. For example, some concealed their disability status during job applications or interviews – especially for remote positions where visual cues were absent. Others highlighted their academic achievements or extensive work experience to shift attention away from their disability. These proactive efforts were not just about showcasing qualifications, but were acts of resistance against systemic bias that devalued them based on physical appearance alone (Lolat-Pazarauskiene & Ward, 2025). Furthermore, social support within organisations, while not always present, played an

important role when available. Some participants described co-workers and supervisors who advocated for them or provided tailored accommodations informally. These relationships helped mitigate the effects of structural exclusion and enabled workers to thrive in environments that otherwise offered little formal support. These interpersonal dynamics often proved more effective than national legislation or organisational diversity policies, which were inconsistently implemented or entirely disregarded (Lolat-Pazarauskiene & Ward, 2025).

Finally, a small number of participants turned to entrepreneurship to escape exploitative employment. Those who succeeded described it as a means of creating autonomy and reshaping work environments to suit their needs. Some even employed others with disabilities, creating small but meaningful inclusive spaces. However, most participants were hesitant to pursue this path due to concerns about financial risk or limited resources. This reluctance reflects broader structural constraints in Lithuania's post-Soviet labour market, where entrepreneurship is not always viewed as a viable or accessible option for marginalised individuals (Lolat-Pazarauskiene & Ward, 2025).

As a result of their study, Lolat-Pazarauskiene and Ward (2025) propose a conceptual model of disability-based precarious work (Figure 21). This model illustrates how physical deviation from normative embodiment interacts with social and organisational contexts to generate a cycle of performance barriers and disempowerment. Precarity is reinforced through employer prejudice, inadequate accommodation, and a lack of structural accountability. This cycle is only disrupted through proactive, often informal individual behaviours such as concealing disability, seeking social support, or becoming self-employed.

Figure 21
A new model of escape from disability-based precarious work in the context of Lithuania.



Source: Lolat-Pazarauskiene, A., & Ward, A.-K. (2025). Workplace experiences of employees with chronic physical disability in post-soviet society: A new model of escape from precarious work. *European Management Journal*. Advance online publication.

This model is particularly relevant in post-Soviet societies, where the legacy of *Homo sovieticus* continues to shape organisational behaviour (Tyszka, 2009). The passivity, indifference, and hierarchical mentality of Soviet-era systems foster an environment in which leaders are unlikely to initiate or enforce inclusive practices. In this context, individual disabled workers must take on the burden of navigating or resisting exclusion. These findings underscore the urgent need for more significant institutional change and stronger accountability mechanisms to prevent the continued marginalisation of disabled workers in Eastern Europe and beyond (Lolat-Pazarauskiene & Ward, 2025). Recognising these *historical patterns* and their role in shaping future opportunities for people with disabilities in Lithuania, I now turn to my own interviews with employees with disabilities and their employers in order to examine how *(self-)stigmatisation* and community attitudes shape future prospects for people with disabilities.

2.2 Present Perceptions

The lived experiences of employees with disabilities and the organisational interpretations of employer representatives indicate how historical Lithuanian legacies of disability are experienced, reproduced, negotiated, and challenged in everyday working life. The dialogue between these perspectives shows that disability employment is shaped not only by formal policies or individual capacities, but also by relational dynamics, organisational culture, social expectations, and historically embedded assumptions about productivity, independence, and belonging (see Appendix D).

In this subchapter, I first outline the research methodology, including the two-stage qualitative design, data collection procedures, ethical considerations, coding strategy, and characteristics of both participant groups. I then provide an analysis of the research results in the final section.

Yet it is important to consider the potential influence of my own background and relationship with the participant group, particularly because I have a disability myself. I am a native Lithuanian with a chronic, visibly apparent physical disability, and through my own lived experience I maintain contact with various Lithuanian disability advocacy groups, along with non-governmental and for-profit organisations that employ people with disabilities. Through these networks I obtained contact details for potential participants via informal in-person interactions, social media, and direct outreach. Initial recruitment emails were sent to individuals who met the study criteria, and recipients were invited to share the invitation with others who might also be eligible. In addition, at the end of each interview participants were asked to circulate the invitation among relevant contacts and through their own social media networks. Furthermore, following the guidance of Cañibano et al. (2025) and Miles et al. (2020), I acknowledge that my lived experience as a person with a disability may also shape how I perceive the research topic and how I approach and interpret the experiences of employees with disabilities and their executives. While this standpoint allows me to perceive subtle

nuances in the challenges, coping strategies, and forms of (self-)stigmatisation encountered – insights that may not be as visible to a more detached observer – I am also aware that this insider status (Cañibano et al., 2025; Miles et al., 2020) may carry the risk of researcher bias. Therefore, I follow academic recommendations, including those of Baxter and Jack (2008), Braun and Clarke (2006), Chenail (2011), Denzin and Lincoln (2011), Dodgson (2017), Flyvbjerg (2006), Gioia et al. (2013), Myers (2019), Pyett (2003), Sousa (2014). In this way, I seek to ensure that despite my personal experience and perspective, the research conclusions remain critically examined and methodologically grounded.

2.2.1 Research Methodology

Employment inclusion depends not only on whether support exists in a *de jure* sense, but also on how it is enacted, perceived, negotiated, and experienced in practice. Given the contrast between the statistical and qualitative data collected, I consider a qualitative research approach to be the most appropriate methodological choice for this study. For instance, the evidence points to the importance of broader workplace culture: when employees report positive treatment by managers and strong manager–employee consultation, the gap in disability perceptions is reduced or eliminated, especially regarding job satisfaction (Jones, 2016). Jones (2016) also highlights that although workplaces in the United Kingdom with active disability practices, such as adjustments for disabled employees or the encouragement of disabled applicants, appear to have smaller perception gaps, these differences are not statistically significant. In addition, Limbachia and Mistry (2026) quote Slade et al. (2020), noting that although unemployed people with sight impairments in the United Kingdom continue to face barriers to employment, including negative employer attitudes, insufficient support, and inaccessible recruitment processes, 75% of employed people with sight loss in the country are satisfied with the support and workplace adjustments provided by their current employers. At the same time, contemporary research in Lithuania shows that although participants' working conditions do not meet the

criteria for modern slavery, their precarious work experiences can overlap with certain characteristics of this phenomenon, revealing serious vulnerabilities even within a CRPD signatory (Lolat-Pazarauskiene & Ward, 2025). These examples highlight the fact that disability employment cannot be fully understood through policy frameworks or formal equality measures alone; it also requires us to pay attention to meanings, narratives, social expectations, and everyday organisational practices.

In particular, I base my research on in-depth, semi-structured interviews with two different groups: employees with disabilities and employers' representatives. Importantly, this interview format enables participants' experiences to be heard without forcing them into a rigid predetermined structure, combining predefined and open-ended questions that allow participants to share their personal experiences in their own direction while still addressing the main research themes (Gaižauskaitė & Valavičienė, 2016).

First, I conducted in-depth, semi-structured interviews with employees with disabilities. In line with the recommendations of Restubog et al. (2021), I employed an inductive research approach to foreground the perspectives of an often-overlooked group of socially vulnerable workers: employees with chronic, visibly apparent physical disabilities in a post-Soviet context. Miles et al. (2020) note that, within their group of qualitative experts, they 'no longer adhere slavishly to one school of thought, or practice solely within the boundaries of one particular methodological approach … [they] do not subscribe to any one particular genre of qualitative research' (p. 6). In this vein, while my methods were informed by widely accepted qualitative guidelines (e.g., Glaser & Strauss, 1967; Guest et al., 2013; Huygens, 2006; Myers, 2019; Strauss & Corbin, 1990), I adapted them as needed in order to understand the themes emerging from participants' stories. I generally followed a grounded theory approach (Strauss & Corbin, 1990) to understand participants' lived realities of employment, while interpreting their experiences through the lens of established theoretical frameworks. In this sense, I situate this research within the transformative paradigm (Mertens, 2008), positioning participants as active contributors in the creation of knowledge and emphasizing respect, reciprocity, and empowerment throughout the

research. Notably, this dataset was also utilised in a previously published study (Lolat-Pazarauskiene & Ward, 2025). While the earlier article focused specifically on modelling trajectories of escape from precarious employment, the present research engages the data within the framework of *(self-)stigmatisation.*

Furthermore, in parallel with the employee-focused strand of this study, I also collected semi-structured interviews with representatives of employers of people with disabilities in order to better understand how employment opportunities are shaped from an organisational perspective. Drawing on the same flexible qualitative logic described above, I approached these interviews not simply as a source of institutional opinion, but as an important means of examining how employers interpret disability, inclusion, capability, workplace adjustment, and future potential within real work settings. Consistent with the broader transformative orientation of the research, I used these interviews to capture both enabling and limiting factors within workplaces, while recognising employer representatives as key actors in the co-construction of inclusive or exclusionary employment environments. Through this approach, I was able to place employees' lived experiences in dialogue with employers' perspectives, thereby developing a more contextually grounded understanding of disability and work in the post-Soviet context.

Research Philosophy

In this study I adopt a relativist ontological position, assuming that existence is not absolute but relational and interaction-dependent. From this perspective, reality is not a single fixed entity; rather, multiple realities exist depending on the forms of interaction through which they become accessible (Rassokha, 2022). Consequently, my role as a researcher is not to uncover a single objective truth, but to interpret how meanings are produced, how realities are narrated, and how different understandings of the same phenomenon coexist within a particular social context. This conceptual stance allows me to recognise that different participants may interpret the same phenomenon in diverse ways, and that such differences are analytically valuable rather than methodological limitations.

At the same time, I follow the approach of epistemological relativism, according to which knowledge, truth, and justification are understood as relative to particular temporal, social, cultural, historical, and conceptual contexts (Siegel, 2004). From this perspective, what counts as knowledge, or what is accepted as true or justified, depends on the standards, background principles, and criteria of evaluation used within a given society, culture, historical epoch, or conceptual framework (Siegel, 2004). Accordingly, I understand knowledge as context-dependent and interpretive, recognising that participants' accounts are shaped by the social, cultural, historical, and institutional conditions within which their meanings are produced.

Data Collection Procedures and Ethical Considerations

First, I carried out in-depth semi-structured interviews with 45 employees with disabilities in 2020 and 2023. Second, I conducted 32 semi-structured interviews with employer representatives in 2024 and 2025. Codification and analysis occurred alongside the data collection process, and recruitment was concluded once theoretical saturation had been reached (Charmaz, 2006; Eisenhardt & Graebner, 2007; Locke, 2001). By the 45th employee interview and the 32nd employer interview, additional interviews primarily confirmed rather than substantially changed the patterns already identified. Each interview was conducted online to ensure accessibility and convenience for all participants. Prior to the interviews, participants received comprehensive information regarding the purpose of the study, the procedures for data collection and storage, and the confidentiality protocols established to safeguard personal information. Participants were also informed of their right to withdraw from the study at any time without justification or consequences. In full compliance with ethical research guidelines, audio recording was initiated only after participants had provided their explicit, informed consent, thereby ensuring transparency, respect for autonomy, and adherence to established data protection principles.

Furthermore, given the sensitivity of the research topic, I took additional measures to safeguard the confidentiality of participants with disabilities by not directly linking their individual testimonies to detailed demographic

profiles, as the relatively small and interconnected disability community in Lithuania could make participants identifiable through combinations of characteristics such as age, disability type, and professional background. The need for enhanced protection became particularly evident during the interviews: some participants became emotional or cried while recounting their experiences, while others requested additional conditions to feel safe, including conducting the interview in complete darkness. Publicly documented cases also show that people with disabilities may face severe reactions when expressing views or experiences that challenge accepted community narratives. One deaf singer, for example, reported receiving death threats from the deaf community in response to their performance (Rose, 2017; Salisbury, 2017). Altogether, although I acknowledge the analytical value of more detailed participant profiling, ensuring participants' safety, dignity, and trust remains my top priority.

Coding and Pattern Identification

Within the framework of any research methodology, the procedures for data coding and pattern identification are organised into a series of fundamental stages, ensuring a rigorous and systematic approach to the analysis of empirical data (Baxter & Jack, 2008; Braun & Clarke, 2006; Chenail, 2011; Denzin & Lincoln, 2011; Dodgson, 2017; Flyvbjerg, 2006; Gioia et al., 2013; Myers, 2019; Pyett, 2003; Sousa, 2014).

First, prior to analysis, all transcripts were subjected to rigorous anonymisation procedures (Clark, 2006; Nespor, 2000; Surmiak, 2018) to protect participants' privacy and confidentiality. Any identifying information, such as locations and organisational affiliations, was removed, and participants' names were replaced with pseudonyms. To make the text reader-friendly, participants are referred to by widely used Lithuanian names in the main body of the monograph. In Appendices A and C, participants are coded numerically for systematic reference.

Second, the interview transcripts were systematically coded to identify recurring themes, patterns, and relationships across cases (Ryan & Bernard, 2003; Williams & Moser, 2019), involving both *open and axial coding* (Alhassan et al., 2023; Kendall, 1999; Khandkar, 2009; Williams & Moser,

2019). This enabled the categorisation of segments of data and the exploration of how these categories relate to one another within and across participants' narratives. Coding was conducted through successive cycles, with initial codes refined through multiple readings and constant comparison to ensure consistency, depth, and analytical rigour. MAXQDA 2022 was used for analysis.

Lastly, narrative analysis (McAlpine, 2016; McCance et al., 2001; Oliver, 1998) was applied to explore how individuals reflect on and interpret their life experiences, identifying both shared and divergent perspectives. Overall, these stages create a systematic yet interpretive framework for capturing the depth and complexity of participants' experiences.

2.2.2 The Characteristics of Employees with Disabilities

The demographic characteristics of participants are presented in Appendix A. The age of participants ranged from 23 to 67 years, with an average of 35. On average, they had accumulated 8.58 years of overall employment experience and 4.87 years in their current role, with employment experience varying from early-career participants to individuals with more than four decades of professional practice. The occupational spectrum is broad and includes teachers, programmers, accountants, marketing managers, editors, masseurs, and other professionals, as well as those self-employed through establishing their own companies and becoming CEOs. This diversity enabled me to examine disability inclusion within mainstream labour market positions, including leadership roles.

The participants included individuals with mobility and vision impairments, with disability onset at birth, in childhood, or in adulthood: of the 45 participants, 22 (49%) had a mobility-related disability and 23 (51%) had a vision-related disability. For 24 participants (53%), disability was present from birth; for 10 (22%), it began in childhood; and for 11 (24%), it emerged in adulthood. In terms of education, six participants (13%) had completed secondary education, four (9%) held a vocational qualification, and 35 (78%) had obtained a bachelor's degree or higher.

Importantly, I did not collect gender data, as gender was not central to the purpose of the study; therefore, any pronoun use in the results section should not be interpreted as analytically significant.

Overall, the structure of the employee sample and the design of the interview guide reflect my intention to examine employment as a dynamic process shaped by embodiment, biography, organisational context, and future orientation.

Structure of the Interview Guide

I designed the interview guide (Appendix B) to explore employment trajectories, everyday work experiences, organisational strengths and challenges, and future career perspectives. I invited participants to describe their entry into the organisation, their responsibilities, and typical working days, as well as the obstacles they encounter and the strategies they use to overcome them. Particular attention was paid to how disability influences professional development, how participants imagine their future careers, and how they interpret the meaning of disability in the context of employment.

2.2.3 The Characteristics of Employers' Representatives

In designing this study, I deliberately constructed an employer sample that reflects both sectoral and organisational diversity. As shown in Appendix C, the sample includes organisations from the fields of technology, public services, finance, manufacturing, professional advisory services, medical care, logistics, and telecommunications. By including representatives from both market-oriented and publicly regulated sectors, I sought to create an analytical basis for examining how institutional context, regulatory frameworks, and organisational culture shape approaches to inclusive employment. This diversity also allows the analysis to move beyond sector-specific accounts and instead identify broader structural and normative patterns in employers' reasoning.

Structure of the Interview Guide

I designed the semi-structured interview guide (Appendix D) to explore how organisations engage with disability inclusion, including the history and motivations behind employing people with disabilities, recruitment and selection practices, workplace accommodations, and challenges encountered in implementing them. Additional questions addressed team responses, perceptions of productivity and performance, career development, training, wage equality, and critiques related to reputational motivations. A final open-ended question allowed participants to raise issues beyond the predefined themes.

In terms of the organisation's size, the range includes large enterprises (250+ employees), medium-sized organisations (50–249 employees), and small companies (1–49 employees). I conducted interviews exclusively with individuals occupying positions of substantial or final authority in employment decision-making. The sample includes representatives from Executive Leadership and Human Resources. By engaging Executive Leadership, I sought insights into the strategic and governance-level orientation of organisations toward inclusion, including how disability employment is framed within broader institutional values and public positioning. By interviewing Human Resources Executives, I gained insights into the procedural and operational dimensions of recruitment, personnel policies, and accommodation practices. This dual-level perspective allowed me to analyse both the normative commitments and the practical mechanisms shaping employment opportunities for people with disabilities.

Overall, the composition of the employer sample and the design of the interview instrument reflect an analytical commitment to examining disability inclusion as a multidimensional organisational process situated at the intersection of strategic governance, procedural arrangements, normative assumptions, and everyday workplace practices. By drawing on structurally diverse organisations and participants directly involved in recruitment and employment decision-making, I aimed to collect empirically grounded, institutionally situated, and diverse insights into the employment of people with disabilities.

2.3 Research Results

In this subchapter, I present the *empirical findings* of my research on how disability, stigma, and institutional arrangements shape the employment opportunities and future horizons of people with disabilities. Drawing on *interviews with both employees with disabilities and representatives of the executives who employ them*, I show that disability is not a fixed condition, but a socially and institutionally mediated experience that is continuously negotiated in everyday work and community life. In the first section, I examine how people with disabilities interpret impairment, mobilise personal resources, and navigate participation through agency, belonging, and shared responsibility. In the second section, I analyse how executives mediate between formal organisational requirements and the cultural work of inclusion.

2.3.1 The Perceptions of Interviewees with Disabilities

Disability is actively renegotiated at the intersection of individual agency and collective context. Drawing on interview narratives from the perspectives *of interviewees with disabilities* (participant demographic characteristics are presented in Appendix A), I demonstrate that impairment is neither experienced nor interpreted as a fixed biological fact alone, but is instead a lived condition shaped by perception, motivation, resource mobilisation, and relational environments. The section unfolds across two interrelated dimensions (see Figure 22). First, I explore *individualised disability perceptions*, showing how participants reinterpret impairment through inner orientation, life stage, and personal aspirations, while strategically mobilising emotions, education, and finances as forms of personal capital. Second, I analyse how these individualised strategies are sustained within a broader framework of *joint responsibility for participation*, where belonging, recognition, and institutional support converge with structured self-discipline to enable meaningful engagement in work and community life. Together, these perspectives reveal disability as a dynamic

process that is continuously reframed through both personal effort and shared responsibility.

2.3.1.1 Individualised Disability Perceptions

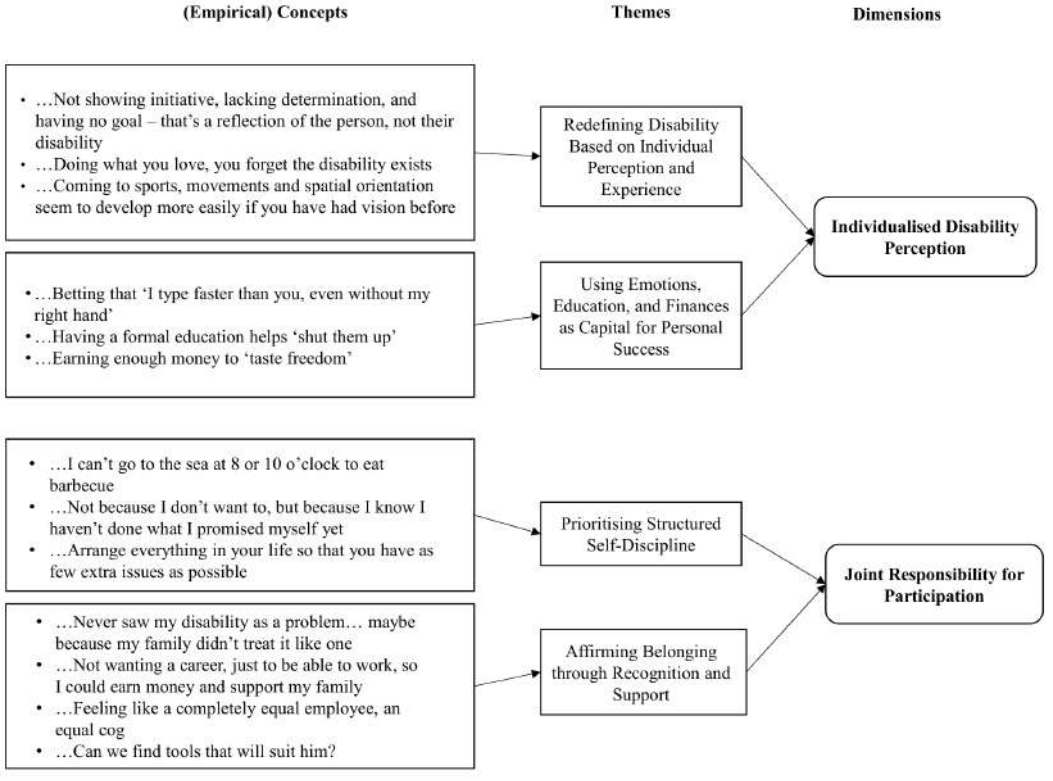
Individuals interpret their impairment in relation to motivation, life stage, and personal aspirations. In addition, disability can not only be redefined through inner orientation and lived experience, but also strategically navigated through emotional resilience, educational attainment, and financial stability as forms of personal capital. Taken together, these perceptions demonstrate that disability can be understood and negotiated through personalised perspectives rather than treated as a fixed bodily condition or as a 'label'.

2.3.1.1.1 Redefining Disability Based on Individual Perceptions and Experiences

Disability is redefined through individual perception, motivation, and lived experience, rather than being understood solely as a bodily impairment. In their interviews, participants shifted the focus from physical limitations to inner orientation, emphasising personal attitude, the timing of onset, and the type of impairment as key factors shaping both professional trajectories and everyday life outcomes.

Figure 22

Individualised disability perceptions and joint responsibility for the participation of employees with disabilities in the labour market.



…Not showing initiative, lacking determination, and having no goal – that's a reflection of the person, not their disability

Across the interviews, a powerful reframing of disability emerges – one that shifts the focus from bodily impairment to inner orientation. Productivity and contribution are not defined solely by participation in the formal labour market, but also by motivation and engagement. As Julija explained: '*I may not be working full-time, but I'm studying, I'm writing, I'm constantly learning new things. I can manage my own time and projects. It may not be what the labour code calls work, but it is work in every meaningful sense.*' Here, work is understood as purposeful activity rather than contractual employment, and value is grounded in self-driven engagement.

Several participants emphasised the importance of perspective, underscoring the focus on *what one can still do*. As Vaida noted, '*in my opinion, what matters more is your attitude toward your disability. It is important to see not what you cannot do, but what you still can do.*' Similarly, Algirdas stressed the primacy of agency over restriction: '*When you are needed as part of the workforce, a person can work even with minimal abilities. But if you want to be the architect of your own happiness, then what matters is what you can do – and you can do a great deal.*' Violeta also described rebuilding confidence through incremental action: '*I had to get out of that feeling that everything was over. I started doing small tasks at home. And I realised I can do more than I thought.*'

At the heart of this perspective lies a clear distinction between impairment and inertia. Renata articulated this bluntly: '*Not showing initiative, lacking determination, and having no goal – that's a reflection of the person, not their disability.*' Disability, in this framing, is equated with a lack of initiative; the absence of goals, aspirations, or internal drive is treated as a separate, personal matter. Milena reinforced this ethos of agency:

'*If one truly wants to work 100%, they will always work. If one wants to look for excuses, they will find 1,000 reasons: the workplace isn't adapted, the employer is like this, they don't have a car, they won't hire them as a director. When you ask yourself 100% honestly, do you want to work or not? If you want to, you'll look for ways; if you don't, you'll have 1,000 reasons. But people don't say the real answer – that yes, they don't want to work, and they are looking for ways not to do that. Yesterday I was driving through the city – a girl in a wheelchair was begging for*

money; she has a husband, she has a home. 'What are you doing here?' – 'We're short of money.' We all receive the same benefits; why are you sitting here – go do something? But she doesn't want to work or cook herself; she wants to receive alms …. If you've lived in a wheelchair for 30–50 years and still haven't managed your life, it's not the environment's fault; you're not doing something. Take responsibility, and you will have as much as you invest in your own effort.'

The greater obstacle, therefore, is not impairment but passivity.

Such attitudes extend into professional life, where determination becomes a response to scepticism. Lukas, recalling repeated rejections, emphasised this: '*What helped me was determination, stubbornness, courage, the ability to explain or prove to other people that disability is not an obstacle – it is possible to perform all tasks, regardless of the fact that you cannot see.*' Motivation and self-advocacy function as counterweights to structural doubt.

In its most explicit formulation, this reframing goes so far as to redefine disability itself: '*I would have never called this a physical disability in just the physical sense. Disability is when a person does not want to live independently. Disability is the result of a person's unwillingness to create. When a person does not have goals, they don't know what they want*' (Milena). From this perspective, disability is metaphorically relocated from the body to the absence of aspiration, shifting from a physical condition to an existential orientation – toward whether a person chooses engagement or withdrawal. Ultimately, clarity of purpose anchors practical strategies. As Tomas put it: '*You need to decide what you want to do in life. First of all, what are you interested in? … And then follow that path, all the time.*' In this framework, identifying meaningful goals enables individuals to sustain effort within a coherent life trajectory.

Still, the psychological dimension remains central. '*Disability, of course, has a bit of a braking effect because it affects you psychologically… Sometimes that can be a drag. If you yourself lack motivation, desire, or something, then that's it*', Rimantas affirmed. This reflection suggests that while impairment introduces structural and bodily challenges, the trajectory of adaptation is deeply intertwined with meaning-making and internal motivation.

At the same time, participants criticised the excessive focus on terminology. Julija remarked: '*Well, you know, with those terms and how much they keep changing in recent years, sometimes it seems to me that we go through*

this mill a little too much, really – call it whatever you want, but I cannot climb the stairs anyway.' This comment suggests that semantic refinements alone cannot replace practical change. Directness, action, and opportunity matter more than labels.

Taken together, these narratives portray disability not simply as a set of physical limitations, but as a field of possibilities shaped by the individual response – opportunities that one may embrace, negotiate, or leave unrealised. At the same time, they do not deny the material reality of impairment; the bodily dimension remains a significant and concrete aspect of lived experience that must also be acknowledged.

Contemporary disability narratives challenge the lingering societal assumption that physical impairment implies diminished human worth or ability. This reframing is illustrated in Milena's account of a transformative realisation: '*When I became disabled, I spent years just waiting to walk again, waiting for that moment to "start living". Until one person [a bus driver] made me realise that while I wasn't walking, I could still do so much. He prompted me to consider, "maybe you should finish your studies? You should do your homework, get a degree, a driving licence, for the time when you will walk, so that when you start walking, you can already live at full pace." And so, with renewed vigour, I dove into my schooling, and started truly living.*' In this narrative, value emerges not from regained physical functionality but from a proactive temporal orientation, redefined productivity, and internal motivation.

…Doing what you love, you forget the disability exists

Milena offered further reflection on the deep psychological and societal barriers faced after the onset of disability: '*People expect you to show some suffering, something visible, but if you just go about your life, do your thing, some think you're faking or exaggerating the disability. That really disturbs me. Why should disability be proved through pain?*' This observation critiques the performative standards imposed on disabled bodies – where authenticity is measured through visible suffering – and highlights the emotional labour required to meet or resist such expectations.

Finally, the participants also articulated the erasure of disability through immersion in passion: '*When you get into a rhythm, when you are interested in something, you forget the disability exists. And that's how I want others to see me*

– not as someone disabled, but as someone doing what they love.' (Renata). This account does not deny the existence of impairment but reframes it as a contextual rather than essential feature of identity – one that dissolves in moments of flow, creativity, and social presence.

Paulius reflected on professional self-realisation, emphasising that the most important element is finding a place to realise oneself: '*It is very important to find a place to realise yourself, because I think that for any person, nothing can be worse than not having the opportunity to somehow realise yourself.*' Even when acknowledging societal rigidity, Paulius underscored the need to demonstrate alternative ways of performing tasks: '*We have to show by our example, when communicating, that those changes are very necessary in our society.*' Opportunity here becomes a collective project of gradual transformation.

Taken together, these narratives reveal a multidimensional understanding of personhood grounded in reflexivity, engagement with the world, future planning, and a refusal to be defined by bureaucratic or biological constraints.

…Coming to sports, movements and spatial orientation seem to develop more easily if you have had vision before

The timing and nature of the onset of disability profoundly shape how individuals adapt to their condition, with distinct trajectories depending on the type of impairment. In the case of vision loss, being blind from birth often entails greater psychological and practical challenges than losing sight later in life. Individuals born blind may lack visual experiences that are typically taken for granted in communication. As Ieva observed, '*there is a great difference between a person who once saw the world and can imagine it, and a person who has seen nothing at all.*' Karolis directly linked communicative discomfort to the absence of visual cues: '*My eyesight is a part of it, probably the biggest… it doesn't feel stable when you can't see another person's face… it makes me feel uncomfortable, that's why I avoid such situations.*'

Similar distinctions emerged in relation to sport and physical activity. Those who had previously had sight often described smoother adaptation due to retained visual memory. As Rita explained, '*for instance, I do professional sport, and all the blind people who train with me used to have vision.*

There is nobody who was born blind. When it comes to sports, movements and orientation seem to develop more easily if you have had vision before.' Prior visual experience appears to support orientation, coordination, and confidence in movement.

Although acquiring blindness later in life may provoke grief, visual memory can also assist psychological reorientation and the reconstruction of activity. As Gytis reflected, '*when people acquire a very high level of disability, they fold up, go into depression, because they understand what they lost… But if they are strong-willed, they can pull themselves together. There is a saying – life does not beat weak people, since they kneel anyway*.' Here, adaptation is portrayed as a demanding but possible process of internal reorganisation. One reflection by Simona captures this emotional arc of adapting to vision loss: '*If a person doesn't 'fit within themselves' when they can see, then when they lose their sight it's as if all the steam escapes from a balloon. It escapes, but later it gathers again, and once more that person's activity is 'everywhere''*, suggesting that personal resilience and inner strength ultimately shape how disability is experienced and overcome.

In contrast, for individuals with mobility impairments, the pattern often appears reversed. Those with early-onset physical disabilities frequently describe smoother psychological and functional adjustment. '*Since I became disabled in childhood, I got used to doing everything that I want*', said Rimantas, who had lived with a mobility impairment since early life.

Long-term familiarity with bodily constraints can foster autonomy and a problem-solving mindset. Conversely, participants who acquired mobility impairments later in life often described deeper emotional disruption: '*When it happens unexpectedly later in life, it's psychologically more difficult… it's harder to return to your former life*' (Kristina). Those who acquired disability later described the loss in particularly comparative terms: '*I look at it from my own perspective… when you don't have anything to compare to, it doesn't hurt as much as when you don't know what you can't do*' (Evaldas). In these cases, the challenge lies less in learning new techniques and more in mourning the loss of previously embodied freedom.

At the same time, living with chronic conditions involves continuous bodily negotiations that shape both everyday life and professional trajectories. Sonata recalled a period when severe joint pain made even the

simplest movements nearly impossible: '*When I contracted that disease in 2000… every joint, every bone hurt like a terrible toothache. I would cry, limp to the bathroom, lean on something, and then somehow get up.*' Yet rather than withdrawing from employment, Sonata deliberately reorganised their workload: '*I worked all the time, I organised that I would not have work on Friday, so I could go to the hospital regularly without disturbing work.*' Similarly, shortly after eye surgery, Sonata maintained a focus on work and purpose: '*I'm just after eye surgery, but I'm saving my eyes for work. I will soon turn 68, so I will work for a couple more years …. I'm just happy every day that I can still work.*' This reflection suggests that while impairment introduces structural and bodily challenges, the trajectory of adaptation is deeply intertwined with meaning-making and internal motivation. As Greta explained when reflecting on her acquired disability, '*it probably turned my life 360 degrees. It was such a big lesson and, I think, even a push to move further forward than I would have if I had had two healthy legs. It gave me motivation.*' Tadas, reflecting on life after an accident, described the necessity of rebuilding both identity and routine: '*After the accident, I realised I needed to reinvent myself. I began learning new things, exploring different interests… and that gave me purpose.*' The medical and rehabilitative environment can further intensify this rupture. Renata recalled her experience in rehabilitation after hospitalisation:

'*When I was in rehabilitation, there was this attitude: "Well, you now have a disability – slow down, your life will change." Yes, it will change; I have to get to know my body all over again, and that will take time. My first wheelchair was fitted for a much bigger person for "extra growth", because "you will gain weight." For five years, it was like walking in shoes three sizes too big – living with discomfort every single day. They also said, "You won't have friends; your friends will only be other people with disabilities." I completely rejected that view. On the contrary, after acquiring a disability, it motivated me even more.*'

Here, adaptation is not merely physical but ideological: it involves resisting externally imposed limitations and rejecting a narrative of inevitable social narrowing.

Thus, while later-onset mobility impairment may initially provoke grief and disorientation, it can also become a transformative turning point,

reshaping identity, deepening determination, and redefining the purpose and direction.

Taken together, these narratives demonstrate that adaptation to disability is neither linear nor monolithic. It is shaped by the type of impairment, the life stage at which it occurs, and the cognitive, emotional, and physical resources available to the individual. For individuals with vision impairments, congenital blindness can entail more profound structural and communicative challenges than acquired blindness. For mobility impairments, the reverse often holds true: those born with physical limitations may adjust more readily than those who become disabled in adulthood.

Overall, the theme of *redefining disability based on individual perception and experience* demonstrates that disability is reshaped not by denying impairment, but by reframing its meaning through attitudes, motivations, and lived experience. The participants distinguished between bodily limitation and passivity, emphasising that goals, initiative, and willingness to engage significantly influence both professional and everyday trajectories. While acknowledging psychological strain, structural barriers, and chronic conditions, they resisted the temptation to reduce disability to these realities alone. Instead, disability emerged as a lived context continually negotiated through resilience, purpose, and the sustained choice to participate rather than withdraw.

2.3.1.1.2 Using Emotions, Education, and Finances as Capital for Personal Success

Disabled employees mobilise emotional discipline, educational attainment, and financial resources as forms of capital to pursue personal success. In their interviews, participants evidenced methods by which they strategically transform inner resilience, formal qualifications, and economic independence into tools for autonomy, recognition, and self-realisation.

…Earning enough money to 'taste freedom'

The interviewees described earning enough money not as the pursuit of status or upward mobility, but as reaching a point where freedom becomes tangible and shared. Financial stability was closely tied to dignity, participation, and the ability to contribute meaningfully to one's family and community. Milena emphasised the importance of maintaining a polished appearance despite limited means: '*I had a very small pension, so I allowed myself to buy one thing a month… sweaters, white shirts, a jacket… it was strictly "one thing per month" after my pension so that I looked good, prettier.*' This disciplined routine was not merely about clothing; it was about self-respect. Over time, it strengthened self-assurance to such an extent that encountering their own reflection became momentarily disorienting: '*Once I caught my reflection in the mirror and was surprised: who is it…? When I'm sitting in the wheelchair, I don't see it; I'm just with everyone, I'm moving on wheels, and I solve my problems*' (Milena). In this account, the wheelchair fades into the background of lived agency; identity is anchored in action rather than impairment.

A strong sense of personal aspiration and autonomy further shapes how participants connect financial means with freedom. Julija linked enjoyment of life directly to economic capacity: '*I enjoy life and that means I need money and everything else: I want to do the things that I want to do, go where I want to go or travel or eventually afford some better things.*' For Julija, money enables chosen experiences and personal fulfilment. She described the transformative feeling of independent living: '*I just wanted to try what it feels like when you live alone and absolutely nothing [bothers] you and you do whatever what you want… I've got that taste of freedom when earning enough money to rent my own apartment, and I really liked it.*' The 'taste of freedom' thus signifies more than financial solvency – it reflects control over one's environment, self-direction, and the dignity of living according to one's own decisions.

Importantly, earning enough money was not equated with building a prestigious career. Tadas articulated a deliberately modest yet socially oriented vision of the future when asked how he imagines his career: '*I don't really want a career, I just want to be able to work, earn money, help support the family, so that the family can have what they want, whether I will be an*

ordinary employee, a director, or a company shareholder – there is no difference. I do not need a career as such; I just want to work in order to earn money and assist the family financially. I once thought, if I won a million, what would I do? I would invest it in some company, so that I would get back only as much as I need, and the other part, so that people would be hired, paid more than the minimum, so that there would be twice as much, they would be satisfied, they could earn. I don't need only profit and money, but simply that I have enough for me, and that everyone should have it.' Here, financial sufficiency is framed not as individual accumulation but as shared well-being. The aspiration is not upward mobility for its own sake, but enough stability to support family and create fair opportunities for others.

Similarly, Paulius adopted a reflective stance toward long-term planning: '*I am not one of those people who project their life into the very distant future… Work is part of my life, but besides it, there is also education, building a home, and family. If there were at least a minimal projection into the future, work would be the lowest priority.*' Employment remains important, yet it is integrated into a broader life vision that prioritises education, domestic stability, and family relationships.

Taken together, these narratives reveal that earning enough money represents crossing a threshold – from limitation toward possibility. It is not primarily about status, career prestige, or accumulation. Instead, it embodies self-worth and the capacity to shape one's own rhythm of life while caring for one's own family and contributing to the well-being of others. In this sense, financial independence becomes the condition for 'tasting freedom': a concrete, embodied experience rather than an abstract ideal.

…Having a formal education helps 'shut them up'

For many interviewees, education emerged as a central pathway to independence and professional development. Julija reflected on formative advice received in her youth: '*Because I've been told since childhood: 'You won't carry bricks, you need to earn your living with your head somehow…' I always got good marks in school and studies and that worked out well.*' In this account, disability does not signify limitation but redirection. Rather than being

constructed as a deficit, physical impairment becomes a catalyst for cultivating intellectual achievement and strategic self-sufficiency.

Educational aspiration was also institutionally encouraged, as Simona remembered: '*Leaders used to visit the school for the blind and tell us: "Study, get a higher education – you are needed in the Blind Association"*'. At that time, Simona recalled that access to university required formal guarantees: '*They admitted us only after we brought a letter of guarantee from the Lithuanian Association of the Blind confirming we would be employed afterwards.*' A diploma thus functioned not only as personal accomplishment, but also as an institutional bridge to employment.

Choosing a field of study sometimes meant entering unexplored terrain. As Simona explained, '*no blind or person with vision impairment had studied economics before. There were teachers, historians, mathematicians – but no one in economics.*' Despite doubts about the paper-based and visually intensive nature of the profession, higher education remained strategically valuable: '*At that time, in the Blind Union, a diploma was important. If you had higher education, there were job offers.*'

Educational decisions were not always driven by a single vocational passion, but often by pragmatic considerations. Simona observed: '*If I had always seen well, I don't know what would have become of me – probably something else.*' Although deeply interested in theatre – '*I wanted to get into the university theatre more than the university itself*' – Simona ultimately chose economics, partly because classmates were applying and because a diploma increased professional opportunities. As she noted, '*I never dreamed of becoming a pilot, so I didn't torture myself about it.*' Education here becomes a realistic, strategic pathway rather than the symbolic pursuit of impossible ideals.

Yet higher education does not always eliminate structural barriers. Karolis described the painful recalibration of expectations: '*When I entered sociology, I thought I had found the perfect specialty – the most beautiful thing for me. I imagined working at an institute, assisting a "Dr" or "Prof.", doing interesting research. But I realised that this is work with the eyes, and I will not do it because it would be too difficult.*' The question implicitly underlying this reflection – what is stopping things from happening the way you would like them to in the future? – exposes the tension between aspiration and

perceived feasibility. In this case, the limitation was not a lack of intellectual ability, but the anticipation of inaccessible research practices.

At the same time, interviewees questioned the structural logic of employability classifications. Julija critically asked: '*What does that workability mean? What does it mean for a person to be 15-percent employable, even though he may be a PhD student in psychology and be more competent in that field than a bunch of his peers?*' This critique challenges state-imposed quantification systems that reduce complex capacities to simplified percentages.

Continuous learning was consistently framed as essential for navigating contemporary labour markets. As Violeta explained, '*sometimes you just need a clearer understanding of your work environment and the technical skills required to keep up with changing times.*' Violeta emphasised applied learning: '*Practical, hands-on learning – even when done remotely – is critical for keeping my skills fresh and relevant.*'

Others stressed that competence and responsibility ultimately outweigh impairment. As Gytis stated, '*no matter if he has a disability or not – if he is a good specialist and responsible, he moves ahead of dozens of healthy people, because he creates additional value.*' Professional identity and reliability thus become more decisive than bodily condition.

In several narratives, the pursuit of formal education was directly motivated by experiences of exclusion. Paulius recalled: '*Employers didn't believe I could handle the job. So, I went back to school to get that certificate. Once I had it, they had no reason to say no. It wasn't just about knowledge – it was proof.*' Lukas was even more blunt: '*Even if I already had experience, people would question it. Having formal education helps shut them up.*' Credentials here function as symbolic capital – a protective mechanism against prejudice and doubt.

Finally, education was framed not only as a route to employment, but also as a foundation for identity and stability. '*I always knew I wanted to finish university – not for others, but for myself, to prove I can*' (Violeta). Julija reflected on this: '*Nobody can take knowledge away from you. It's the only real thing you carry forward, no matter what job or what country you end up in.*'

Taken together, these narratives demonstrate that formal education operates as more than a qualification. It becomes leverage – a way of

navigating institutional expectations, countering scepticism, recalibrating aspirations, and asserting competence in contexts where it might otherwise be doubted.

…Betting that 'I type faster than you, even without my right hand'

Across the interviews, self-awareness and emotional focus emerged as central mechanisms through which individuals structure everyday life and professional participation. When asked what disabled people should do to find employment more easily, Emilija responded unequivocally: '*First of all, stop feeling sorry for yourself. Don't think that because you are different everyone must bow to you or employ you. Nobody owes you anything. The world is cruel and unfair.*' For Emilija, psychological strength is foundational: '*You have to feel completely equal to others – even when it may not fully be so – because everything starts from there.*' Entering the labour market 'with your head held high' and refusing to devalue oneself reshapes how others respond.

Emilija emphasised competitiveness and communication skills as decisive factors: '*I'm not afraid to say at a job interview that I have a disability – but I can also counter it. I bet I can type faster than you, even without my right hand.*' Confidence combined with competence persuades: '*Good communication really wins people over*'. Letting go of the belief that the world must compensate or serve simply because of disability becomes transformative: '*Once you drop the idea that the world owes you something, very good things start happening*'.

Taking personal responsibility for emotional life is also a part of the narrative. As Milena explained, '*another person can push you, but only you can make yourself angry.*' This perspective reinforces the same inner stability that allows someone to make – and mean – such a confident wager. Emotional reactions are framed not as automatic responses to external attitudes, but as choices requiring discipline.

This orientation is sustained through deliberate daily practice. Milena described beginning each morning intentionally: '*I feel grateful that I woke up, that my head is working. Then I organise my day to minimise distractions and focus on what matters.*' Emotional discipline also appears in reflections on fairness and integrity: '*If you act correctly, without intrigues or lies, fate will pay you back*'. Ethical consistency becomes a long-term strategy rather than a

reactive stance toward injustice. In addition, alongside emotional regulation, opportunity-focused thinking recurs. Milena articulated this clearly: '*I focus on what I can do – I can study, travel, go where I need to – I can do more than what I can't.*' In this account, disability is neither denied nor dramatised; it is repositioned within a broader field of capability.

Humour also emerges as an additional protective resource. Daina recalled lightly, '*we all laughed, and I didn't take it too seriously*.' Daina also stressed the importance of self-deprecation: '*You have to be able to laugh at yourself sometimes.*' Even in awkward situations – '*If I got hit in the forehead with a ball, I laughed myself, and others laughed too*' – humour defuses tension. Ieva summarised: '*Sometimes you joke, sometimes you apologise, and it resolves itself.*'

Taken together, these narratives demonstrate that overcoming physical limitations is less about 'eliminating' impairment and more about cultivating psychological resilience, disciplined focus, communicative competence, and strategic self-positioning. Rather than centring life on constraint, interviewees emphasise responsibility, humour, deliberate emotional orientation, and deliberate use of collected resources such as education, finances, or individual focus as practical tools for participation and well-being.

Overall, the narrative of *using emotions, education, and finances as capital for personal success* demonstrates that personal success is actively constructed through the strategic mobilisation of emotional discipline, educational credentials, and financial resources. Inner resilience strengthens self-positioning, formal qualifications counter doubt and institutional barriers, and financial independence creates tangible space for autonomy and choice. Rather than treating emotions, education, and income as separate domains, participants weave them into an integrated form of capital that stabilises identity, enhances credibility, and expands freedom.

2.3.1.2 Joint Responsibility for Participation

Participation is sustained through the dynamic interplay between individual responsibility and collective support. The themes of *prioritising structured self-discipline* and *affirming belonging through recognition and support* demonstrate meaningful engagement in work and community life is neither solely a matter of personal effort nor exclusively dependent on institutional accommodation. Rather, it emerges through a reciprocal process in which individuals organise their lives through disciplined routines and long-term commitment, while families, colleagues, and supervisors actively recognise, validate, and structurally enable their participation.

2.3.1.2.1 Prioritising Structured Self-discipline

Structured self-discipline becomes a central strategy through which individuals actively shape their futures and sustain meaningful participation in everyday and professional life. The interview data highlight how participants deliberately prioritise long-term goals over short-term gratification, organising their time, energy, environment, and social boundaries in ways that reinforce autonomy and purpose.

…I can't go to the sea at 8 or 10 o'clock to eat barbecue

Sacrificing short-term pleasures in pursuit of long-term goals often reflects a deliberate commitment to future rewards rather than fleeting gratification. Milena elaborated on the philosophy of incremental progress, cautioning against complacency and underscoring the importance of early goal setting: '*If you want to have a little more in your life, you must do a little more than others, and then you will have it. … At 25, you will be older and more miserable than you are now. If you don't begin to set up some sort of life routine or get your life in order now, don't expect … when you turn 30 or 40, you'll have your own living space or be able to afford vacations – because you'll simply be*

sitting around criticising what others are doing.' Rita reflected on lessons learned from procrastination: '*At first, I would procrastinate and then panic. But now I know if I don't start immediately, I'll just stress myself more later.*' Similarly, Rita reflected: '*You have to choose what's worth your energy. I let go of people who drain me, and I focused on what builds me.*' Across these statements, a distinctly future-oriented mindset emerges – one that chooses present discomfort, reframing it as an investment for the future.

Although relinquishing short-term comforts can be demanding, many participants perceived such restraint as a pathway to more meaningful accomplishments. By anchoring their efforts in a broader life narrative, they transformed inconvenience into purpose. Gytis expressed this through a modest yet determined aspiration: '*I have a goal, I have a dream to perhaps open a little lounge someday, and I believe that one day it will happen.*' Such dreams function as emotional anchors, rendering sacrifice meaningful rather than merely restrictive.

For some, sacrifice was also a means of reclaiming agency. As Emilija explained: '*There are so many moments when it seems like everything's falling apart, but then you remind yourself: no, this is the path I chose. I'm not going to let discomfort steer me away from what I want.*' Karolis connected this sense of control to daily structure: '*I have to be structured. If I lose my routine, I lose the sense of control over my life… so I stick to it. Even if it means I can't rest when others do.*' In these accounts, discipline becomes a stabilising force – an assertion of autonomy in the face of uncertainty.

Sacrifice also shaped financial and educational decisions. Lukas described years of saving to achieve digital independence: '*I was saving for years just to afford the software I needed. It wasn't glamorous. But now that I have it, I can work independently – and that's priceless.*' Violeta reflected on prioritising academic commitments over social life: '*I studied while everyone else went out drinking… I used weekends and evenings. Sometimes I hated it. But now I'm qualified. I don't regret a second.*' In both cases, delayed gratification yielded tangible autonomy and long-term empowerment.

Collectively, these accounts reveal deliberate daily choices – early mornings, careful budgeting, persistent learning – gradually constructing a foundation for independence and confidence. Several testimonies underscore that meaningful success, whether defined as financial stability

or vocational fulfilment, stems from sustained effort and an unwillingness to settle. As Vaida succinctly stated, '*keep trying and never stop; eventually, you will succeed*.' Such sentiments reflect a shared belief that obstacles are not endpoints, but invitations to seek alternative paths.

The theme of accountability also surfaced repeatedly. Milena observed: '*If a person is willing to look for ways to work, they will find them. If not, you'll be given a thousand excuses*.' Here, discipline and responsibility are portrayed as more decisive than external labels or structural limitations. Rather than dwelling on barriers, individuals described channelling their energy into creative problem-solving.

Taken together, these narratives converge on a common strategy: sustained effort, disciplined structure, and unwavering commitment enable individuals to transform limitations into possibilities. In this steadfast pursuit of purpose, genuine success emerges not as a singular achievement but as a cumulative outcome of persistent, intentional choices *for the benefit of the future*.

…Not because I don't want to, but because I know I haven't done what I promised myself yet

Maintaining discipline often requires more than simple determination; it demands conscious choices that privilege long-term commitments over immediate gratification. Milena illustrated this tension vividly, describing a summer scene of friends gathering at the beach for evening barbecues while she adhered to strict personal discipline: '*I can't go to the sea and at 8 or 10 o'clock to eat barbecue. … Now, in this period of my life, it only would cause me harm. So don't sneak in, don't look. Do what you have to do. Well, a lot of things in my life are "Can't", "NO!".*' For her, self-restraint was not deprivation but intentional focus. Milena further emphasised this mindset through the principle of continuous improvement: '*Continuous self-optimisation is essential; I always look for ways to adjust my routines so that I can work more productively*.' Her reflections encapsulate a disciplined orientation toward life – one that prioritises long-term gains over immediate comfort.

Discipline, however, was not framed solely as resistance to temptation; it also involved practical strategies for completing tasks thoroughly and without delay. As Milena explained: '*If you decide to do something, do it all in*

one go. Do it well so that once you have finished it, you can set it aside and not have to return to it – rather than thinking, "Oh, I'll do a little bit of this and then finish it tomorrow, then tomorrow I'll forget about it and lose the inspiration".' Completing responsibilities via focused effort reduced mental clutter and strengthened a sense of reliability toward oneself.

This pragmatic stance aligns closely with Monika's straightforward call to action: '*If you want to work, then go work.*' Here, discipline is stripped of abstraction and reduced to decisive engagement. For some, hard work was framed not as extraordinary ambition but as intrinsic to survival: '*Well, you work because you have to. That's it. No time to complain. Work is life*' (Saulius). From this perspective, perseverance becomes embedded in everyday existence rather than celebrated as heroic exception.

Others described resilience as a form of psychological endurance. Algirdas explained: '*It's a kind of tunnel you go through. You just keep going. You don't stop to wonder if you can – you just do it, because that's the only way forward.*' This metaphor evokes persistence not as spectacle but as steady, often invisible movement through difficulty – a continuous forward motion sustained by necessity and inner resolve. Consistency in small daily routines further reinforced participants' sense of control. Kristina noted: '*When you do the same routine every day – write, clean, plan – it becomes natural. Then you start feeling like you're in control again.*' Through repetition, action transformed into structure, and structure restored agency.

Maintaining discipline also required setting personal boundaries. As Saulius shared: '*Sometimes people invite me out, and I have to say no. Not because I don't want to, but because I know I haven't done what I promised myself yet.*' Such refusals reveal an internal compass that prioritises integrity and self-trust over social immediacy.

Importantly, discipline was not equated with perfectionism. Rokas described an evolution in mindset: '*I used to think I had to be perfect. But now I think: finish it, learn from it, and move forward. Don't leave it hanging just because it's hard.*' Completion and reflection, rather than flawless execution, were framed as the true markers of growth.

Several participants also emphasised that sustained progress requires repeatedly proving one's value. As Lukas reflected: '*You have to keep showing your value. Even after I finished my studies, I had to prove I'm capable over and*

over again. It doesn't stop, and that's okay. That's part of growth.' Rather than discouraging, this ongoing validation was understood as a natural rhythm of development – a continuous reaffirmation of competence and commitment.

Across these narratives, discipline emerged as a multifaceted practice: resisting temptation, finishing what one starts, working consistently, and enduring periods of uncertainty without retreat. Whether framed as survival, self-optimisation, or steady progression through a 'tunnel', resilience was depicted not as a dramatic triumph but as a sustained, deliberate effort over time, cultivating a deeper sense of self-efficacy and strengthening trust in one's own capacity to follow through and navigate unexpected challenges *at the present moment*.

…Arrange everything in your life so that you have as few extra issues as possible

A willingness to adapt and deliberately organise one's environment can transform self-discipline from a temporary effort into a sustainable way of life. Participants described concrete strategies to minimise unnecessary strain and preserve their limited resources. Julija articulated a pragmatic principle for everyday living: '*Arrange everything in your life so that you have as few extra issues as possible – so that you don't have to waste your energy overthinking additional matters.*' Tadas emphasised that physical limits require strategic energy planning: '*You only have so much energy in a day. I plan my day around that – work first, then rest. Not the other way around.*' Here, discipline is not about pushing beyond limits but about structuring life realistically and efficiently.

Several interviewees emphasised flexible adjustment as essential to sustained participation. As Rasa explained, '*sometimes I do things and realise it's too much. So, I adjust. I don't cancel everything – I just switch to what I can manage today.*' Donatas noted, '*I know that my condition means I need more rest than others. So, I plan breaks. That doesn't make me lazy; it makes me sustainable.*' Rimantas described how self-adjustment enabled her continued engagement: '*Because I had to plan everything around how far I could walk or whether buildings had stairs, I became a planner. I always think three steps ahead …. I know I need to take more breaks than others, but that doesn't mean I work less*

– *it just means I plan smarter.*' Together, these reflections frame self-discipline not as rigidity, but as responsive self-management. As Jonas summarised, '*there are things that can be worked out mechanically … it's just important to plan ahead, think differently, have an ABC way out of the situation.*' In this light, disability becomes a context that calls for alternative planning rather than a barrier to achievement.

Structured routines were repeatedly identified as stabilising anchors. '*Without a schedule, my day falls apart. So, I make one every night, and I follow it*', Daina noted, illustrating how predictability fosters consistency. Nerijus also emphasised careful time management: '*I calculate how long each task will take and try not to overload my schedule. Then I can focus without stress.*' Structure, in these accounts, reduces anxiety and enhances concentration, reinforcing a sense of control. As Andrius explained, *'I have reminders for everything. Otherwise, with all the thoughts in my head, I'd forget half of what I must do*', highlighting the importance of simple cognitive scaffolding. Environmental order was likewise linked to psychological clarity. As Lina explained, '*I know that if I clean my space, I feel calmer. Then I can concentrate better. I try to do that before I sit down to work.*'

Technological and environmental adaptations are likewise central to sustaining independence and productivity. Rimantas described investing in assistive technology: '*Organise everything in such a way that those extra things I need are minimised as much as possible… Sometimes that means extra expenses; for example, I bought a computer that is comfortable for me to lift – it's a Mac.*' Others relied on technical ingenuity to compensate for physical constraints: '*I can't do heavy lifting anymore, so I designed a system where most of my work is automated or voice controlled. It works great*' (Justina). As Karolis emphasised, '*the screen reader is my window into the world. Without it, I couldn't do most of what I do – but with it, I'm unstoppable.*'

These adjustments are not framed as compensation for loss, but as deliberate redesigns of workflow. As Karina noted, '*if you are a person in a wheelchair, for example, when you have a computer on your lap the sky's the limit… It's your qualifications that define you, not your wheelchair.*' Similarly, Julija added: '*Since I cannot write on the board, I can enlarge the font and write something on the computer monitor.*' Such tools – whether digital or mechanical – were described not as luxuries but as necessities: strategic

investments that conserve energy, expand opportunities, and sustain confidence.

In some cases, disability is reinterpreted as a professional asset. As Gytis remarked, '*I have a vision impairment, and masseurs with vision impairments are quite well-known in this field – being blind is even considered an advantage, for example, when applying for a job or an interview.*' Greta deliberately integrates lived experience into professional decision-making: '*I sometimes even turn my disability into a benefit… I often apply what happened to me at work as an argument in decisions when necessary.*' Others emphasised learning through experience and adjusting expectations accordingly: '*If something doesn't work one way, I try another. That's how I've learned to live with my disability – not by fighting it, but by working with it*' (Edgaras). Through such reinterpretations, disability emerges not as a limitation, but as a source of insight, innovation, and added value.

For some, sustainable discipline requires detachment from unproductive comparison. '*In my experience, what matters most is being able to accept the bad days and still move forward. I've learned not to measure my life against anyone else's timeline …. I don't compare myself to others. That's a waste of time. My only measure is whether I'm doing better than yesterday*' (Algirdas). This inward orientation protects motivation by shifting evaluation from external benchmarks to personal growth.

Taken together, these perspectives show that self-discipline extends far beyond momentary restraint. It encompasses mindset, environmental design, technological adaptation, structured routines, and strategic boundary-setting – forming a coherent framework through which individuals actively construct sustainable, purposeful lives.

Overall, the theme of *prioritising structured self-discipline* reveals that this phenomenon operates as a stabilising architecture of everyday life. It is expressed not only through the refusal of immediate pleasures, but through intentional planning, environmental design, technological adaptation, and sustained commitment to incremental progress. Participants do not portray discipline as heroic endurance or rigid perfectionism; rather, they describe it as a practical method of safeguarding energy, maintaining direction, and protecting long-term aspirations.

2.3.1.2.2 Affirming Belonging Through Recognition and Support

For the participants, belonging is affirmed through relational recognition, shared responsibility, and institutional validation across family, workplace, and broader community contexts. The testimonies of employees with disabilities demonstrate how disability is continuously shaped by the responses of others – by parents who either cultivate autonomy or reinforce dependence, by spouses who redefine the meaning of employment and responsibility, by colleagues who treat disabled individuals as equal members of the team, and by supervisors who not only provide guidance but actively seek tools and legal protections to ensure full participation.

…Never saw my disability as a problem. Maybe because my family didn't treat it like one

The role of parents in the lives of people with disabilities emerges as decisive – not only in childhood, but throughout life. As Renata succinctly observed, '*it depends on the environment – what kind of parents, what kind of family, friends. For those who are born with a disability, they are often very protected… they are not allowed to express themselves freely, make mistakes… and usually they become closed.*' Disability, in this sense, is never experienced in isolation; it is shaped within a relational context that either expands or narrows opportunity.

For children born with disabilities, overprotection often becomes the central risk. Several interviewees described how excessive care, even when rooted in love, can limit development. Gytis emphasised that the real question is often not about the disabled person, but about parental behaviour: '*The question would not be for the person themselves, but specifically for working with parents. I have seen more than once when parents take care of their children out of concern or love and do everything for them. As a result, they cannot do basic things – dress themselves, prepare something at home, sometimes even speak – because such elementary skills were simply not instilled.*' What begins as protection can gradually become restriction.

Overprotection may also take a subtler form – constant, exaggerated praise. Milena reflected critically: '*I think the difference is made by the parents… because when a child is born with a disability, parents spend a lot of time praising them: "Oh, how wonderful you are, how unique you are! You are the most beautiful, the smartest." You fall – you fall the most beautifully. You fail – and you fail in the best way. That introduces the difference, not whether you were born with a disability or became disabled later.*' While affirmation builds confidence, unrealistic glorification may distort resilience and hinder realistic self-assessment.

On the other hand, prolonged dependence may extend into adulthood. Edita spoke bluntly about the consequences of this: '*You need to have the courage to call the company directly and speak boldly, instead of stammering and being under mommy's skirt. I know many disabled people – it's clearly the parents' fault for spoiling them. They're 30 years old and don't leave their parents' skirts, and they don't have a job either. You have to try, do something, motivate yourself.*' In Edita's view, autonomy requires both personal initiative and a parental willingness to step back.

Independence, for some, became a defining value precisely because it was consciously pursued. '*I left my parents when I was 18 and started building my own life. To this day, I have an apartment, a job, and I live alone and enjoy life. I achieved all this because I wanted independence; independence is one of my main values – just not depending on someone*' (Edita). This narrative frames separation not as rejection, but as maturation.

Yet parental involvement can also function as crucial advocacy. Mantas recalled how his mother's awareness of employment rights changed the outcome of a difficult situation: '*If it were not for that knowledge… if it were not for my mother telling me that it must be different for you as a disabled person, I would have left after one month with one month's salary. But I stayed longer and left with four months' salary – that's still a difference.*' Here, parental support empowered rather than replaced the individual's agency.

Encouragement of talents likewise proved transformative. '*There were parents beside me. In fact, everyone wanted me to connect my life with music – to play, to sing. Everyone agreed, encouraged, and supported me*' (Mindaugas). Support did not mean lowering expectations; rather, it meant opening doors.

Confidence cultivated at home also shaped later courage. Edgaras emphasised, '*confidence is important; I have it because I was never underestimated in my family. Everyone always said, "Don't be scared of exams… you will write everything, everything will be fine for you, you can get in anywhere." And that was it.*' Such consistent reinforcement appears to create an internalised expectation of success.

Indeed, parental reactions could deeply shape the formation of identity. As Rimantas explained, '*I never saw my disability as a problem… maybe because my family didn't treat it like one. I was raised to do things myself, even if it took longer.*' Milena echoed this ethos: '*From the beginning, I was told: "You must be independent. If you fall, you get up. You're not glass, you won't break." And I still live like that.*' These statements reveal how family narratives become internal scripts for resilience.

Beyond parents, extended networks also reinforced development. '*Back then, teachers used to visit the school for the blind… our class learned very well*' (Daina). Andrius reflected on the power of belief from a mentor: '*She always told me, "I believe in you", and that stuck with me, because I didn't always believe in myself.*'

Taken together, these accounts illustrate that parents do not merely accompany disability – they shape its meaning. Overprotection can limit autonomy; excessive praise can distort growth; neglect can weaken confidence. But balanced support – combining warmth, expectation, and trust – can transform disability from a perceived deficit into an ordinary aspect of identity. When families treat disability neither as tragedy nor as exceptionalism, individuals often internalise the same stance. As one participant's words suggest, not seeing disability as a problem may begin at home.

…Not wanting a career, just to be able to work, so I could earn money and support my family

For many employees with disabilities, the presence of a spouse and children profoundly reshapes the meaning of work. Employment becomes less about status or upward mobility and more about responsibility, provision, and relational commitment. In several accounts, family life

appears not as a peripheral factor, but as the central axis around which professional motivation revolves.

Tadas offers a particularly coherent narrative across multiple reflections, describing his life before and after starting a family. He contrasts two distinct stages:

'*Before, there was no family, I was alone, and what I had was enough for me. I played basketball in wheelchairs, on the national team, and with foreign teams – that was enough to live on. I could eat whenever I wanted, travel at night or during the day. Then a family appeared – some freedom was limited, but I had a family, a wife, and children to raise who needed care …. I don't really want a career; I just want to be able to work, earn money, and help support my family so that the family can have what they want. Whether I will be an ordinary employee, a director, or a company shareholder, there is no difference. I do not need a career as such; I just want to work in order to earn money and assist the family financially.*'

Taken together, this statement reveals a consistent value orientation. Professional status is secondary; economic reliability is primary. The transition into marriage and fatherhood redefined his priorities. Though family life limited certain freedoms, it intensified a sense of purpose.

Paulius situated work within a broader life architecture: '*Work is part of my life, but besides it, there is also education, building a home, and family. If there were at least a minimal projection into the future in my life, work would be the lowest priority.*' Here, work is necessary but not ultimate. The long-term horizon is defined more by home-building and relational continuity than by professional advancement.

Spousal influence also appears as a catalyst for development. Saulius acknowledged the motivational role of his partner: '*What drove me was my desire – I really wanted something new; the other was my wife's encouragement.*'

Encouragement from a spouse can legitimise risk-taking, inspire change, or sustain perseverance during professional uncertainty. In this sense, family not only increases responsibility; it also strengthens confidence and initiative.

Across these accounts, the presence of a spouse and children reframes the meaning of ambition. Career, in the conventional sense of hierarchical ascent, becomes less significant than stability and provision. For participants who repeatedly emphasised financial support over prestige,

work is not about self-realisation through rank, but about ensuring that '*the family can have what they want*.'

…Feeling like a completely equal employee, an equal cog

For employees with disabilities, colleagues and teammates often shape not only workplace satisfaction, but also confidence, resilience, and long-term career sustainability. A recurring theme across interviews is the importance of being accepted naturally, without exaggerated reactions to disability. Lukas described entering a company where co-workers encountered a blind employee for the first time and '*reacted very naturally… together we found out how I work. There was no rejection, but interest; they began to appreciate my competence*', illustrating how curiosity and recognition of competence created an immediate sense of belonging. Informal practices such as shared lunches and everyday conversations were also explicitly mentioned: '*When there is, for example, a lunch break, most of our colleagues go out together. Communication is not so much about work, but about who does what… that microclimate is formed from that. Because of that, you feel good, you don't have any tensions*' (Lukas). This demonstrates how social interaction beyond task-oriented communication actively strengthens the microclimate and reduces tension.

The sensitivity of a team to pace and performance differences also proved critical. Mindaugas, working in a dynamic environment, explained that '*information changes a lot and I am so slow. Sometimes speed is needed, and I am slow. I am very happy that they accept me like this …. The team supports me, adapts to my needs*', demonstrating how collegial adjustment reduces stress and allows performance to unfold at a sustainable rhythm. Donatas emphasised the psychological necessity of such encouragement, stating that '*support "from the side" is very important …. The more support I have, the more confident I am, I know I can do it. But if there is no support, I want to give up*'. He added that even minimal verbal reinforcement – '*go ahead, do it, everything will be fine for you. Today you may not succeed, but tomorrow you will succeed*' – provides determination to persist despite difficulties.

Equality emerged as another foundational element. Paulius described relief at no longer having to justify himself: '*The strengths of this company are that I don't have to prove that I know how to do my job or that a blind person can*

live independently …. In my workplace, I feel like a completely equal employee, an equal cog. The strength in general is that I don't have to explain myself because of who I am', highlighting how freedom from constant self-defence enhances dignity. Yet equality does not require invisibility, as Karolis clarified: '*Equal rights do not mean that others do not know that you have problems. They can and should know …. If I need to find something, they help me to do it faster, they ask whether everything is clear for me*', suggesting that awareness combined with practical help fosters solidarity rather than stigma.

Collective solidarity is frequently translated into shared emotional investment. As Karolis noted: '*We are able to share what is going well and what is not going well; we always solve everyone's situation. When a colleague is successful, it is very fun to be happy for them, because then they are happy with you*', revealing how mutual recognition strengthens cohesion. Saulius summarised this atmosphere by saying, '*the team is very good, small but friendly, everyone is not for themselves, but for each other …. The better the team, the more pleasant it is to work*', underscoring how reciprocity reduces isolation.

Conversely, participants illustrated the emotional cost of negative microclimates. Edita shared that '*we don't have collectivity. Our microclimate is not good …. Sometimes there is singling out on purpose. One information for one, other information for another. Public secrets begin*'. Similarly, Asta described a competitive atmosphere where '*the attitude of the team is not very good …. You are not like a friend, but more like an enemy at work*', demonstrating that hostile environments may undermine the well-being of employees.

Indeed, providing support during challenges further reinforced positive team dynamics. Paulius explained, '*I can trust my colleagues. If there is too much work, they can take over something from me. This is how I solve problems*', showing how advocacy and shared responsibility may stabilise performance. At the same time, inclusion does not necessarily require close friendship: as Lina stated, '*the most important thing is that the team does not harm me and that I am able to do the job …. Communicate without intrigues, without mudslinging*', emphasising that respectful professionalism may suffice for psychological safety.

Within such environments, future orientation is expressed not through competitive mobility but through continuity and belonging. As Saulius stated, '*if nothing happens to me or this company, I would like to stay here as long as possible, because I really like it here, the people we work with, the team, and the people I have to communicate with, clients. I hope to stay here longer.*' Taken together, these narratives confirm that colleagues and teammates function as a crucial form of social infrastructure within employment.

…Can we find tools that will suit him?

Supervisors play a decisive role in shaping whether employees with disabilities experience their workplace as restrictive or empowering. Advocacy emerges as a central supervisory function. Karolis described how his manager actively negotiated on his behalf: '*It was nice when my manager went to his own managers and said, "I have a man on staff, I want him to stay. Can we find tools that will suit him?" They said, "Yes, no problem, tell us what." That makes me think that probably something at this place will be different.*' This upward advocacy signalled institutional commitment and the recognition of individual needs.

In some cases, supervisory advocacy extended beyond internal negotiations to formal legal defence. Tomas recalled a serious conflict with the Labour Inspectorate: '*We submitted a written notice that we were refusing. They rejected our refusal. They started explaining that we [I] were supposedly trying to falsify data or something like that. I don't even remember exactly now – it was a long time ago. But it was a very ugly situation. Very bad. What did my manager do then? He hired good lawyers at the company's expense. We went to court. And we won the case. It was proven that the Labour Inspectorate was wrong.*' Here, the supervisor not only provided moral support but also mobilised company resources to retain lawyers and pursue legal action, ultimately prevailing in the case.

Support for professional development further illustrated inclusive leadership. Tomas described pursuing a master's degree with managerial encouragement rather than resistance: '*The employer provides me with the opportunity to study. Well, I am now in the master's degree program. I was afraid that when I entered into a master's degree, I was scared to tell them and they would say: "Oh no! Again? You will learn again, and you will not work." But no, they*

just supported me and said: "Great. We always support you."' In Donatas' case, relational dialogue prevented a resignation: '*The CEO is also very friendly, willing to help; he advises, tries to help you succeed. I told my manager a few days ago that maybe I do not belong here; I might leave anyway. He said, "As you wish, but wouldn't it be a pity to throw everything away after doing so much?" So, we talked, and I changed my mind*.'

Inclusive supervisory cultures were also described in structural terms. Darius emphasised participatory leadership: '*We have no hierarchy. All of us, including our manager, are equal; we all make decisions together. The manager never says something will be unequivocally so; she always asks our opinion.*' Lukas noted the absence of performance pressure: '*With us, I would say that there is no pressure from the managers to perform some task… Somehow, it is possible to calmly work on the task itself, without external pressure.*' These accounts highlight psychological safety as an essential dimension of inclusion.

Taken together, these accounts reveal that supervisors operate not simply as advisors, but as key agents of inclusion – advocates within organisational hierarchies, defenders of employees' rights, and enablers of professional development. In this way, supervisory practice emerges as a critical mechanism through which workplace equality is either enacted in practice or limited in scope.

Overall, the theme of *affirming belonging through recognition and support* underscores that belonging is neither automatic nor merely symbolic; it is actively constructed through everyday interactions and institutional practices. Family attitudes, spousal encouragement, collegial equality, and supervisory advocacy converge to shape whether disability is experienced as marginalisation or as ordinary membership within shared social worlds.

Altogether, the narrative of *joint responsibility for participation* highlights that sustainable inclusion emerges at the intersection of personal commitment and collective support. Structured self-discipline provides the internal architecture – intentional planning, adaptive routines, and future-oriented effort – through which individuals organise their participation. At the same time, relational recognition and institutional advocacy create the external conditions that legitimise and stabilise that participation. Neither dimension operates sufficiently in isolation. Rather, meaningful

engagement in work and community life is co-produced through reciprocal effort: individuals prioritise responsibility and perseverance, while families, colleagues, and supervisors affirm belonging through recognition, accommodation, and trust. In this sense, participation is not granted, nor is it achieved alone – it is instead jointly constructed through shared accountability, transforming disability from a private burden into a collectively sustained possibility.

The narratives presented by the *interviewees with disabilities* demonstrate that the experience of disability emerges from the dynamic interplay between *individualised disability perception and joint responsibility for participation*. The interviewees reinterpret impairment through motivation, structured self-discipline, education, financial autonomy, and emotional resilience, transforming personal resources into forms of capital that stabilise identity and expand opportunity. At the same time, their capacity to sustain participation is shaped by relational recognition – by families who cultivate independence, colleagues who affirm equality, and supervisors who advocate for inclusion. Disability, therefore, is not reduced to bodily limitation nor dissolved into individual willpower; it is continuously negotiated within shared social worlds. In this sense, impairment becomes a contextual reality reframed through personal capital and collectively supported participation, revealing disabled participation in the labour market as a co-constructed achievement grounded in both agency and solidarity.

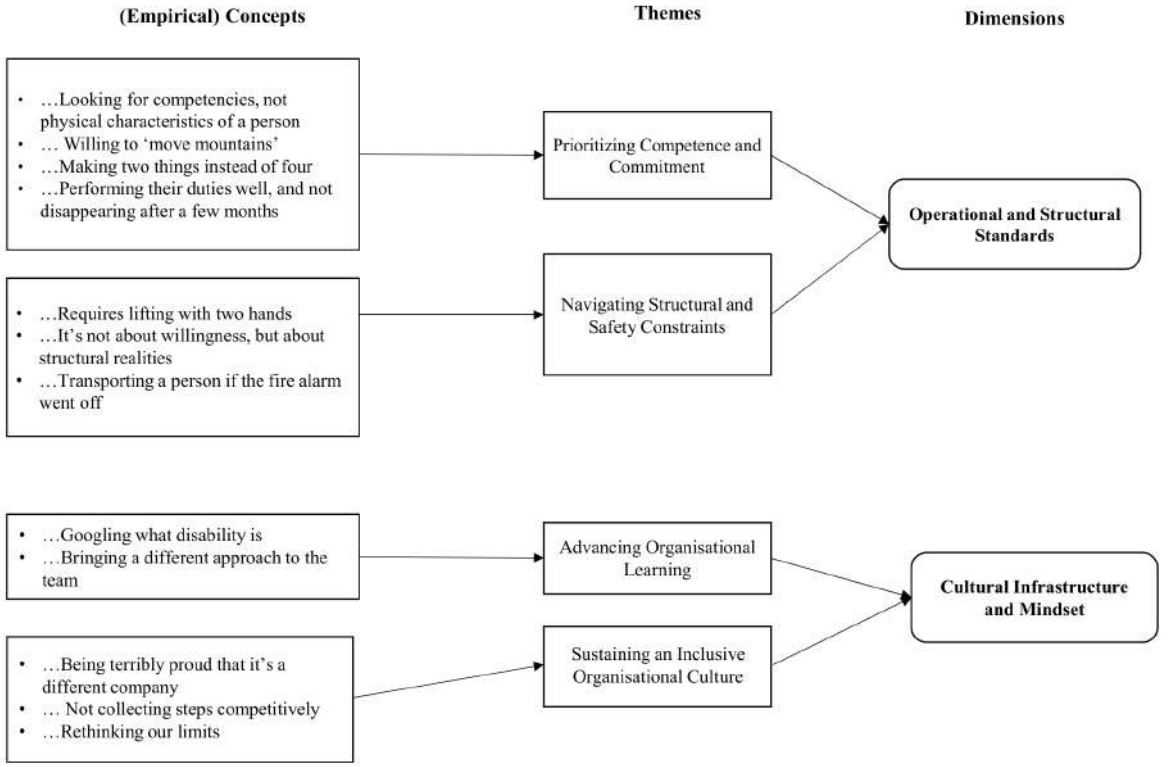
2.3.2 The Perceptions of Executives

Executives who employ people with disabilities must navigate the intersection between institutional standards and organisational culture when implementing disability inclusion in practice. As shown in Appendix C, the sample includes organisations of various sizes across diverse sectors, such as technology, public services, finance, manufacturing, and others. Drawing on interviews with CEOs and business leaders, supervisors' experiences are situated at the point where operational and structural requirements meet evolving cultural mindsets (see Figure 23). On the one

hand, they are responsible for upholding competence-based expectations, safety regulations, legal compliance, and measurable performance standards that define the operational boundaries of participation. On the other, they actively contribute to shaping the cultural infrastructure of inclusion – fostering learning processes, modelling inclusive attitudes, translating abstract values into daily routines, and sustaining a work environment grounded in dignity and mutual recognition. By bringing together the theme of *operational and structural standards* with that of *cultural infrastructure and mindset* in this subchapter, I demonstrate that supervisors function as mediators between formal institutional frameworks and lived organisational culture, ensuring that inclusion is both professionally rigorous and culturally embedded within the organisation's long-term development.

Figure 23

Perceptions of executives: bridging institutional standards and organisational culture.



2.3.2.1 Operational and Structural Standards

Organisational inclusion is structured not only through commitments to diversity and equal opportunity, but through the interplay of operational expectations and structural constraints that define the boundaries of participation. The interviews with CEOs and business leaders shed light on how disability is positioned within a dual framework: on the one hand, a competence-based evaluation that prioritises skills, motivation, reliability, and overall measurable contribution to various processes of the organisation; on the other, a recognition of the material, legal, and safety-related conditions that shape what is operationally feasible. Bringing together the themes of *prioritising competence and commitment* and *navigating structural and safety constraints*, these testimonies demonstrate that inclusion is embedded within shared professional standards and institutional realities.

2.3.2.1.1 Prioritising Competence and Commitment

Organisational inclusion is grounded not only in openness toward diversity, but in the deliberate prioritisation of competence, motivation, and sustained professional engagement. Disability is thus repositioned within a broader evaluative framework that centres on skills, qualifications, and measurable contribution rather than physical characteristics.

…Looking for competencies, not physical characteristics of a person

In contemporary business environments, there is a visible shift toward hiring practices that prioritise professional competencies over physical, sensory, or identity-related characteristics. As Rima articulated, '*we evaluate candidates according to their competence and not otherwise. We look at their experience, their knowledge, their skills – not at physical characteristics.*' In this framing, disability is clearly separated from the evaluation of professional ability. A further comment by Darminta reinforces the same principle: '*If*

you are educated, have an education and can work, you will definitely find a place to get a job. Education and skills open doors – that applies to everyone.' Here, organisational openness is paired with professional preparation.

This competence-first logic is summarised in Gabija's statement: '*Above all, the first criterion is competence – whether the person fits the position, whether they have the necessary qualifications, whether they are motivated.*' Gintautas was even more direct: '*Competence is important, not the physical characteristics of a person. Height, eyesight, mobility – these are not what define professional value.*' Gintautas proudly shared success stories: '*We have a person with vision impairment who worked as an aid and later as a social worker; we have a social worker in a wheelchair. These are not symbolic roles. They are excellent employees who do great work. Each of them has their own qualities, and that enriches the whole organisation.*'

Concrete examples demonstrate how this broadened skills profile translates into measurable contributions. Martinas described a layout designer who joined with little prior knowledge: '*She didn't know anything at the beginning. Now she is already creating products independently. Her skills are much stronger; she can even teach others. She works with artificial intelligence, develops new visual solutions – she is truly wonderful.*' In another case, performance was reflected directly in remuneration: '*Not because of the disability, but because he is the best at work. He is responsible for the entire production process. What he delivers is real value. He is the second-highest-paid in production. This is simply the reality*' (Justas).

Equitable evaluation and remuneration are also central to this approach, as Rima explained: '*I evaluate them equally – their salaries are reviewed every year according to the results they have achieved, the competencies they have acquired, and the initiative they have shown. It is done equally like for other employees; there are no separate standards.*' Diana confirmed this: '*We don't evaluate salary based on these issues, meaning disability or other personal characteristics, but rather on the competence of what the employee can bring to the company and what value they create.*' In normative terms, this position becomes explicit: '*The salary should depend entirely on the person's competences. I do not agree that a person with a disability should receive less just because of that. If the work is the same, the pay must be the same*' (Neringa). Equality is thus operationalised through uniform assessment standards.

CEOs also stress that hiring disabled employees does not mean compromising performance standards. As Gintautas stated unequivocally, '*we do employ people, but we are not a charity organisation that accepts everyone for work. We are hiring… Work needs to be done and done professionally and done with knowledge and so on.*' These reflections illustrate that while many disabled employees contribute substantial value, readiness to meet professional expectations cannot be assumed; it must be demonstrated. Accordingly, inclusion does not eliminate standards. As Alvydas emphasised, '*sometimes disabled people, like any other employee, don't meet expectations – not because of their disability, but simply because they don't meet the competencies or don't show enough effort. We cannot ignore that; standards apply to everyone.*' In this view, disability is not the decisive factor; competence and consistent performance are. This logic was further reinforced by Gabija: '*Above all, the first criterion is competence. If we see that the person is suitable, then we would really try to adjust those working conditions. But if the person is not suitable in terms of competence, then you can keep trying – it will be really difficult to do it, because that's normal. Otherwise, you create wrong expectations*'. Accommodation, therefore, follows rather than replaces competence.

Taken together, these accounts illustrate a clear recalibration of hiring practices toward ability, contribution, and accountability. As Alvydas summarised, '*we look for competencies, we look for the ability to do the job, and then we accept the employee by the same rules as other employees.*' By positioning disability as secondary to professional capability, leaders embed inclusion within ordinary organisational standards, aligning fairness with performance rather than exceptionality.

… Willing to 'move mountains'

Beyond competence, however, CEOs repeatedly highlight intrinsic motivation as decisive. Alvydas remarked, '*the most important thing for us is probably that the person themselves are in a motivated mood – that they come wanting to work, wanting to prove themselves, wanting to contribute. Without that inner drive, it doesn't matter what certificates you have.*' Alvydas reinforced this logic more broadly: '*The most important thing is motivation. If you are motivated and want to work, you will learn everything you don't know yet;*

everything is learnable. Skills can be developed, but the desire to work has to come from the person themselves.' Under this understanding, the potential for growth outweighs initial limitations.

Some leaders observe that disabled employees often display particularly strong commitment. As Dana reflected, '*as for the person who has limited working capacity themselves, their motivation is often greater. They understand the value of work, appreciate the opportunity, and try harder to keep it.*' In another case, an employer recalled the transformative impact of hiring an employee with vision impairment: '*When they came, we understood that they "will move mountains", as they say; that they will do whatever it takes to succeed. We saw that dedication immediately. Later, I even offered them a role as a business partner. This is how we are moving forward now, and we have been doing it steadily for 17 years*' (Laurynas). Here, disability recedes into the background, while perseverance, loyalty, and initiative come to the forefront.

Several leaders explicitly reject stereotypes about productivity, emphasising instead the decisive role of motivation. As Gintautas asserts, '*a healthy person can often work much worse than a disabled person. Disability is not a barrier to employment if a person wants to work. The real question is whether the person is willing to put in the effort.*' In this view, commitment and responsibility outweigh physical condition.

At the same time, some executives recount experiences in which candidates – disabled or not – expected remuneration without corresponding responsibility. Regina recalls, '*some disabled people didn't really want to go to work: 'So why do I have to come to you? I won't work, after all, I'm disabled, and you have to help me'. Well, we're not a charity organisation; we're not here to save. We hire people.*' Teresa added to this, observing: '*We are not a charity organisation that accepts everyone for work. We are hiring, yes, and we are open, but still, work needs to be done, and done professionally, and done with knowledge. Otherwise, the whole system suffers.*' Such reflections reinforce the principle that employment is grounded in mutual obligation rather than entitlement.

Leaders also identified structural and psychological barriers that precede hiring decisions. As Gabija noted, '*just because they don't have a job doesn't mean they're not being hired; it could mean they're just not applying.*

Sometimes people are afraid, sometimes they doubt themselves. That's also something we need to change.' Darminta echoed this concern, observing that '*it is necessary to somehow encourage people to apply for work themselves, to go everywhere, so that they are visible to the public. If you don't show yourself, if you don't try, employers simply won't know you exist.*' Similarly, Dana remarked that '*very often the problem is not that we wouldn't hire – the problem is that we don't receive applications. There is a lack of initiative, sometimes even a lack of belief that they would be accepted.*' Together, these accounts shift attention from assumptions about employer resistance to questions of confidence, visibility, and proactive engagement in the labour market.

Some CEOs connect this hesitation directly to internalised doubt. As Rima explains, '*you can feel when a person comes already convinced that they will be rejected. That insecurity becomes visible. And then it's not about disability – it's about self-confidence.*' Diana adds, '*sometimes they underestimate themselves before even trying. We need them to come, to speak, to show what they can do. Without that first step, nothing gets done.*' As Darminta candidly put it, '*the stick always has two ends. We are very open to the employment of disabled people, but we do not always find people who can actually show: "I can, I am determined, I will work as much as I can, and responsibly". We need to see that inner motivation as well.*'

Taken together, these narratives demonstrate that recognising motivation is central to the employment of people with disabilities. While competence remains foundational, it is sustained engagement, responsibility, and the willingness to learn that ultimately determine long-term inclusion.

…Performing their duties well, and not disappearing after a few months

Across the interviews, stability and trust emerged as a strategic and pragmatic response to long-term workforce needs. As Robertas explained, '*there was also trust in that person – we saw how they work, how responsibly they approach tasks – and we simply invited them to us, and we have been happy for quite a long time now. When you see that a person delivers consistently, that creates calmness in the team.*' Reliability, in this sense, is directly linked to organisational security. Liepa reinforced this expectation: '*We are just looking for employees who would be loyal, come to work on time, perform their*

duties well, and not disappear after a few months. Stability for us means that the person takes responsibility for their role and sees themselves here longer than just temporarily.' In these accounts, disability is clearly secondary; what matters is predictability, accountability, and sustained contribution.

Importantly, stability is understood not merely as physical presence, but as consistent professional engagement. Diana stated this clearly: '*If the person cannot ensure regular presence, cannot complete tasks within agreed timelines, then it becomes very difficult to integrate them into team processes. Stability requires reliability.*' Additionally, broader labour shortages further intensify this stability-loyalty orientation. As Diana remarked, '*there is a shortage of manpower… we need all kinds of labour without sorting according to some characteristic – disability, sexual orientation, or anything else. If you can work, you have to work. We are not talking about discrimination in the contemporary labour market; we are talking about the survival and sustainability of business.*' Robertas added that '*very often we simply lack people. It is not that we are choosing between perfect candidates; we are looking for those who are ready to take responsibility and actually come to work.*' In such a context, disability becomes secondary to actual readiness to perform.

Stability and responsibility, however, operate within negotiated boundaries. Erika explained one case: '*He still doesn't work for us full-time; he works part-time. Then he can adjust a little – if he needs to go to the doctor in the morning, he can come to work in the afternoon. We look at how to combine his possibilities with our needs, but the tasks still have to be completed.*' However, supervisors also underlined instances of repeated but failed negotiations around punctuality and expectations: '*He was actually talked to about how to help him get to work on time… but the man said "Everything is fine here, just give me extra money, extra hours and everything will be fine."… The situation did not change, we paid a leaving compensation and had to fire him after more than a year of constant efforts*' (Leonas). Importantly, several leaders stressed that difficulties more often stem from personal traits than from disability itself. As Jolanta noted, '*probably more problems come not because of disability, but because of personal characteristics… once we said goodbye to a young man who thought that only his opinion mattered, he didn't want to follow instructions.*'

Taken together, these reflections suggest that stability is a measurable organisational asset. It is defined by continuity of performance, adherence

to agreed-upon responsibilities, and the ability to integrate smoothly into collective workflows over time.

Several executives explicitly rejected the assumption that disability automatically reduces efficiency. As Diana explained, '*according to statistics, when we look at the actual numbers, their productivity is not low at all. In some cases it is even higher than that of other employees, because they are very focused, they want to prove themselves, and they take their work very seriously.*' Gintautas shared a similar observation from practice: '*We had a deaf accountant – her productivity was one hundred percent, despite her disability. She performed all the required tasks on time, without errors. Similarly, a masseuse with a physical disability did just as many massages per day as the rest of the staff.*' In these accounts, productivity is evaluated through measurable outcomes rather than assumptions about capacity.

…Making two things instead of four

Flexible scheduling emerges as a key managerial strategy for sustaining performance. As Arvydas explained, '*they have shortened hours. They don't work as much as another person – not 160 hours per month, but 120. We saw that full-time would exhaust them too much, and then performance would suffer. So, we adjusted the workload to ensure stability.*' Arvydas further described balancing team strengths: '*One must be strong, the other weaker – there must be balance. It is really very difficult for some people with disabilities to manage the same intensity. So, we organise shifts in such a way that this other shift is stronger and performs functions that this one cannot.*' Here, productivity is conceived not solely as an individual metric, but as a collectively organised outcome.

Some organisations also redesign tasks to reduce pressure-related to speed. Tautvydas explained, '*that's how this position was chosen – so that it is not necessary to constantly monitor a person's speed. The person can work calmly, without feeling tension or discrimination, without someone standing over them and counting minutes.*' In such cases, emphasis shifts toward quality as compensation for lower volume. As Ilona noted, '*I want to emphasise that quality itself is very important. You can do two things instead of four, but if you do those two exceptionally well, accurately, without mistakes, then that becomes a kind of compensation. In some cases, that is even more valuable than speed.*' Productivity is thus reframed as precision, reliability, and consistency.

However, not all adaptations yield the desired results. Viktoras recalled operational difficulties: '*He started work around noon, but customers began calling from nine in the morning. They were used to immediate service. When he arrived later, he simply no longer had time to release the orders for the warehouse. So, the whole chain was delayed.*' This example illustrates how individual scheduling needs may conflict with organisational rhythms, requiring the renegotiation of tasks or the reassignment of responsibilities.

The assessment of aptitude, therefore, becomes central in addressing productivity concerns. Marius described a careful and systematic selection process: '*We looked closely at how a person succeeds in working with their hands. It was different among the six candidates – we chose three. We observed how long it would take them to complete a task and whether it would realistically be possible to teach them further skills.*' Here, productivity is not assumed in advance but tested through concrete observation, patience, and the evaluation of learning potential. The emphasis lies not merely on immediate output, but on developmental capacity – whether the individual can grow into the role over time. Reflecting on the outcome of that evaluation, Marius added, '*they really put it together very well – honestly, you wouldn't even think it could be done like that. The result surprised us positively.*' This remark reveals how initial doubts can be overturned once performance is assessed empirically rather than through preconceived expectations. In addition, Marius highlighted endurance as a distinct performance strength of the other employee with disability: '*The girl does not have ideal speed, that's true, but she has almost infinite resistance to monotony. She can repeat the same task for hours without losing focus, and that is a huge advantage in certain processes.*' Such sustained concentration – often undervalued in speed-driven environments – emerges as a critical asset for tasks that require precision and repetition.

Ultimately, overcoming performance and productivity concerns requires structured adaptation without lowering standards. As Laurynas summarised, '*we simply have to adapt to that person, because we understand that we are all different. We try to plan earlier, to start tasks in advance, so that we can complete everything on time without unnecessary stress.*'

Taken together, these reflections demonstrate that productivity is not a fixed attribute determined by disability; it is negotiated through role alignment, workload adjustments, and an emphasis on quality.

Overall, this subchapter demonstrates that competence and commitment operate as the central organising principles through which inclusion becomes both fair and sustainable. Disability is neither ignored nor over-emphasised; rather, it is positioned within the same professional criteria that apply to all employees. By embedding inclusion within shared standards of performance, accountability, and contribution, leaders reframe employment as reciprocal engagement grounded in mutual engagement.

2.3.2.1.2 Navigating Structural and Safety Constraints

Organisational inclusion is shaped not only by commitments to diversity and fairness, but also by the structural, physical, and safety-related limits within which organisations operate. The responses of CEOs and business leaders on this theme explore how disability is evaluated in relation to 'physical' job requirements, workplace safety standards, infrastructural feasibility, regulatory compliance, and emergency preparedness.

…Requires lifting with two hands

CEOs frequently confront health-related challenges that influence not only individual performance but also broader organisational stability. A recurring concern involves the unpredictability of health-related absences, particularly in cases involving mental health conditions. Alina recounted, '*there was a candidate who wanted to work in a manufacturing company, but he didn't have one hand. We simply couldn't hire him due to the nature of the work, which requires lifting with two hands. I had to personally explain that this position simply did not suit him.*' These examples demonstrate that while inclusion is a priority, essential physical requirements sometimes impose clear limits.

Health considerations also intersect with workplace safety. As Diana explained, '*if a person works near the tracks, there are safety requirements. We cannot allow a person with a hearing impairment to work there, because they must hear certain train signals and warnings; otherwise, we risk their health and sometimes their life.*' Similarly, Gabija highlighted the sensory demands of industrial environments: '*In production, all senses are needed – vision and hearing – because there are moving objects, signalling, transport inside, lifts,*

loaders, cranes.' In such contexts, job placement must account for inherent safety risks.

Legal documentation requirements further reinforce this framework. As Liepa stated, '*all candidates must prepare certain documentation – medical certificates, confirmations according to legal requirements. We cannot hire without it. We also send all employees to the police licensing department. If the police give their approval, then we can accept it.*' Employment decisions are thus embedded in regulatory systems designed to safeguard both employees and organisations.

… It's not about willingness, but about structural realities

Leaders repeatedly stressed that creating accessible workplaces involves navigating physical infrastructure, technological capacity, financial constraints, and regulatory frameworks. These adjustments are not portrayed as extraordinary concessions, but as concrete and often unavoidable elements of responsible management.

As Diana explained, '*it's basic, but the toilet, for example – the door is very difficult to open… it seems like a small thing, but when you see a person struggling every day, you understand that it's not small at all. You realise that what we consider normal infrastructure may not be normal for everyone. We really adapted all kinds of things – handles, access, small details that actually make a big difference in everyday work, because that person uses them every single day.*' This quote illustrates how small-scale physical modifications become significant when viewed from the standpoint of daily embodied experience.

At the same time, structural limitations can exceed organisational intent. As Neringa noted, '*we have a building that does not have an elevator, and installing one there is practically impossible because of technical limitations. The construction itself does not allow it. So, the question becomes: how can we ensure that a disabled employee has the opportunity to reach the workplace comfortably? Sometimes it's not simply about willingness, but about structural realities.*' Here, the barrier is not resistance but an architectural constraint.

Technological allocation likewise reflects this structural dimension. Gintautas recalled, '*we recently had an employee who has a vision impairment, and she said that she really needs to zoom in on her computer to read, that she needs a bigger monitor. She explained that without that, she gets tired very*

quickly. We are looking for a solution to adapt the larger monitor to her, because if that helps her work efficiently and without eye strain, then it is our responsibility to ensure those conditions.' Erika reflected more broadly on overcoming technological fears: '*Without being interested in technological possibilities, we draw conclusions that those possibilities do not exist. If we just invited those people and looked or were a little interested, we could provide an opportunity… and have an employee who works with quality, who is very motivated and very enthusiastic and very responsible.*' Thus, the provision of assistive technology is framed as a logical precondition for maintaining professional standards.

However, financial realities further complicate this landscape. Martinas stated candidly, '*there are higher costs… people get sick more often, they also have more days off, sometimes you need to replace them more frequently, so naturally the cost of the person as an employee is higher. You must calculate that realistically; we are still a business, and we must count what it costs.*' Yet despite the obvious temptation, some organisations deliberately distance themselves from subsidy-based logic. Raminta explained, '*as a company, we purposefully do not use subsidies. We treat them as equals to our other employees; we apply a completely uniform remuneration policy. We do not want someone to feel that they are here only because of financial compensation from the state. The person should feel that they are here because they are needed.*' Gintautas added, '*this has always been part of our strategic plan. We do not receive subsidies or tax breaks for this. It was our internal agreement that we would not discriminate. If a disabled person applies and is an excellent accountant, we welcome such an arrival. In certain areas, we even heard that these specialists may be superior in a particular sense – more precise, more attentive, more systematic.*' In this framing, equal standing takes precedence over reliance on external support mechanisms.

Legal protections are described as another structural layer leading to the additional use of companies' resources. Gintautas reflected, '*those people have more protections, and it's not so easy… we had complicated stories, when they complained to us for illegal dismissal. Then you understand that you must be very careful with documentation, procedures, everything. You have to double-check everything you do. This always poses a greater risk to the employer, even if you act in good faith.*' Rima highlighted the occasional misuse of legal support mechanisms: '*There are employees who say, "I won't come to work today because*

the kitten is sick". They know very well that subsidies are provided to compensate for what a person does not do, and sometimes they try to use that system to their advantage. Of course, that is not common, but it happens.'

Taken together, these extended accounts demonstrate that inclusion unfolds within structural realities that demand tangible investment. Allocating additional costs and resources is therefore not a peripheral issue but a central managerial practice – one that negotiates between architectural constraints, technological needs, financial calculations, regulatory frameworks, and ethical commitments.

…Transporting a person if the fire alarm went off

CEOs increasingly acknowledge that inclusion extends beyond everyday accessibility to encompass emergency preparedness and safety planning. While many organisations adapt workplaces for routine operations, executives admit that evacuation procedures for employees with disabilities – particularly those with mobility impairments – often remain underdeveloped. As Marius candidly observed, '*we also had bigger problems there, such as evacuation, because as far as I know, there is not even documentation prepared on how to evacuate a person with a mobility impairment.*' Ultimately, preparedness must move beyond theoretical compliance. As Simas stated bluntly, '*although it seems that no matter how prepared you are, if it has not been implemented in practice, then you cannot risk such an important issue.*' This admission reveals a structural gap: accessibility in daily functioning does not automatically translate into safety in crisis situations.

Logistical challenges become especially acute in multi-storey buildings, where elevators are central to mobility but unusable during emergencies. Marius recalled, '*we had to figure out how we were going to transport that person if the fire alarm went off, because the elevators were no longer working. That man worked on the third floor. To this day, we still have some problems with the premises. If we had more office space on the first floor, it would probably be less of a problem.*' Here, infrastructure itself becomes a limiting factor, compelling leaders to reconsider spatial arrangements and the long-term planning of office locations.

Even workplaces that appear well-adapted during normal operations may reveal vulnerabilities under emergency conditions. As Simas

explained, '*you would never think of such things – although it seems that the workplace is adapted and possible, evacuation is not happening with the help of elevators, but with the help of an additional staircase*', highlighting the illusion of full accessibility: daily usability does not guarantee safe exit routes in crisis scenarios.

In sum, recognising evacuation issues reflects the deeper maturation of inclusive workplace practice, underscoring the necessity of comprehensive, actionable, and continuously reviewed evacuation strategies that safeguard every employee without exception.

Taken together, the narratives under the theme of *navigating structural and safety constraints* demonstrate that inclusion is also a practice embedded in material, legal, and safety-bound conditions. Leaders consistently position their decisions within frameworks of occupational risk, infrastructural feasibility, regulatory obligation, and emergency preparedness. Where adaptation is possible, resources are allocated; where structural or safety thresholds are non-negotiable, limits are acknowledged. Inclusion thus emerges as a form of responsible governance – one that balances ethical intention with operational realism, ensuring that participation is both equitable and secure for all members of the organisation.

Overall, the reflections presented in *professional and structural standards* reveal that inclusive employment is sustained through the alignment of ethical commitment with professional rigor and structural responsibility. Competence, motivation, and reliability form the evaluative core of participation, while safety regulations, infrastructural feasibility, and legal accountability define its operational boundaries. Leaders consistently frame their decisions not as acts of benevolence or exclusion, but as efforts to reconcile fairness with performance, and openness with realism. Where individuals demonstrate capacity and commitment, accommodation follows; where structural or safety thresholds are non-negotiable, limits are acknowledged transparently.

2.3.2.2 Cultural Infrastructure and Mindset

Over time, organisational inclusion becomes embedded within a broader cultural infrastructure and managerial mindset that shape how companies think, learn, and act. Cultural infrastructure is thus conceptualised as the alignment between cognitive processes of learning and the normative frameworks that sustain inclusive values in everyday practice. The first dimension focuses on advancing organisational learning – both prior to employment, when leaders question assumptions, consult experts, and recalibrate expectations, and after employment, when the presence of employees with disabilities reshapes operational routines and interpretative standards. The second dimension addresses the notion of sustaining an inclusive organisational culture, in which pride, ethical positioning, structured dialogue, leadership examples, and collective inspiration translate inclusion into shared identity and daily organisational life. Together, these dimensions illuminate how inclusion is not merely implemented but institutionalised – becoming part of the organisation's mindset, relational fabric, and long-term cultural architecture.

2.3.2.2.1 Advancing in Organisational Learning

Organisational inclusion can be understood as a process that stimulates organisational learning at both the managerial and operational levels. The responses of interviewees enable the identification of two interconnected dimensions of this learning trajectory: first, the phase prior to employment, in which leaders engage in inquiry, consultation with intermediary organisations, and reflection on their own assumptions about disability; and second, the phase following employment, when the presence of employees with disabilities introduces new perspectives into everyday organisational practice, through which knowledge is acquired, expectations are recalibrated, and established understandings of productivity, competence, and organisational effectiveness are reconsidered.

…Googling what disability is

In the strategic inclusion of disabled employees within organisations, mediators and intermediary organisations emerge as crucial actors. CEOs frequently emphasise that external expertise helps reduce uncertainty and supports informed decision-making. Arvydas highlighted the value of initial expert assessment, explaining: '*I started Googling what disability is, how it works. We communicated with specialists for three months, who shed a lot of light on the fact that these people can work, are fully functional, and perform their functions wonderfully. Only after that did I really understand that it is possible.*' Arvydas further added that, initially, '*I was wondering whether their health allows them to work. That was the main thing I wanted to analyse.*' These reflections illustrate a shift from uncertainty to informed confidence, facilitated by sustained consultation and dialogue with specialists.

Other leaders describe how mediators help identify challenges that may not be immediately visible. Marius recalled that '*at first everything seemed very simple – here you have an entrance and an elevator, everything is fine, there will be no problems. But some of those problems appeared only over time. And I would say that the help from Sopa*[6] *was really, really valuable.*' Marius continued, noting: '*You still need to consult, since we have not practised with those employees before… it is a kind of ongoing consultation.*' Inclusion thus unfolds as a learning process rather than a one-time adjustment.

Structured initiatives organised by mediators further reduce risk and build mutual confidence. Diana described participation in DUOday[7]: '*We had DUOday… people came to us from Sopa and tried out positions. What sincerely made me happy was that colleagues accepted them very positively.*' Simas explained how this initiative led directly to recruitment: '*We met through the DUOday initiative, and then we saw that we really needed a person with such competence, and we hired that person.*' These experiences demonstrate how

[6] SOPA is an NGO that has been working in Vilnius since 2006. The core activity of the organisation is to promote the employment of those from disadvantaged categories, such as senior citizens, women, young people with no qualifications, and people with disabilities. For more information, see: https://socialenterprisebsr.net/socents/sopa-ngo/.

[7] DUOday is a job-shadowing initiative that has been organised across Europe for more than 15 years. During the initiative, companies and organisations open their doors to people with disabilities, inviting them to explore new professions and workplace roles. Participants spend a day in an organisation shadowing an employee. For more information, see: https://duoday.lt (in Lithuanian).

trial-based encounters create practical opportunities for assessing both capability and team fit.

Long-term cooperation with mediators often becomes institutionalised. Tautvydas noted: '*We started cooperating with them five years ago, and we are still cooperating now. We are very happy, because they always choose strong people for us who can perform certain tasks.*' Tautvydas described a structured pathway: '*They practise for a week. If the person likes it and we see potential, we offer a workplace.*' Sustainable inclusion is therefore built through ongoing partnership rather than isolated intervention.

Overall, the use of mediator services demonstrates a strategic approach to inclusion that combines expertise, structured experimentation, and long-term partnership. Through consultation, initiatives like DUOday, and practice-based assessments, mediators help organisations recognise competencies, anticipate challenges, and cultivate adaptive mindsets, enabling inclusion to move from intention to sustained practice.

…Bringing a different approach to the team

Across the interviews, CEOs consistently described how employees with disabilities bring a different approach to the team – diverse sensory experiences, cognitive strategies, and life trajectories that introduce alternative perspectives into everyday organisational practice, enriching team dynamics and expanding the range of possible solutions.

Even seemingly minor operational issues can become opportunities for creative refinement. Responding to hygiene standards, Marius' company introduced a practical modification: '*Since we have a requirement for the room to be clean, he couldn't enter, risking that the wheels of his wheelchair would bring dirt. So, we bought other wheels for that person with a disability. So that he would put the wheels on his cart when he came from the field*'. Marius described how workspace organisation was carefully reconsidered when an employee expressed anxiety about larger gatherings: '*She is afraid of a larger gathering of people, so we had to think about which office we would sit in and how many people she could be seated with.*' Innovation here unfolds through dialogue, gradual experimentation, and responsiveness.

In some cases, disability directly catalyses technological renewal. Justas recounted a striking episode with a blind candidate: '*He found out in one day*

that we were working with outdated technology. This was a shock to us. As a completely blind man, he completed the analysis in a single day and said he would not work for us. He clearly explained what systems were obsolete and what alternatives existed. After that day, we updated everything very quickly.' What initially appeared as a recruitment setback became a transformative diagnostic moment.

Justas later reflected on the unexpected performance strengths of disabled employees: '*I don't even know how he works – I just know that he works faster than others. Nothing additional was needed, no special investments, absolutely nothing. He brought his own rhythm, his own discipline, and suddenly we saw that tasks were being completed ahead of schedule.*' Elaborating further, Justas added that '*everyone here is surprised that it is possible to work so quickly. I didn't even know that was possible …. They hear details we don't hear. They process information differently. It makes you rethink what 'normal productivity' even means.*' These extended reflections challenge conventional assumptions about capacity and reveal how inclusion can recalibrate organisational standards upward rather than downward.

Other executives emphasised how diversity reshapes team culture. Regina reflected on this: '*Those people bring a different approach to the team, a different ability to adapt. They expand our boundaries – they show that the world is not ideal, and we also have to change. They often bring more empathy, sometimes even more emotional intelligence. It opens many new angles for us to look at everything differently.*' Ilona added succinctly, '*the more diverse the team, the better the result. Engaged teams learn more, broaden their worldview, and understand situations differently. Diversity forces you to think wider.*'

Collectively, alternative sensory experiences, cognitive rhythms, and adaptive strategies subtly reshape standards of efficiency, communication, and collaboration within teams. In this way, having employees with disabilities as part of a team may expand the organisation's resource base and enhance its overall capacity for innovation.

Overall, responses under the theme of *advancing in organisational learning* highlight that inclusion operates across temporal stages – before and after employment – reshaping both anticipation and experience within organisations. The preparatory phase, characterised by inquiry, consultation, and the reassessment of assumptions, lays the cognitive

groundwork for change, while the employment phase generates practical, cultural, and operational learning within teams.

2.3.2.2.2 Sustaining an Inclusive Organisational Culture

Organisational inclusion evolves into a sustained cultural orientation that shapes identity, everyday practices, and collective meaning within companies, as the interviews with CEOs and business leaders suggest. Their testimonies enable the exploration of how inclusion is embedded in symbolic pride, team rituals, leadership behaviour, and shared interpretations of facing disability in employment contexts.

…Being terribly proud that it's a different company

Across the interviews, CEOs consistently framed disability inclusion not as regulatory compliance but as a strategic decision that strengthens competitiveness and reinforces ethical positioning. Inclusion was described as both a market advantage and a visible demonstration of corporate responsibility. Gintautas explained that '*when we are still on the road to integration, it is such a competitive advantage, a demonstration of social responsibility. Why not? If it opens up opportunities, what's wrong with that? Here, no one exploits or deceives – we simply open opportunities. The disabled person wins because they work and get paid. The state receives more taxes in the budget. Everyone wins.*' This reflection situates inclusion within a broader socio-economic ecosystem in which business success, public welfare, and individual dignity are interconnected.

Reputation is further strengthened by signalling value-based leadership. Jolanta noted that inclusion '*can help achieve results, expand the circle of people who help the company grow, and improve the image of the company itself, because you show that the company's values are good, that it can accept all kinds of people, not only those who are convenient.*' This reputational dimension is also experienced internally; Robertas shared that employees express pride, saying they are '*terribly proud that it's a different company. They understand that it is natural with us, it is not pretending, it is real, and that authenticity is*

appreciated.' In this dimension, inclusion enhances legitimacy both externally and within the organisation's self-understanding.

…Not collecting steps competitively

Across the interviews, CEOs consistently described inclusive culture as something that must be deliberately structured, practised, and continuously reinforced rather than left to informal goodwill. Their accounts reveal how values are translated into everyday organisational routines. Even team-building initiatives are re-evaluated through the lens of inclusion. As Viktoras explained, his company '*refused the steps challenge… because it would be very inappropriate to collect steps competitively when one of us cannot move their own leg. We realised it would create a strange situation – others competing and celebrating results, while one colleague physically cannot participate in the same way. So, we agreed, in a friendly and calm way, to choose activities suitable for everyone.*' Such decisions demonstrate how sensitivity to fairness and dignity reshapes even informal corporate practices.

Leaders also emphasise institutionalising awareness through HR structures. Neringa's organisation conducts an '*HR hour*' during which new employees are introduced to workplace etiquette – '*what is polite, what is impolite, what you can ask directly, what you should avoid asking, how to offer help correctly, and when not to interfere at all*'. Robertas adds: '*You have to ask whether people need help or independence. One needs it, the other doesn't, so it's better to ask how much help is needed.*' In this framing, inclusion is not standardised or imposed, but negotiated through dialogue, attentiveness, and mutual understanding.

These structured conversations reduce uncertainty, prevent unintended harm, and normalise respectful communication. Leadership preparation emerges as equally central. As Aurelija stressed, '*the most important thing is the attention and preparation of the leader… leaders must consciously create that inclusive environment, so that there is no divisive atmosphere and the person feels very comfortable.*' Inclusion, therefore, is sustained not by spontaneous harmony but by intentional managerial practice embedded in formal processes.

Personal commitment from leaders further reinforces these transformations. Robertas underscored the importance of leading by example, stating, '*I'm still among the disabled people in that business, I am public about it, so that they wouldn't be afraid to include others.*' This visibility signals that inclusion requires genuine presence and openness rather than symbolic endorsement. Tautvydas highlighted the ongoing character of this responsibility, noting that '*they have my personal phone number. When you're mentoring people who have disabilities, they always need help anyway… they call me on weekends with some questions, I allow it.*' Mentorship, therefore, extends beyond formal working hours, reflecting sustained engagement, accessibility, and personal accountability.

Bridge-building beyond organisational structures is another significant dimension. Aurelija described appointing a dedicated specialist to connect with disability communities: '*We organised excursions, worked with their* [potential and present employees with disabilities] *parents, prepared our managers and teams for job interviews… Everyone had that good time of confusion and learning. We didn't even know if we would succeed, but that inner desire was greater, and we learned a lot along the way.*' In this account, inclusion becomes a collaborative process that reshapes not only infrastructure but also institutional culture.

All together, these reflections position inclusion as a practice that reshapes internal culture through mutual recognition and acceptance within teams. As Neringa articulated, '*you have to care about other people, because you are just as important as everyone else… this is teamwork, you are not a soldier alone in the field.*' Within this broader cultural framework, disability inclusion operates as a defining element of organisational culture itself – aligning ethical values, interpersonal dynamics, and institutional structures into a coherent and sustainable corporate identity.

…Rethinking our limits

CEOs increasingly recognise the inspirational influence that disabled employees can have on workplace culture. Their presence is perceived not only as an expression of social responsibility, but also as the human and strategic enrichment of the organisation. Arvydas reflected, '*those people don't ask for anything at all. They come, smile, thank you, and are happy and*

satisfied with the people they work with. They really enjoy life; what we need to learn is to enjoy life as they enjoy it.' Such reflections suggest that the everyday attitude of disabled employees can shift collective perspectives in a positive way.

For many leaders, this inspiration becomes tangible through concrete examples. Justas described an employee with cerebral palsy: '*He hardly moved his body; he had cerebral palsy. But he was the best businessman on that street.*' Justas added, '*from that moment, I realised that the desire to live was completely incredible; it was fantastic. Maybe this kind of tolerance appears when you truly understand what a person goes through, how difficult it is for them, but how much they want to live. They read books, we exchanged many things.*' These interactions foster empathy grounded not in pity but in shared humanity, gradually strengthening cohesion within the team, capturing the emotional impact such encounters have on managerial outlook and team morale.

In several accounts, inspiration also stemmed from extraordinary perseverance. Jolanta described an employee who runs marathons and continuously develops new professional skills: '*He runs marathons, learned to program in a remarkably short time, and masters new languages with such intensity. Despite not seeing very well, he finds ways to overcome daily challenges. When we talk about our own excuses or laziness, his example makes us rethink our limits.*' Jolanta also added, '*when that person joined our team, he not only inspired many of us but also worked better than many others. His example showed that limitations are often challenges waiting to be overcome.*'

Leaders also emphasise cultivating resilience without condescension. As Darminta noted, '*we teach everyone: don't feel sorry for people with disabilities. You don't need pity. Instead, you compare their challenges with your own. Sometimes your own complaints seem smaller when you see how hard someone else works to overcome theirs.*' Inspiration, in this sense, arises from mutual respect rather than sympathy.

Taken together, these accounts demonstrate that inclusion generates more than structural change – it nurtures a cultural shift toward appreciation, resilience, and shared vitality. Employees with disabilities do not merely participate in organisational life; they often become catalysts for renewed meaning, reminding teams to value both professional achievement and the simple joy of living, rethinking our limits.

Overall, these reflections demonstrate how *sustaining an inclusive organisational culture* requires more than isolated accommodations or episodic initiatives; it involves cultivating a shared moral orientation that permeates everyday interactions, leadership practices, and collective identity. Pride in being 'a different company', the careful redesign of team routines to avoid exclusion, and the inspirational impact of employees with disabilities all converge to shape a culture grounded in dignity, mutual recognition, and resilience.

The narrative of *cultural infrastructure and mindset* functions as the deeper architecture that stabilises and reproduces inclusion over time. Organisational learning generates the cognitive flexibility necessary to question assumptions and revise practices, while sustained cultural commitments translate these insights into shared norms, routines, and identity. In this integrated perspective, inclusion is neither a temporary initiative nor an isolated policy domain; it becomes embedded in how organisations structure collaboration, cultivate pride, and define their ethical positioning. Cultural infrastructure thus aligns reflective learning with relational values, ensuring that inclusion is continuously renewed through both adaptive thinking and lived practice within the organisation's evolving cultural framework.

Taken together, the experiences of supervisors reveal that inclusion is sustained through the continuous balancing of *institutional rigor and cultural responsiveness*. Positioned between formal standards and everyday relational dynamics, supervisors translate policies into practice while simultaneously shaping the normative climate in which those practices unfold. Their role requires not only adherence to operational criteria and safety considerations, but also the cultivation of trust, dialogue, and adaptive learning within teams. In this way, *supervisors emerge as pivotal actors in aligning structural accountability with cultural coherence*, ensuring that inclusion remains both professionally grounded and meaningfully integrated into the organisation's evolving identity.

3 CONCLUSIONS

In this chapter, I bring together two sets of analysis: European historical perceptions of disability, and present-day perceptions of disability employment in Lithuania. First, I present the construction of the research model that guided my analysis, outlining how broader historical and socio-cultural narratives are connected with contemporary empirical findings from the Lithuanian context. I then discuss the main results of the study and formulate recommendations arising from these findings, considering their implications for both research and practice in the field of disability employment. In doing so, I show how present employment experiences, organisational practices, and processes of stigmatisation cannot be fully understood without considering the historical meanings and cultural assumptions through which disability has been interpreted in Europe, and in post-Soviet Lithuanian society more specifically.

3.1 Research Model

A methodological and theoretical premise underlies the development of this research model of (self-)stigmatisation and the assessment of its effects on the future opportunities of employees with disabilities from a community perspective.

First, through historical–cultural analysis we can see that disability has been interpreted in markedly different ways across communities and epochs. Prehistoric evidence suggests that some early human groups practised long-term care and inclusion. In the ancient Greek and Roman worlds, bodily difference was often evaluated through frameworks of civic worth, status, aesthetics, and legal capacity. Ancient Egypt provides notable examples of accommodation, social integration, and even high-status disabled figures. Medieval Christianity combined charitable obligation and institutional care with moral suspicion, spectacle, and exclusion. Industrial modernity intensified productivity norms, time

discipline, and institutional segregation. Colonial systems exported biomedical and deficit-based classifications that displaced indigenous communal understandings of embodied difference, while the 20th century radicalised these logics through eugenics, sterilisation, and state violence. This historical context informs my adoption of the community lenses theory of disability as a relational alternative to both strict medical and strict social reductionisms.

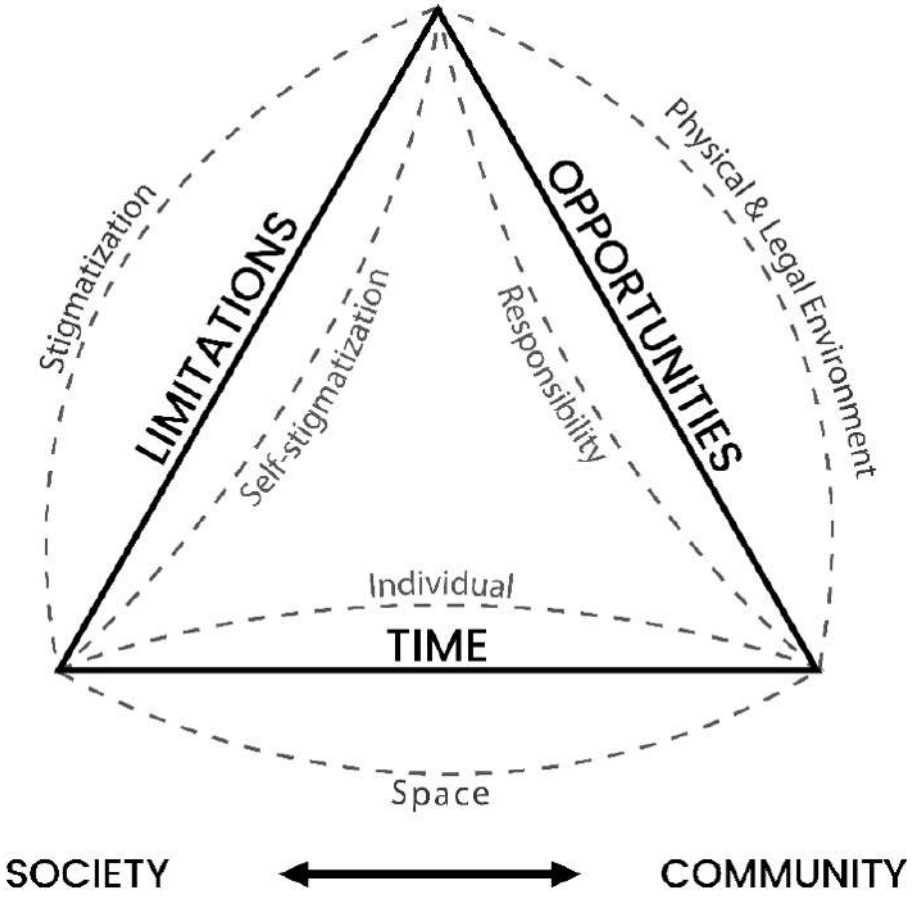
Second, to analyse how exclusion is reproduced in the present, I draw on Goffman's stigma theory (1963), including: his distinction between 'normals', the stigmatised, and the 'wise'; his concepts of virtual versus actual social identity, spoiled identity, and moral career; and his account of stigma management strategies such as passing and covering. These mechanisms are especially useful for explaining how public stigma can be internalised as self-stigma, narrowing a person's opportunities to participate. I further ground this temporal dimension in Lewin's (1951) TP and psychological life space concepts, understood as the totality of a person's psychologically experienced past and future at a given moment. From this perspective, prior experiences of stigma, exclusion, recognition, and support do not remain confined to the past; they become active psychological forces that structure present expectations and future orientation. Repeated devaluation may narrow the horizon of possibility, making certain goals seem unrealistic even before they are pursued, while experiences of accommodation, solidarity, and successful participation may expand that horizon and strengthen future-directed agency. Anticipated futures, therefore, function not merely as abstract hopes or plans but as organising elements of present conduct: they may influence persistence, risk-taking, willingness to seek accommodations, readiness to apply for jobs, and the degree to which individuals invest in long-term professional development. Thus, this temporal dimension of the model allows for the analysis of work-related decision-making not simply as rational choice or individual preference, but as temporally structured action emerging from the interaction between lived history, anticipated futures from the *remaining opportunities perspective*, and the psychologically experienced present.

Furthermore, based on interviews with employees with disabilities and executives, I conceptualise *opportunities* as representing the interplay between *material and legal conditions* and the employee's ongoing engagement with *professional responsibilities*. This framing allows me to approach participation not as the isolated result of structural support or personal drive, but as a relationally produced process arising from coordination between institutional frameworks and self-initiated effort.

As a result, I conceptualise a model composed of a triangle with three basic dimensions – *time*, *limitations*, and *opportunities* – each articulated through an external and an internal extension (see Figure 24).

Figure 24

The future perspectives & (self-)stigmatisation of employees with disabilities within historical and present contexts: research model.



These dimensions can be elaborated on as follows:

- **Time.** I conceptualise time as operating at two interconnected levels: *space as an external dimension* and an *individual as an internal dimension*. By *space*, I refer not merely to geography, but to a historical–cultural and socio-political field within which disability acquires meaning and participation becomes either possible or constrained. Disability is never experienced in abstract, universal time; it is always lived within historically specific social worlds structured by prevailing values, civic matrices, legal systems, religious frameworks, and economic infrastructures. Attitudes toward disability, therefore, vary across civilisations, regions, and political economies, shifting across historical periods: from prehistoric evidence of collective care, to ancient associations between bodily form and civic worth, to medieval ambivalence between charity and exclusion, to industrial productivity regimes and 20th-century eugenics systems that institutionalised stigma as state violence. In this sense, space captures how future opportunities for employees with disabilities are structured by when and where one lives and by the cultural, legal, and economic order one seeks to participate in. Yet, drawing on Lewin's (1951) concept of the TP as a psychological life space, I understand present action as being shaped by the psychologically constructed past and future embedded within a person's belief system. Thus, an *individual* dimension is analytically essential for explaining how individuals orient themselves toward the future under conditions of disability.
- **Limitations.** Drawing on Goffman's (1963) stigma theory, I conceptualise limitations as operating at two interconnected levels: *stigmatisation* as an external dimension and *self-stigmatisation* as an internal dimension. Building on Goffman's distinctions between the stigmatised, the 'normals', and the 'wise', I define stigmatisation as the set of social processes through which people with disabilities are labelled, stereotyped, devalued, and differentially treated in ways that restrict access to recognition and opportunity. At the internal level, self-stigmatisation captures how repeated exposure to normative expectations and devaluing judgments may gradually

shape self-perception. As discussed, self-stigmatisation merges when external stigma is not merely encountered but internalised – when dominant assumptions about incapacity, burden, inferiority, or unsuitability begin to be experienced as personally valid. In this sense, self-stigmatisation cannot simply be equated with low self-esteem; it is an internal process that may alter aspirations, self-efficacy, and one's sense of what is realistically possible. It can manifest as anticipatory shame, reluctance to request accommodations, reduced confidence in applying for jobs, lowered career expectations, or withdrawal from opportunities before rejection occurs.

- **Opportunities.** Based on interviews with employees with disabilities and the executives who employ them, I conceptualise opportunities as operating at two interconnected levels: *physical and legal infrastructure, as external dimensions,* and *responsibility, as an internal dimension*. By infrastructure, I refer to arrangements that translate inclusion from principle into practice, including accessible environments, assistive technologies, workplace accommodations, anti-discrimination legislation, and a supportive organisational climate. Here, opportunities are shaped simultaneously by the built environment and regulatory frameworks: a workplace may be legally committed to inclusion yet remain physically inaccessible, or physically accessible yet institutionally unprepared to provide adequate accommodations. Conversely, coherent adaptation can transform barriers into manageable and productive differences. Yet structural conditions alone do not determine participation. *At the internal level*, *responsibility* emphasises the importance of an individual's active engagement in fulfilling professional commitments within the organisation, even when having a disability.

Together, these dimensions illustrate how historical-cultural contexts, stigmatising processes, physical and legal infrastructure, and personal agency intersect to shape participation, either by restricting or by enabling it.

However, the pattern of these interactions is further conditioned by broader social fabrics that define the normative environment in which they occur. For this reason, drawing on Ferdinand Tönnies' distinction between *Gesellschaft* (society) and *Gemeinschaft* (community), I introduce *a bidirectional axis* to represent movement between society-oriented and community-oriented configurations. In Tönnies' framework, *Gesellschaft* is associated with contractual relations, instrumental calculation, formal regulation, and impersonal coordination, whereas *Gemeinschaft* is rooted in shared memory, moral obligation, and enduring reciprocal bonds. This bidirectional axis captures the ongoing tension and movement between abstract, instrumental rationalisation and relationally embedded, morally structured belonging. For the purpose of this research, I use this dynamic as an analytical lens to interpret the opportunities and well-being of employees with disabilities.

3.2 Discussion

The historical transition from *Gemeinschaft* (community) to *Gesellschaft* (society) (Tönnies, 1887/2001) fundamentally altered how disability is perceived in relation to leadership and human worth. Archaeological finds reveal that individuals with significant impairments were supported as far back as 500,000 years ago (Crubézy & Trinkaus, 1992; Dickel & Doran, 1989; Hublin, 2009), while for the Egyptians, a pharaoh with a disability could remain a divine leader, as was the case with Tutankhamun (Vogel, 2024). Similarly, among the Lakota and other indigenous American nations, disability was often integrated into a matrix of social relationships where atypical physical or mental conditions could even signify a bridge to the spiritual realm (Johnson, 2018; Weaver, 2018; Weaver & Yuen, 2018). However, the arrival of colonial systems introduced what scholars call '*epistemic violence*', replacing these relational worldviews with biomedical and Eurocentric taxonomies that pathologised difference (Grech, 2017; Soldatic & Gilroy, 2018). This colonial framework redefined the human body through a lens of 'defect' and 'inferiority', for instance, by justifying the removal of disabled people from their communities and their isolation

in mission schools and asylums (Appleman, 2018; Grech, 2017). Further diverged perceptions of disability transformed society into distinct legislative and social paths across different nations. For instance, in *England*, the early modern period initially took a more community-oriented direction through the *Elizabethan Poor Law of 1601*, which established a system of support centred on the parish (Jarrett, 2023). This framework introduced the category of the '*impotent poor*', recognising individuals with disabilities as 'deserving' of aid because their poverty was viewed as a result of incapacity rather than idleness (Jarrett, 2023). Unlike the heavy institutionalisation seen elsewhere in Europe, the English system favoured '*outdoor relief*', which allowed disabled individuals to remain within their homes and communities, often continuing to participate in local labour and social life (Jarrett, 2023). However, as the focus shifted toward '*time discipline*' and extractive productivity, industrial capitalism further transformed society into a '*labouring society*', where work became the primary means of social recognition (Dinu & Bengtsson, 2022). In this framework, those who could not conform to an able-bodied standard were increasingly marginalised as 'unfit' or '*moral failures*' (Baár, 2022; Chapman & Withers, 2019; Russell, 2019; Turner & Blackie, 2018).

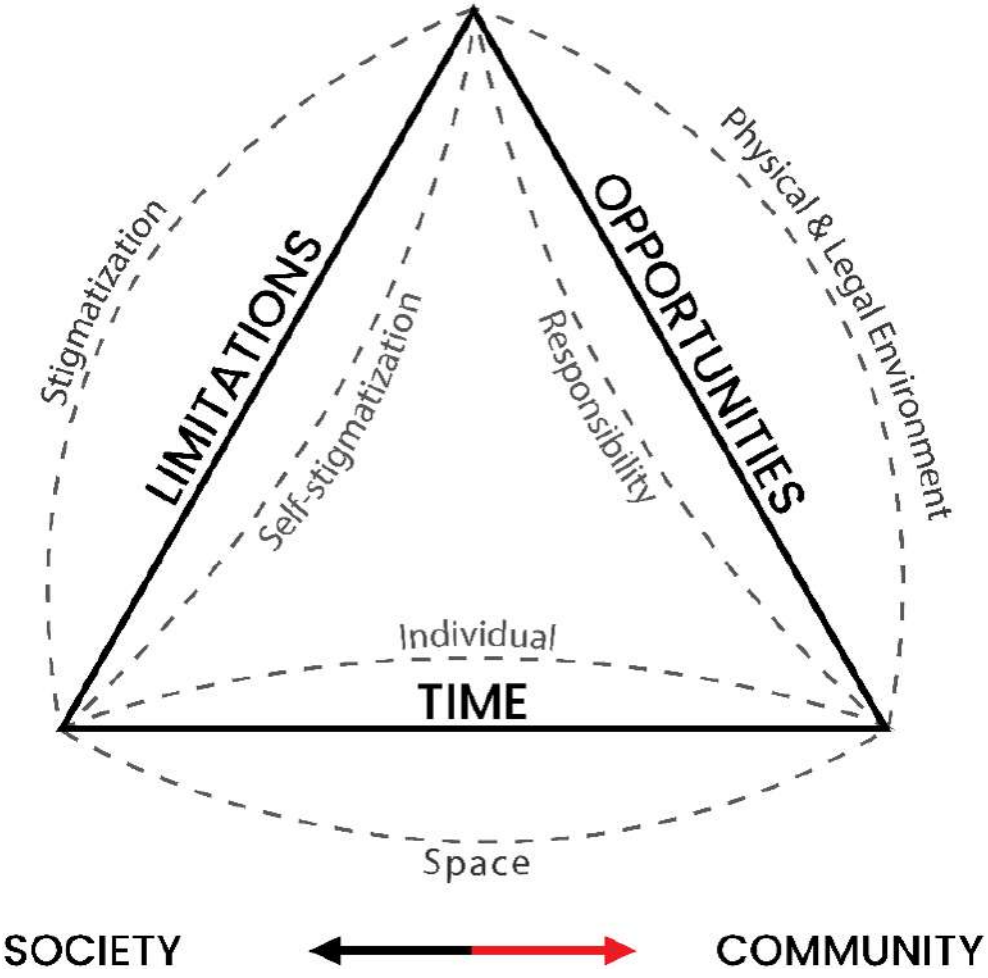
In other regions, this shift toward efficiency and social order led to a massive expansion of institutionalisation and asylums. By the mid-19th century, custodial institutions like pauper lunatic asylums and workhouses became the primary tool for managing disability, prioritising preventative confinement and isolation over communal care (Appleman, 2018; Borsay, 2004; Jarrett, 2023; Pietikäinen, 2015). This legacy of devaluation culminated in the 20th-century eugenics movement and the Nazi Action T4 Program, which sought to eliminate those deemed 'life unworthy of life' based on their perceived lack of economic or racial value (Goodey & Rose, 2018; Karowicz-Bienias, 2018). These eugenic perspectives also flourished in Eastern Europe, including Lithuania, where metaphors of 'blood' and genetic homogeneity were used to define national belonging and exclude those marked as 'unfit' (Bashford & Levine, 2010).

The role of community narratives emerges throughout the contemporary interviews conducted for this study – sometimes explicitly articulated, sometimes only implied in fragments of lived experience.

Across diverse biographies, impairments, and professional trajectories, participation in work unfolds within a dense web of relationships. Disability, in these narratives, is never solely a bodily condition; it is continuously interpreted, negotiated, and stabilised within the community. What becomes visible is not merely the resilience of individuals, but the relational ecology that sustains that resilience (see Figure 25).

Figure 25

The future perspectives and (self-)stigmatisation of employees with disabilities within historical and present contexts: dynamics from the community perspective.



From the earliest stages of life, the family serves as the primary interpreter of disability. Several participants suggested that the way disability is treated at home decisively shaped how they later perceived themselves. '*I never saw my disability as a problem …, maybe because my family didn't treat it like one. I was raised to do things myself, even if it took longer.*' This statement reveals how normalisation generates confidence. Disability becomes neither a catastrophe nor a heroic exception; it becomes part of ordinary development. Another participant recalled being told repeatedly: '*You must be independent. If you fall, you get up. You're not glass, you won't break.*' Such messages appear to take root over time, forming an internalised expectation of capability. In this sense, structured self-discipline and agency later observed in employment contexts often trace back to relational foundations.

At the same time, the interviews also reveal the ambivalence of familial care. For instance, overprotection, though grounded in love, may inadvertently restrict autonomy. When parents '*do everything*' for their child, practical skills and confidence in decision-making can remain underdeveloped. Disability itself is not presented as the decisive obstacle; rather, it is the social management of disability that shapes competence. The community thus emerges as both enabling and potentially constraining; it does not merely surround impairment – it actively mediates its trajectory.

Parental advocacy further illustrates how the community functions as structural leverage. One participant described how her mother's knowledge of employment rights decisively altered her professional outcome: '*If it were not for that knowledge …, I would have left after one month… But I stayed longer and left with four months' salary.*' Here, relational knowledge becomes protective capital when independence paradoxically strengthens through interdependence.

As the participants entered adulthood, intimate partnerships and parenthood reshaped the meaning of work, with employment becoming deeply relational. One interviewee expressed this shift: '*I don't really want a career; I just want to be able to work, earn money, and help support my family.*' In this framing, professional ambition is subordinated to responsibility,

intensifying and consolidating purpose. Work becomes anchored not in status but in care.

Beyond the household, friendships and informal rituals play a subtle yet powerful role. The repeated mention of shared lunches, spontaneous conversations, and humour suggests that belonging is often constructed in ordinary, unstructured moments. One participant described how the workplace 'microclimate' is formed during informal interaction, reducing tension and fostering comfort: '*When there is, for example, a lunch break, most of our colleagues go out together …. Because of that, you feel good, you don't have any tensions.*' Such practices '*humanise*' disability, supporting the 'one of us' narrative. Humour further dissolves hierarchy: '*We all laughed, and I didn't take it too seriously*.' Laughter relocates disability from the centre to the periphery of interaction, encouraging emphasis on inclusion rather than conflict.

Colleagues, in turn, function as daily mirrors of recognition. Participants frequently emphasised the psychological relief associated with not having to continually justify competence. In supportive environments, co-workers '*reacted very naturally …. There was no rejection, but interest; they began to appreciate my competence.*' Another participant articulated this sense of dignity more explicitly: '*I feel like a completely equal employee, an equal cog… I don't have to explain myself because of who I am*.' Importantly, equality was not framed as the erasure of difference but as a balanced awareness of it. As one interviewee clarified, '*they can and should know …. If I need to find something, they help me to do it faster.*' This equilibrium between acknowledgment and normalisation appears crucial for sustainable participation, as it integrates impairment into collaborative practice without allowing it to dominate identity. Conversely, when microclimates deteriorated – when there was '*singling out on purpose, public secrets*' – participants described heightened strain. These accounts suggest that the relational atmosphere significantly mediates whether disability is experienced as a manageable contextual factor or as an amplifying burden.

Supervisors also occupy a structurally pivotal role within this relational ecology. Their actions translate interpersonal recognition into institutional arrangements. Advocacy becomes materially consequential when a manager asks, '*Can we find tools that will suit him?*', thereby aligning

organisational resources with individual capacity. In more contested contexts, supervisory commitment extended to legal mobilisation: '*He hired good lawyers at the company's expense. We went to court, and we won the case.*' Such interventions demonstrate that inclusion is not merely symbolic, but is enacted through the concrete allocation of resources and the protection of rights. Even brief affirmations – '*Great. We always support you*' – carry institutional weight, as they embed individual aspiration within organisational trust. This indicates a great shift. In a post-Soviet context, historical legacies, such as the *Homo sovieticus* phenomenon (Tyszka, 2009), have profoundly shaped how disability, work, and social worth are understood. For decades, people with disabilities faced institutionalisation, centralised control, and medicalised classifications, often framing disability as a deficiency to be managed rather than as diversity to be integrated. In such environments, belonging was frequently conditional upon conformity to narrow productivity norms, while dependency was structurally reinforced. This '*we always support you*' perspective allows disability to be reframed collectively rather than individually, shifting attention from personal deficit to shared responsibility for participation. It challenges inherited binaries of 'productive' versus 'unproductive' citizens and opens space for recognition grounded in contribution, reciprocity, and mutual support.

Across interviews with CEOs and business leaders, disability was consistently situated within a broader matrix of institutional responsibility, performance expectations, and cultural meaning-making. Within this framework, operational and structural standards operate as the normative grammar of organisational belonging. When leaders emphasise that candidates are evaluated '*according to their competence and not physical characteristics*', they articulate a principle of inclusion grounded in reciprocity rather than exception. Competence, motivation, reliability, and measurable contribution become the criteria through which participation is legitimised. In community terms, this signals that inclusion is embedded within shared professional obligations. Employment is constructed not as charitable accommodation but as mutual engagement structured by common evaluative standards. The repeated assertion that '*we are not a charity organisation …. Work needs to be done professionally*' reinforces this

ethos of reciprocal accountability. Disability does not suspend performance expectations; rather, it is integrated into a competence-based framework that applies uniformly to all team members. At the same time, organisations can recalibrate their evaluative frameworks. When it is asserted that '*competence is important, not some physical characteristics of a person. Height, eyesight, mobility – these are not what define professional value*', the basis of recognition shifts from bodily difference to contribution.

Productivity further illustrates how the community is operationalised through negotiated standards. Supervisors reject generalised assumptions about reduced efficiency, observing that '*their productivity is not low at all… in some cases it is even higher*.' In addition, when adjustments are necessary, expectations regarding workload are recalibrated: '*You can do two things instead of four, but if you do those two exceptionally well… In some cases, that is even more valuable than speed*.' Such reflections reveal that productivity is interpreted relationally rather than as a fixed individual attribute, transferring each participant's abilities into collaborative processes without dissolving accountability.

Employees' perspectives support this narrative, highlighting a deliberate strategy of self-empowerment through the development of competencies, the stabilisation of emotions, education, and financial stability. For instance, one participant stated that '*not showing initiative, lacking determination, and having no goal – that's a reflection of the person, not their disability*', actively underlining the impact of passivity.

Indeed, self-stigmatisation appears as the internal echo of these communal standards. As one participant suggested, '*you can feel when a person comes already convinced that they will be rejected. That insecurity becomes visible*.' Anticipated exclusion shapes self-presentation even before interaction unfolds. Participants therefore described the need to construct an internal stance of equality: '*You have to feel completely equal to others – even when it may not fully be so – because everything starts from there*.' From a community standpoint, this reveals that stigma operates not only through explicit barriers but through atmospheres that influence self-confidence and aspiration.

Education thus functions simultaneously as advancement and as an antidote to internalised doubt. When qualifications are described as

something that helps '*shut them up*', empowerment takes on a double meaning: credentials open opportunities, yet they also address anticipated scepticism towards oneself, strengthening authority on one's own terms.

Engaging in an immersive activity further weakens self-stigmatisation. As the response of one participant indicates – '*When you get into a rhythm, when you are interested in something, you forget the disability exists*' – engagement reorganises identity around interest and competence rather than around deficit. Similarly, the refusal to perform suffering – '*Why should disability be proved through pain?*' – signals resistance to absorbing external expectations into self-definition. For instance, one participant reflected that '*I had a very small pension, so I allowed myself to buy one thing a month… it was strictly "one thing per month"… so that I look good, prettier*', illustrating how disciplined financial planning becomes an act of self-respect rather than consumption. This routine was not about appearance alone; it countered the subtle erosion of self-worth that can accompany economic dependence. Over time, this cultivated self-assurance deepened to the point where identity felt detached from impairment: '*Once I caught my reflection in the mirror and was surprised: who is it…? When I'm sitting in the wheelchair, I don't see it; I'm just with everyone, I'm moving on wheels, and I solve my problems.*' In this moment, the wheelchair recedes symbolically, and agency takes precedence. From the standpoint of self-stigmatisation, financial autonomy weakens internalised narratives of burden or invisibility. Income becomes more than survival; it affirms reciprocity and presence. Financial discipline, therefore, operates as both a practical resource and a form of psychological stabilisation, transforming vulnerability into contribution and anchoring identity in action rather than limitation.

Moreover, sacrificing short-term benefits in favour of long-term goals emerges as a central expression of self-empowerment and future-oriented agency. Participants repeatedly described conscious refusals of immediate pleasure – not as deprivation, but as investment. The statement '*I can't go to the sea at 8 or 10 o'clock to eat barbecue… Do what you have to do*' encapsulates this orientation: temporary enjoyment is weighed against enduring stability. Similarly, some participants declined invitations '*not because I don't want to, but because I know I haven't done what I promised myself yet*',

revealing that discipline is grounded in integrity toward one's own commitments. Such choices transform discomfort into purpose. By prioritising study over leisure, saving over spontaneous spending, or routine over distraction, individuals actively construct the conditions for autonomy and dignity. Long-term orientation thus becomes more than strategic planning; it is the deliberate restructuring of life around stability, contribution, and self-directed continuity.

Although participants strongly emphasise the role of taking action and responsibility into their own hands, they also point to the concrete limits imposed by inaccessible environments. One interviewee clearly formulated this tension: '*Call it whatever you want, but I cannot climb the stairs anyway*', reminding us that attitudinal reframing cannot replace structural accessibility. Everyday participation often depends on assistive technologies that translate competence into practice: '*The screen reader is my window into the world. Without it, I couldn't do most of what I do – but with it, I'm unstoppable.*' Infrastructure, therefore, does not substitute for agency, but enables its realisation.

Simultaneously, supervisors also acknowledge that inclusion unfolds within material and regulatory constraints. References to infrastructural feasibility, occupational safety, and legal compliance demonstrate that being an employee is also bound by structural realities. As one executive reflected, '*sometimes it's not simply about willingness, but about structural realities.*' As one supervisor noted, '*we had to figure out how we were going to transport that person if the fire alarm went off, because the elevators were no longer working*.' This acknowledgment introduces an important dimension of responsible governance. Decisions concerning role suitability, safety thresholds, or emergency preparedness are framed not as exclusionary impulses but as collective risk management. In this sense, inclusion is mediated by a balance between ethical intention and operational realism.

Legal frameworks similarly shape participation by protecting rights and clarifying obligations. As one participant reflected, '*if it were not for that knowledge …, I would have left after one month… But I stayed longer and left with four months' salary*', demonstrating how awareness of legal entitlements can prevent silent exclusion. Yet structural responsibility extends beyond daily accessibility and formal employment protections; it

also encompasses emergency preparedness. Supervisors admit that evacuation procedures are often underdeveloped: '*We also had bigger problems there, such as evacuation …. There is not even documentation prepared on how to evacuate a person with a mobility impairment.*' Another added, '*we had to figure out how we were going to transport that person if the fire alarm went off, because the elevators were no longer working.*' These reflections reveal that inclusion cannot be considered complete if safety strategies fail at moments of crisis. Thus, physical accessibility, legal safeguards, and well-developed emergency strategies constitute the enabling architecture of participation.

Notably, the public temporal context, such as public opinion, further scripts disability through expectations that create or limit opportunities. '*People expect you to show some suffering, something visible, but if you just go about your life, do your thing, some think you're faking or exaggerating the disability. That really disturbs me. Why should disability be proved through pain?*' This reflection reveals a communal demand to perform vulnerability in order to be recognised as authentic. Similarly, resisting imposed social limitations becomes an act of redefining belonging: '*They also said, "You won't have friends; your friends will only be other people with disabilities." I completely rejected that view.*' In these moments, stigma reveals the moral boundaries within which communities imagine social participation.

In parallel, supervisors describe a process of practical learning that reconfigures the organisational mindset. Initial uncertainty – '*I started Googling what disability is*' – signals the necessity of epistemic recalibration. Consultation with intermediaries and trial-based initiatives represents structured learning mechanisms through which assumptions are revised and cognitive flexibility is cultivated. As one CEO reflected, '*some of those problems appeared only over time. And I would say that the help from Sopa3 was really, really valuable*', which signals that inclusion is not a static achievement but an ongoing process of reflection, consultation, adjustment, and institutional self-education.

Cultural infrastructure further consolidates this evolution by revealing how the team's microclimate is actively shaped through everyday decisions and symbolic practices. When one leader explains that the company '*refused the steps challenge … because it would be very inappropriate to collect steps competitively when one of us cannot move their own leg*', this reflects more than

sensitivity; it demonstrates a collective willingness to recalibrate shared rituals so that participation remains meaningful for all. From a community perspective, such decisions signal that belonging is not measured by uniform performance, but by mutual consideration. In addition, structured dialogue similarly illustrates that team members do not rely on assumed understanding but on intentional communication. For instance, during HR sessions, employees discuss '*what is polite, what is impolite …, how to offer help correctly, and when not to interfere at all.*' These conversations indicate that inclusion becomes embedded when norms are made explicit and negotiated collectively.

Furthermore, being '*terribly proud that it's a different company*' reflects more than reputational positioning; it signals that disability has become integrated into the organisation's collective self-understanding. This pride emerges when inclusion is an internally endorsed value, to the point that adapting routines, reconsidering norms, and investing in accessibility are perceived as expressions of who the organisation chooses to be. In this sense, cultural infrastructure represents the consolidation of managerial conviction: values are translated into stable practices, and belonging is sustained through consistent leadership behaviour, structured dialogue, and deliberate attentiveness to dignity.

At the same time, within organisational teams, employees with disabilities are often seen as inspirational figures whose everyday presence shapes workplace culture. As one executive noted, '*they really enjoy life; what we need to learn is to enjoy life as they enjoy it*', suggesting that their outlook can subtly reshape collective perspective. When a CEO described an employee with cerebral palsy as '*the best businessman on that street*' and acknowledged that colleagues like him prompted others to '*rethink our limits*', inspiration emerged through demonstrated competence and perseverance rather than sentiment. In this sense, such personalities contribute not only through their professional performance but also by reinforcing team cohesion and expanding the group's understanding of its own capacity as individuals and as teams.

Across the theoretical evidence and the experiences of interviewees, disability emerges not as an isolated bodily condition but as a relational phenomenon shaped by family, colleagues, supervisors, institutions, and

broader historical legacies. Participation in work unfolds within a dense society ecology that can either reinforce stigma or stabilise dignity. Families may cultivate independence or overprotection, workplaces may normalise presence or subtly demand proof of competence, and societies may question the legitimacy of partnership and parenthood for people with disabilities, as evidenced by the results of recent surveys (i.e., Office of the Equal Opportunities Ombudsperson, 2024) measuring public opinion towards people with disabilities having spouses or children.

3.3 Recommendations

Ultimately, these divergent paths – from the 'deserving' poor of the English parishes to the 'life unworthy of life' seen in eugenic programs – illustrate how opportunities for employees with disabilities historically depended not only on formal safeguards, but also on cultivating a culture closer to Tönnies' *Gemeinschaft* (community) than to *Gesellschaft* (society). Whereas a predominantly *Gemeinschaft* logic shaped by *Wesenwille* (natural will) expands opportunity through shared meaning, reciprocity, and lived solidarity, a *Gesellschaft* view is grounded in *Kürwille* (rational will), where participation is regulated through performance metrics, conditional recognition, and broader public expectations about productivity and independence.

Contemporary research in Lithuania shows that historical narratives still shape both public attitudes and the employment experiences of people with disabilities, including representations of dependency and otherness (Gudonis, 2020; Ruškus & Mažeikis, 2007). Similarly, Lolat-Pazarauskiene and Ward (2025) note that in Lithuania, although their participants' working conditions do not meet the criteria for modern slavery, their precarious work experiences often overlap with slavery characteristics, revealing serious vulnerabilities even within a CRPD signatory (Lithuania signed the CRPD on 30 March 2007 and ratified it on 18 August 2010).

However, Limbachia and Mistry (2026) quote Slade et al. (2020), noting that although unemployed people with sight impairments in the United Kingdom continue to face barriers to employment, including negative

employer attitudes, insufficient support, and inaccessible recruitment processes, 75% of employed people with sight loss in the United Kingdom are satisfied with the support and workplace adjustments provided by their current employers. Yet, Jones (2016) highlights that although in the United Kingdom workplaces with active disability practices, such as adjustments for disabled employees or the encouragement of disabled applicants, appear to have smaller gaps between the perceptions of the abilities of disabled and non-disabled employees, these differences are not statistically significant. Formal equal opportunities policies or monitoring also seem less influential than practical disability-related action, although this conclusion remains limited. Overall, the strongest evidence points to the importance of broader workplace culture: when employees report positive treatment by managers and strong manager–employee consultation, the disability gap in perceptions is reduced or eliminated, especially regarding job satisfaction (Jones, 2016). From this perspective, it is important to remember that discussions of disability and employment opportunities should always be situated within a broader historical and cultural picture. Rather than simply asking whether people with disabilities formally have access to work, we must also consider the cultural norms, social expectations, and historical narratives within which they live and work. Narratives of disability are never neutral. They shape how people with disabilities are recognised, depending on how competence is defined, how dependence is interpreted, and how employers, colleagues, families, and people with disabilities themselves understand the boundaries of possible participation.

Indeed, as can be seen from the interviews, when colleagues '*reacted very naturally*' and competence was acknowledged without suspicion, employees with disabilities could participate as equal members – sharing their expertise, fulfilling professional responsibilities, and contributing to collective outcomes rather than merely being accommodated. Crucially, diminished productivity or motivation should not automatically be attributed to disability itself. An employee may appear 'unproductive' not because of impairment, but because they have no one to rely on, no one to trust, no one to laugh or eat with. Informal rituals such as shared lunches, open dialogue, and supportive supervision, even when it means '*hiring*

lawyers to defend', create the relational infrastructure within which competence can fully emerge, embodying a relational approach that integrates standards with attentiveness. Thus, durable employment success emerges where *Wesenwille* complements *Kürwille*, where rational structures are embedded within communal bonds and supported by evolving public attitudes, such as '*being proud of being a different company*'. In such environments, employees with disabilities are recognised not as exceptions to be managed, but as fully accountable and valued contributors within a community that actively sustains their participation.

In Goffman's terms, stigma operates through the gaze of the 'normals', who often treat others as '*village idiots*' just to feel normal about themselves. Yet the same relational field also contains the possibility of transformation. Throughout these narratives, the decisive factor is the presence of the 'wise' – those who understand stigma without reproducing it. The 'wise' are parents who raise children while encouraging them to believe in themselves, colleagues who react 'naturally', supervisors who ask, '*Can we find tools that will suit him?*', employers who insist that competence outweighs physical characteristics, and all community members who refuse to equate disability with deficiency. Where the 'wise' are present, self-stigmatisation weakens, belonging stabilises, and disability becomes an integrated dimension of shared life rather than a marker of exclusion. The overarching lesson, therefore, is not only that resilience matters, but that societies need more 'wise' actors – more individuals and institutions willing to expand recognition, redistribute trust, and embed inclusion into everyday practice, forming an affective 'protective infrastructure' (Royster, 2007).

Belonging to a marginalised group can create uncertainty about whether outcomes reflect individual competence or devalued group membership (Major & O'brien, 2005). In response, individuals may adopt the coping strategies described by Goffman (1963): *minstrelisation*, which involves exaggerating valued traits or intensifying performance to secure partial acceptance, and *normification*, which entails downplaying or concealing difference through heightened conformity to dominant norms. Both strategies are evident in the interviews. From the perspective of minstrelisation, structured self-discipline may signify more than personal

growth; it can function as a performative response to anticipated doubt. The refusal of immediate pleasures – '*I can't go to the sea at 8 or 10 o'clock to eat barbecue*' – or the belief that '*you must do a little more than others*' may reflect an awareness that ordinary effort is insufficient for recognition. Here, productivity becomes intertwined with the need to reaffirm legitimacy, operating as an anticipatory defence against stereotype while simultaneously strengthening autonomy and competence. By contrast, normification is reflected in the desire to be treated simply as '*one of the team*', as in '*I feel like a completely equal employee …. I don't have to explain myself.*' Although both strategies aim to reduce social friction, Goffman (1963) warns that they ultimately reinforce stigma by upholding majority norms as the benchmark of legitimacy. Minstrelisation eases tension through overperformance, yet implies that belonging must be earned; normification stabilises interaction by minimising difference, yet acceptance depends on approximating dominant norms. In both cases, the individual adapts while the evaluative hierarchy remains intact. It is therefore crucial – for both employees with disabilities and society – to remember that professional belonging should not be conditional upon extraordinary proof of worth, but should instead be grounded in shared accountability, contribution, and the affirmed dignity of being oneself. Within this framework, both employees with disabilities and CEOs are expected to consistently fulfil their respective professional responsibilities.

Finally, this interpretation can be situated within a broader societal culture that rewards excessive future orientation. As Zimbardo and Boyd (2014) argue within FTP theory, contemporary societies increasingly valorise long-term planning, productivity, and delayed gratification, often at the expense of relational presence. The psychological conflict between short-term enjoyment and long-term goals is thus not merely individual but culturally structured. Zimbardo and Boyd (2014) caution that such an excessive future focus generates mounting 'time pressure', contributing to chronic stress and emotional depletion, particularly in a globalised context where boundaries between work and private life are increasingly blurred. At the same time, expansive FTP among employees with disabilities is often expressed through a pronounced willingness to reject immediate rewards in favour of long-term stability. For instance, the refusal of short-term

pleasures – such as foregoing leisure because '*[I haven't] done what I promised myself yet*' – illustrates a disciplined future orientation grounded in responsibility rather than impulsive gratification. However, for many employees with disabilities, an expansive FTP does not primarily signify rapid career advancement or vertical mobility, but rather the possibility of sustained participation, relational continuity, and preserved dignity in the workplace. Although an open FTP is typically associated with long-term achievement and strategic progression, participants often articulate their aspirations in stabilising and relational terms, emphasising the desire '*to work, earn money, and help support*' their families rather than to pursue status. For instance, in supportive workplace microclimates – where colleagues react naturally, and competence is recognised without suspicion – employees feel like '*a completely equal employee*', no longer compelled to justify their presence. Within such environments, future orientation is expressed not through competitive mobility but through continuity and belonging: as one participant stated, '*if nothing happens to me or this company, I would like to stay here as long as possible, because I really like it here, both the people we work with, the team, and the people I have to communicate with, clients. I hope to stay here longer.*' In this sense, particularly in the case of having a disability, an open future signifies the assurance of temporal stability within which professional responsibility, health, and relational well-being can be coherently integrated. Within FTP theory, such an interpretation introduces a relational reorientation of what an 'open' future signifies. Traditionally, expansive future time is associated with the pursuit of long-term goals, strategic planning, and upward mobility. However, when grounded in the lived context of disability, future time becomes less a horizon of individual advancement and more a temporal field of sustained belonging. An open future, in this perspective, does not primarily denote the pursuit of higher status or intensified productivity, but the durable continuity of participation within morally structured relationships. Thus, FTP shifts from a predominantly achievement-centred construct toward a community-embedded temporality, where future orientation reflects the expectation of ongoing reciprocity, recognition, and shared responsibility. In this reframing, expansive time becomes the assurance that one's presence will remain meaningful within a collective order grounded in

what Tönnies conceptualises as *Wesenwille* (natural will) and organic normative bonds, sustaining participation through shared moral expectations and relational continuity, where each member is recognised as unique yet equally significant within the collective order.

In the Lithuanian post-Soviet context, these dynamics acquire additional historical depth. Decades of Soviet rule institutionalised disability within segregated systems of special schools, sheltered employment, and medicalised classification, reinforcing paternalism, dependency, and the perception of disabled people as objects of care rather than autonomous citizens. The transition to a market economy reconfigured this landscape but did not fully dismantle inherited attitudes. Instead, performance metrics, productivity norms, and competitive labour standards were layered upon residual stigmatising legacies, intensifying the tension between formal inclusion and lived dignity. As a result, participation for employees with disabilities unfolds at the intersection of two powerful currents: a historically rooted suspicion regarding capability and a contemporary *Gesellschaft* logic that prioritises efficiency, measurable output, and individual responsibility. Public ambivalence toward partnership, parenthood, and independent living among people with disabilities further reveals how deeply embedded cultural assumptions continue to shape expectations of legitimacy. Within such a context, the cultivation of *Gemeinschaft*-like practices – natural reactions, informal solidarity, supportive supervision, and pride in being an inclusive organisation – becomes not merely a moral preference, but a corrective to both Soviet-era paternalism and post-transition market instrumentalism.

3.4 Critique and Limitations

Although the model proposed in this study assumes a 1:1 ratio of power between disabled employees and their employers, some may argue that such a balance is not always possible given the deep-rooted stigmatisation and power imbalances inherent in organisational contexts. However, this model does not suggest that the employer or employee has sole responsibility for breaking down stigma; instead, it suggests that strong

societal stigmatisation requires matching efforts from disabled people to build social capital (education, volunteering, improved communication, self-trust, and network with organisations) in order to overcome systemic barriers, as non-disabled people must do the same to get jobs. This reciprocal framework posits that, by developing these skills and resources, disabled employees can not only challenge the stigma that they have internalised but also better utilise the non-discriminatory policies and accommodations required under human rights frameworks to contribute to a more balanced and dynamic workplace culture.

In addition, this study may be criticised for not engaging more extensively with the United Nations Convention on the Rights of Persons with Disabilities (CRPD) or the social model of disability as primary analytical frameworks. However, this can also be understood as part of the study's originality. Rather than concentrating predominantly on the *de jure* dimension, I seek to examine the *de facto* realities that emerge once formal legal commitments are already established. In the Lithuanian context, where the CRPD has been ratified for many years, my central concern is therefore not only whether rights are formally recognised, but how these rights are experienced, interpreted, and enacted in everyday organisational life.

At the same time, I remain consistent with the participatory spirit of the CRPD by placing the perspectives of people with disabilities at the centre of the analysis. Notably, when interview participants with disabilities were asked what disability meant to them personally, almost all paused for up to 30 seconds before responding, often adding that nobody had asked them this question before. I interpret this hesitation as significant, as it suggests that perspectives of people with disabilities are frequently discussed through legal, organisational, or professional categories without necessarily being invited to define their experiences in their own terms. A similar dynamic emerged in the interviews with employer representatives. Many consistently noted that this was a rare opportunity to discuss the challenges associated with employing people with disabilities without feeling that they would be judged in advance as employers who 'think only about money' or who avoid employing people with disabilities because they assume that they 'cannot work well enough or fast enough'. Taken

together, the selected approach positions the study as a shared space for listening across perspectives. Its purpose is not to diminish the importance of rights-based approaches, the CRPD, or the social model of disability, but to extend the discussion beyond formal principles by asking what happens in practice once legal recognition has been established. In this sense, the study seeks to create space for a more open and reciprocal discussion of what employees with disabilities, employers, and society can do collectively to expand professional opportunities for people with disabilities while also supporting employers in implementing the necessary adjustments and making related decisions.

Meanwhile, despite the careful approach taken to it, this study faces several limitations. Firstly, the empirical sample includes only individuals with mobility and vision impairments; therefore, the experiences of people with other types of disabilities remain outside the scope of this research. In addition, the analysis does not systematically examine gender differences in disability employment experiences. These limitations point to important directions for future research.

Finally, following the guidance of Cañibano et al. (2025) and Miles et al. (2020), I recognise that both my position as a researcher born, raised, and living in Lithuania and my lived experience as a person with a disability inevitably shape how I approach and interpret the experiences shared by employees with disabilities and the executives who employ them. This insider perspective enables me to recognise subtle forms of stigma, self-stigma, adaptation, and workplace negotiation, while also creating a potential source of researcher bias. Although I designed the data collection methodology to minimise the undue influence of this factor, I acknowledge that its impact cannot be entirely excluded. For this reason, throughout the research process, I attempt to balance experiential understanding with careful analytical distance. Guided by qualitative research traditions that emphasise interpretation rather than measurement and acknowledge that complex social phenomena rarely yield to a single fixed methodological approach (Dodgson, 2017), and in line with established methodological and ethical requirements, I strive to ensure that, while my personal perspective informs the questions I ask and the meanings I identify, the study's conclusions remain critically examined and methodologically grounded. In

particular, I follow the methodological guidance of Baxter and Jack (2008), Braun and Clarke (2006), Denzin and Lincoln (2011), Flyvbjerg (2006), Gioia et al. (2013), Myers (2019), Pyett (2003), and Sousa (2014).

APPENDIXES

Appendix A. Information of Participants with Disabilities

Table 4

Demographic information of participants with disabilities.

#	Age	Disability type	Disability onset	*Education	Total employment experience	Current employment duration	Occupation
1	29	Mobility	Birth	Higher	5 years	5 years	Internal Security Employee
2	31	Mobility	Birth	Higher	2 years	2 years	Manager
3	39	Mobility	Birth	Higher	15 years	8 years	Chief Accountant
4	30	Vision	Birth	Higher	2 years	1 year	Information Environment Accessibility Consultant
5	26	Vision	Birth	Higher	4 years	4 years	Event Host
6	28	Vision	Birth	High school	1 month	1 month	Sales Consultant
7	29	Vision	Childhood	Higher	5 years	5 months	Programmer
8	38	Vision	Adulthood	Higher	3 years	1 year	CEO
9	30	Vision	Birth	Higher	3 years	2 years	Editor
10	31	Mobility	Birth	Higher	5 years	3 years	Layout Designer
11	34	Vision	Birth	Vocational Degree	12 years	2 years	Stevedore
12	30	Vision	Birth	Higher	6 months	6 months	Actress
13	39	Mobility	Adulthood	Higher	7 years	6 years	CEO
14	36	Vision	Adulthood	Higher	10 years	6 years	Deputy Director
15	31	Vision	Birth	Higher	3 years	3 years	Information Systems Specialist
16	28	Mobility	Birth	High school	3 months	3 months	Consultant
17	35	Vision	Childhood	Higher	10 years	2 years	Masseur
18	25	Vision	Birth	Higher	3 years	3 years	Specialist in Typhlodia
19	57	Vision	Birth	Vocational Degree	30 years	7 years	Page Editor
20	29	Mobility	Birth	High school	1 year	6 months	Call Operator
21	28	Vision	Birth	Higher	2 years	2 years	Call Operator
22	29	Vision	Childhood	Higher	6 months	6 months	Programmer (for own company)
23	31	Vision	Childhood	High school	3 years	1 year	Masseur (for own company)
24	31	Vision	Childhood	Higher	1.5 years	1 year	Chief Specialist
25	29	Vision	Childhood	Vocational Degree	7 years	3 years	Masseur
26	32	Vision	Birth	Vocational Degree	1 year	1 year	Masseur
27	45	Vision	Childhood	Higher	22 years	20 years	Teacher
28	41	Vision	Birth	Higher	3 years	3 years	Chief Specialist

#	Age	Disability type	Disability onset	*Education	Total employment experience	Current employment duration	Occupation
29	58	Vision	Birth	Higher	37 years	15 years	Information Systems Specialist
30	27	Vision	Birth	Higher	6 months	6 months	Marketing Manager
31	33	Mobility	Birth	Higher	2 years	1 year	Social Media Administrator
32	36	Mobility	Adulthood	High school	2 years	6 months	Client Manager
33	33	Mobility	Childhood	Higher	11 years	9 years	Client Manager
34	37	Mobility	Adulthood	Higher	13 years	5 years	Curtain Designer
35	25	Mobility	Birth	Higher	1.4 years	1.4 years	Client Manager
36	45	Mobility	Adulthood	Higher	19 years	7 years	Teacher
37	30	Mobility	Adulthood	Higher	14 years	2 years	Group Manager
38	41	Mobility	Childhood	Higher	20 years	15 years	Marketing & Communications Manager
39	45	Mobility	Adulthood	Higher	19 years	15 years	Lecturer
40	23	Mobility	Birth	Higher	2 years	8 months	Entertainment Journalist
41	30	Mobility	Birth	Higher	7 years	5 years	Translator
42	67	Mobility	Adulthood	Higher	46 years	43 years	Teacher
43	33	Mobility	Adulthood	High school	7 years	3 years	Video Editor
44	44	Mobility	Adulthood	Higher	17 years	12 years	Lecturer
45	49	Mobility	Childhood	Higher	12 years	2 years	Business Manager

*_Note._ In Lithuania, 'higher' education status refers to bachelor's, master's, or doctoral-level studies.

Appendix B. Semi-structured Interview Guide for Participants with Disabilities

Questions (translated from Lithuanian)

1. Could you tell us about how you started working in this organisation? What motivated you to get a job here?
2. What is your position in this organisation?
3. What is your level of education?
4. How many years have you worked for this company? Is this your first job?
5. What are your main responsibilities?
6. Could you describe your typical working day?
7. What would be a good day? What would a bad day look like?
8. How do you usually overcome the obstacles you mentioned?
9. Based on your experience, what are the strengths of this company?
10. What are the weaknesses?
11. How do you see your relationship with this company in the future? What encourages/puts you off staying here?
12. Let's imagine your future and your future career: what does it look like?
13. How do you think disability affects your professional career? How do you overcome it?
14. What advice would you give to other people with disabilities regarding successful employment?
15. Is there a difference between when a disability is acquired at birth or later in life?
16. What is a disability for you?
17. Would you like to add anything in the context of employment of people with disabilities?
18. How old are you?
19. What is your current country of residence?
20. What is the size of your company?
21. What type of disability do you have?
22. When did you become disabled (e.g., birth, adulthood)?

Appendix C. Characteristics of Participating Employer Organisations

Table 5
Characteristics of participating employer organisations.

#	Sector	Organisational size	*Position of interviewee
1	Technology	Medium (50–249)	Human Resources Executive
2	Public Services	Large (250+)	Human Resources Executive
3	Finance	Medium (50–249)	Human Resources Executive
4	Manufacturing	Medium (50–249)	Human Resources Executive
5	Professional Advisory	Medium (50–249)	Human Resources Executive
6	Technology	Medium (50–249)	Human Resources Executive
7	Medical Care	Small (1–49)	Executive Leadership
8	Finance	Large (250+)	Human Resources Executive
9	Manufacturing	Small (1–49)	Executive Leadership
10	Manufacturing	Small (1–49)	Executive Leadership
11	Technology	Medium (50–249)	Human Resources Executive
12	Medical Care	Small (1–49)	Executive Leadership
13	Finance	Small (1–49)	Hum Executive Leadership
14	Manufacturing	Large (250+)	Human Resources Executive
15	Public Services	Large (250+)	Human Resources Executive
16	Telecommunications	Large (250+)	Human Resources Executive
17	Medical Care	Medium (50–249)	Human Resources Executive
18	Finance	Small (1–49)	Executive Leadership
19	Manufacturing	Medium (50–249)	Human Resources Executive
20	Medical Care	Small (1–49)	Executive Leadership
21	Technology	Large (250+)	Human Resources Executive
22	Medical Care	Small (1–49)	Executive Leadership
23	Finance	Small (1–49)	Executive Leadership
24	Public Services	Large (250+)	Human Resources Executive
25	Medical Care	Small (1–49)	Executive Leadership

#	Sector	Organisational size	*Position of interviewee
26	Technology	Small (1–49)	Executive Leadership
27	Medical Care	Medium (50–249)	Human Resources Executive
28	Finance	Medium (50–249)	Human Resources Executive
29	Manufacturing	Medium (50–249)	Executive Leadership
30	Public Services	Large (250+)	Human Resources Executive
31	Telecommunications	Large (250+)	Human Resources Executive
32	Medical Care	Small (1–49)	Executive Leadership

* Position category of interviewee:

Executive Leadership refers to the highest level of organisational authority (e.g., CEO, managing director, executive director) responsible for overall strategy, governance, and final decision-making, including employment policy direction.

Human Resources Executive indicates senior HR professionals (e.g., HR director, HR manager) directly responsible for recruitment processes, employment policy implementation, and workplace accommodation practices.

Appendix D. Semi-structured Interview Guide for Employer Representatives

Questions (translated from Lithuanian)

1. Could you briefly describe your organisation and your role within it?
2. How long has your organisation been employing people with disabilities?
3. What factors influenced the decision to hire people with disabilities?
4. At the beginning, were there any doubts or concerns regarding the employment of a person with a disability?
5. How do you search for and recruit employees with disabilities?
6. Could you describe your selection process for candidates with disabilities? What qualities or characteristics do you consider most important in employees?
7. Do you implement workplace accommodations for employees with disabilities? If so, what types of accommodations do you provide?
8. Have you encountered any challenges in providing these accommodations? If so, how did you address them?
9. Have you observed how other employees reacted to these accommodations?
10. It is sometimes suggested that hiring people with disabilities is not worthwhile because their productivity is lower. How do you evaluate the performance and productivity of employees with disabilities compared to employees without disabilities?
11. Could you share a successful story about an employee with a disability in your organisation?
12. Do you provide any specialised training for your staff in relation to disability or inclusion?
13. What main benefits do you perceive in employing people with disabilities?
14. Have you encountered any broader challenges or barriers when working with employees with disabilities? If so, how did you address them?

15. Do you have examples of employees with disabilities who have advanced in their roles or taken on leadership positions?
16. How would you respond to criticism suggesting that some organisations hire people with disabilities primarily to enhance their public image?
17. Have there been cases where non-disabled employees expressed dissatisfaction related to the work of disabled employees?
18. Some argue that in cases of disability, wages should be lower; others argue they should be higher; still others believe they should be equal. How do you evaluate this issue?
19. Is there anything else you would like to share about your experience of employing people with disabilities?

EXECUTIVE SUMMARY

In this monograph, I examine how the employment opportunities of people with disabilities are shaped by the interplay between historical socio-cultural narratives and contemporary society–community dynamics within the context of organisational practices, (self-)stigmatisation processes, and individual perceptions of the future. To capture these dynamics, I structure the study around three interrelated research objectives: first, to explore European historical and cultural narratives within the context of society–community dynamics in order to examine how they shape contemporary attitudes towards people with disabilities; second, to analyse how employees with disabilities' attitudes towards (self-)stigmatisation and their individual futures relate to their work and career prospects; and third, in parallel, to assess how employers conceptualise disability and how these perceptions are reflected in recruitment, workplace accommodation, and career development practices.

From the earliest archaeological traces to contemporary contexts, people with disabilities have always been inseparable from the evolving social, cultural, and institutional landscapes of society. Archaeological and anthropological studies suggest that in some early communities, bodily difference could be accommodated through care, adaptation, and shared survival (Gorman, 2012; Hublin, 2009). Later historical developments show how disability became increasingly connected to labour systems, poverty management, charity, institutionalisation, medical classification, and state regulation. Over time, industrial labour regimes, institutional segregation, and eugenic violence further linked disability to assumptions about productivity, dependency, usefulness, and social worth (Karowicz-Bienias, 2018; Rembis, 2018; Rembis et al., 2018). Now, for instance, employment plays a central role in the construction of disability as a social category, since we often define who has a disability based on their perceived inability to work. This framing turns labour capacity into a diagnostic threshold, determining access to welfare, healthcare, and support: those who fall outside normative definitions of 'work ability' risk being pathologised,

subjected to surveillance, or stigmatised as economically inactive and socially dependent (Dinu & Bengtsson, 2022).

However, I argue that although the history of disability has been addressed from various scholarly perspectives, historical perceptions of disability are still rarely placed in direct dialogue with the contemporary employment experiences of people with disabilities. In response, I bring together European historical narratives and present-day local perceptions of disability and employment, selecting Lithuania as the primary empirical context.

Novelty

With regard to the original contribution of this study, I introduce a number of perspectives within the field of disability studies.

First, I systematically bring together historical European contexts from the prehistoric period to the 20th century by showing how historically formed assumptions about productivity, dependency, usefulness, and social value continue to influence present-day attitudes towards people with disabilities. From this perspective, I move beyond the dominant theoretical frameworks that have shaped contemporary disability studies – i.e., social and medical models of disability – and adopt the community-based perspective on disability proposed by Edwards (1995), which conceptualises disability as a dynamic phenomenon embedded within social networks, moral expectations, and communal life.

Second, I focus specifically on Lithuania by uncovering hidden aspects of 20th-century Lithuanian disability history. Notably, Lithuanian disability history has been addressed in only a limited number of academic studies. Furthermore, historical works often refer to Lithuania within the framework of the Soviet Union, which can obscure the specific historical experiences, institutional developments, and personal trajectories of people with disabilities in the country. In response, I include various historical narratives, such as an exploration of the late 1930s and early 1940s, when efforts to expand opportunities for people with disabilities in Lithuania were increasingly challenged by eugenic ideas. I also highlight the fact that even within the oppressive Soviet system in Lithuania, blind and

individuals with vision impairments achieved notable accomplishments in both education and sports. Accordingly, shedding light on these narratives may help to expand contemporary opportunities for people with disabilities that are grounded not only in scientific evidence, but also in historical recognition.

Third, in the monograph, I present an analytical research model developed on the basis of the collected data, reflecting the historical, socio-cultural, organisational, relational, and individual dynamics through which the employment opportunities of people with disabilities are perceived, negotiated, and shaped. The model consists of three interconnected dimensions: Time, Limitations, and Opportunities, each of which is considered at both structural and individual levels. Time captures the historical and temporal context of disability and individuals' future orientation; The Limitations dimension examines both public stigmatisation and self-stigmatisation processes, while the Opportunities dimension focuses on the interaction between institutional and legal infrastructures and individual professional engagement. By bringing these three dimensions together within a single integrated framework, I seek to emphasise that the opportunities of employees with disabilities cannot be explained solely through individual factors. Rather, they emerge through dynamic interactions between historical legacies, (self-)stigmatisation processes, organisational arrangements, relational contexts, and individual orientations towards the future. Thus, while existing scholarship often treats disability either through a medical lens or through the society-as-the-oppressor lens (Shakespeare, 2006), I situate this triangular model along the *Gemeinschaft–Gesellschaft* (community–society) continuum, thereby establishing the central guidelines for the study.

Theoretical Background

I ground this study in Goffman's (1963) theory of stigma, particularly his distinction between 'normals', the stigmatised, and the 'wise' (the 'own'). This framework allows me to conceptualise stigma as a relational and identity-shaping process in which an individual's actual social identity fails to meet dominant normative expectations. I further extend this discussion

by incorporating the phenomenon of (self-)stigmatisation. Drawing on Corrigan et al. (2009; 2010), Pyszkowska and Stojek (2022), and other scholars, I understand (self-)stigmatisation as a process through which individuals internalise negative stereotypes and apply them to themselves, potentially undermining their self-esteem, hope, life satisfaction, and motivation. The 'why try' effect illustrates this process particularly well, as it helps explain how internalised stigma may lead individuals to abandon future-oriented goals. Since much of the existing research on public stigma and self-stigma has focused on mental illness, knowledge of (self-)stigmatisation in the context of physical disability remains limited. In response, this study examines the relationship between (self-)stigmatisation processes and the future opportunities of employees with mobility and vision impairments.

Furthermore, I do not treat employment opportunities merely as opportunities to establish oneself in the labour market. Instead, I understand them as perceptions of opportunity shaped by social and psychological processes, based on Future Time Perspective theory. Drawing on Lewin's (1939, 1951) work on psychological life space and time perspective, I conceptualise these opportunities as being shaped not only by the social and geographical environment, but also by temporal dimensions through which individuals interpret their past experiences, present circumstances, and anticipated futures.

Within this framework, I pay particular attention to focus on opportunities. Previous research has associated focus on opportunities with employment prospects, career development, self-confidence, and forward-looking motivation. Similarly, Vermeire and Bruton (2016) highlight focus on opportunities as a valuable framework for promoting positive social change, including the development of effective strategies to reduce discriminatory practices. In this sense, I follow the line suggested by Zacher and Frese (2009) and include the affective dimension of 'remaining opportunities', applying it to disability employment as a socially sensitive area. This allows me to examine not only whether people with disabilities have formal access to employment, but also how they perceive their professional future and how they consider disability as affecting their

opportunities for work, career development, and participation in organisational life.

At the same time, the range of opportunities arising from future orientation cannot be understood as a variable independent of society and one's immediate social environment. For example, Royster (2007) emphasises that social mobility is significantly shaped by family resources, friendships, and social networks. From this perspective, inequality persists not because individuals 'fail to follow the rules', but because the rules themselves are structured in ways that systematically privilege those who are already in more advantaged positions. Zimbardo and Boyd (2014) also draw attention to the importance of personal relationships and community involvement, emphasising the need for more in-depth research to better understand the roles of family ties, friendships, and community belonging in the context of future opportunities and career development.

Taking this into account, I situate future opportunities within broader society–community dynamics, drawing on Tönnies' (1887/2001) distinction between *Gemeinschaft* (community) and *Gesellschaft* (society). According to the author, *Gemeinschaft* refers to social relations grounded in shared life, kinship, locality, memory, moral obligation, reciprocity, and recognition. In this form of community, individuals are not understood as isolated actors but as members of an organic whole, and stronger members are expected to support weaker members through shared responsibility rather than merely through formal rules. *Gesellschaft*, by contrast, refers to social relations organised through rational will, contract, calculation, exchange, market logic, legal rationality, and individual interest. Tönnies' (1887/2001) distinction between essential will and rational will is particularly important here. Essential will is rooted in memory, affection, loyalty, gratitude, sincerity, and shared moral feeling; it supports community relations because it binds people through lived connection. Rational will, in contrast, is strategic and calculative; it enables contemporary institutions, markets, law, and systems of coordination, but may also reduce human relations to functional exchange. Analysing these dynamics through the lens of community–society relations allows me to better understand the matrix of attitudes, relationships, and responsibilities within organisations and how

these dynamics shape the future perspectives of employees with disabilities.

Accordingly, at the core of this study, I adopt neither the dominant medical nor social models of disability, but rather the community-based understanding proposed by Edwards (1995), which conceptualises disability as a relational phenomenon embedded in social relations, moral expectations, and communal life. Altogether, by combining historical and socio-cultural contexts with the shared experiences of employees with disabilities and employers participating in the contemporary labour market, I present a detailed and nuanced picture of the professional opportunities of people with disabilities, shaped both by each of these factors individually and through their interaction.

Methodology

Empirically, the study is based on two interconnected stages of qualitative research. First, I conducted 45 in-depth semi-structured interviews with employees with disabilities in 2020 and 2023. The participants include people with mobility and vision impairments whose disabilities were present from birth, emerged in childhood, or developed in adulthood. Their employment experiences are diverse and include work as teachers, programmers, accountants, marketing specialists, editors, masseurs, self-employed professionals, company founders, and CEOs. In these interviews, I explored everyday workplace experiences, organisational strengths and challenges, professional development, disability-related barriers, adaptation strategies, and future career perspectives.

Second, I conducted 32 semi-structured interviews with employer representatives in 2024 and 2025. The participants represent organisations of different sizes and sectors, including technology, public services, finance, manufacturing, professional services, healthcare, logistics, and telecommunications. I interviewed executive leaders and human resources executives responsible for hiring and dismissal decisions in order to examine both the strategic and practical dimensions of disability inclusion within organisations. Throughout the study, I followed established

methodological and ethical requirements for qualitative research, including ensuring participants' anonymity, systematically coding the data, and conducting a consistent narrative analysis.

Findings

The findings of the interviews with employees with disabilities show that the experience of disability emerges through the dynamic interplay between individualised perceptions of disability and shared responsibility for participation. Interviewees often reinterpreted impairment in terms of motivation, structured self-discipline, education, financial autonomy, and emotional resilience. These resources became forms of personal capital that helped stabilise identity and expand employment opportunities. At the same time, according to the interviewees, participation is not sustained through individual agency alone; it is also shaped by relational recognition: families that encourage independence, colleagues who affirm equality, and supervisors who support inclusion. Disability, therefore, is neither reducible to bodily limitation nor fully explained by individual willpower. Accordingly, the participation of people with disabilities in the labour market is a jointly achieved outcome, shaped through personal agency, social recognition, organisational support, and shared responsibility.

The findings of the interviews with employer representatives show that opportunities for employees with disabilities are sustained through a continuous balance between institutional rigour and cultural responsiveness. Employer representatives operate between formal standards and everyday relational dynamics, translating policies into practice while also shaping the normative climate in which inclusion occurs. The interviewees also note that their role requires them to pay attention to operational criteria, safety considerations, productivity expectations, team communication, trust, dialogue, and adaptive learning. In this sense, supervisors and organisational decision-makers emerge as pivotal actors in aligning structural accountability with cultural coherence. Accordingly, inclusion becomes meaningful when it is not merely treated as compliance with formal requirements, but is integrated into the organisation's values, processes, and everyday practices.

Conclusions and Recommendations

It can be argued that the employment opportunities of people with disabilities are shaped within a complex socio-cultural ecology that can either reinforce processes of stigmatisation or support and sustain dignity by strengthening what Royster (2007) refers to as 'protective infrastructure'. Families may encourage independence or become overprotective; workplaces may recognise employees' competencies or continually require them to prove these competencies; and society may recognise or challenge the right of people with disabilities to professional and family life. In summary, the key recommendations are:

Employment opportunities for people with disabilities depend not only on the formal right to work, but also on social recognition, practical workplace support, and inclusive organisational cultures created and sustained by individuals whom Goffman (1963) identifies as the 'wise'. In this context, this includes supervisors, colleagues, and immediate family members.

An open future should not be understood solely as a prospect of individual career advancement, professional mobility, or productivity, but also in terms of belonging. Accordingly, for employees with disabilities, future opportunities may mean not only the possibility of progressing in their careers, but also maintaining social relationships, preserving dignity, and participating in organisational and community life on an equal basis, where their competence is recognised, professional support is provided, and they are not required to continually prove their worth, conceal differences, or justify their position within the organisation. Meanwhile, organisational responsibility should be understood as a reciprocal process in which employees with disabilities are expected to consistently fulfil their professional responsibilities, while inclusion is recognised as neither solely an individual responsibility nor solely an organisational obligation, but as a jointly achieved outcome grounded in mutual effort.

The professional opportunities of people with disabilities should be assessed based not only on the legal and organisational environment prevailing at the time, but also within a broader historical and socio-

cultural context. Accordingly, in seeking to expand opportunities for people with disabilities to participate in the labour market and to develop their careers once employed, it is important to ask not only what formal opportunities exist, but also to consider which socio-cultural and historical narratives shape them.

Limitations

Despite consistent adherence to established methodological procedures, this study faces several limitations. Firstly, the empirical sample includes only individuals with mobility and vision impairments; therefore, the experiences of people with other types of disabilities remain outside the scope of this research. In addition, the potential influence of gender on the study findings was not systematically examined. These limitations point to important directions for future research.

Finally, following the guidance of Cañibano et al. (2025) and Miles et al. (2020), I recognise that my position as a researcher who was born and raised in Lithuania and continues to live there, and who has a chronic, visibly apparent physical disability, is methodologically significant. Although this insider perspective enables me to identify subtle manifestations of public stigma, self-stigma, adaptation, and workplace dynamics with greater sensitivity, it also creates a potential risk of researcher bias. To minimise its potential influence, I consistently follow established methodological and ethical guidelines throughout the design and conduct of the study.

SANTRAUKA

Šioje monografijoje nagrinėju, kaip istorinių sociokultūrinių naratyvų ir šiuolaikinės visuomenės bei bendruomenės dinamikos sąveika formuoja žmonių su negalia darbo ir karjeros galimybes. Analizė atliekama organizacijų praktikos, visuomenėje vykstančių stigmatizacijos ir savistigmatizacijos procesų bei individualaus požiūrio į ateitį kontekste. Siekdama atskleisti šią dinamiką, nuosekliai susieju tris tyrimo uždavinius. Pirma, išanalizuoti Europos istorinius ir kultūrinius naratyvus visuomenės ir bendruomenės dinamikos kontekste, siekiant ištirti, kaip jie formuoja šiuolaikinį požiūrį į žmones su negalia; antra, išanalizuoti, kaip darbuotojų su negalia požiūris į (savi)stigmatizaciją ir jų individualią ateitį siejasi su jų darbo ir karjeros perspektyvomis; trečia, lygiagrečiai ištirti, kaip darbdaviai konceptualizuoja negalią ir kaip šios nuostatos atsispindi darbuotojų atrankos, darbo vietos pritaikymo bei karjeros raidos praktiniame įgyvendinime.

Nuo ankstyviausių archeologinių pėdsakų iki šiuolaikinių kontekstų žmonės su negalia visada buvo neatsiejami nuo besikeičiančio socialinio, kultūrinio ir institucinio visuomenės kraštovaizdžio. Archeologiniai ir antropologiniai tyrimai rodo, kad kai kuriose ankstyvosiose bendruomenėse kūno skirtumai galėjo būti priimami pasitelkiant priežiūrą, prisitaikymą ir bendrą išlikimą (Gorman, 2012; Hublin, 2009). Vėlesnė istorinė raida atskleidžia, kaip negalia vis glaudžiau buvo siejama su darbo sistemomis, skurdo valdymu, labdara, institucionalizacija, medicinine klasifikacija ir valstybės reguliavimu. Ilgainiui industrinis darbo režimas, institucinė segregacija ir eugeninis smurtas dar labiau sustiprino išankstines nuostatas, siejančias negalią su produktyvumu, priklausomybe nuo kitų bei socialine verte (Karowicz-Bienias, 2018; Rembis, 2018; Rembis et al., 2018). Pavyzdžiui, šiandien profesinės galimybės atlieka esminį vaidmenį konstruojant negalią kaip socialinę kategoriją, nes tai, kas laikoma negalia, dažnai apibrėžiama pagal suvokiamą asmens (ne)galėjimą dirbti. Toks požiūris darbingumą paverčia diagnostiniu kriterijumi, lemiančiu prieigą prie socialinės apsaugos, sveikatos priežiūros ir paramos

sistemų. Asmenims, neatitinkantiems normatyvinių „gebėjimo dirbti“ apibrėžimų, kyla rizika būti patologizuojamiems, nuolat stebimiems arba stigmatizuojamiems kaip ekonomiškai neaktyviems ir socialiai priklausomiems (Dinu & Bengtsson, 2022).

Pastebėtina, kad nors negalios istorija analizuojama įvairiose akademinėse tradicijose, istorinės negalios sampratos vis dar retai tiesiogiai siejamos su šiuolaikinėmis žmonių su negalia patirtimis darbo ir karjeros kontekste. Atsižvelgdama į tai, monografijoje analizuoju šių naratyvų sąveiką, pasirinkdama Lietuvą kaip pagrindinį empirinį kontekstą.

Mokslinis naujumas ir aktualumas

Esamą negalios studijų lauką papildau keliomis perspektyvomis. Pirma, monografijoje nuosekliai susieju Europos istorinius kontekstus nuo priešistorės iki XX amžiaus, parodydama, kaip istoriškai susiformavusios prielaidos apie produktyvumą, priklausomybę, naudingumą ir socialinę vertę tebėra reikšmingos formuojant šiuolaikinį požiūrį į žmones su negalia. Šiuo požiūriu peržengiu dominuojančių teorinių prieigų, suformavusių šiuolaikines negalios studijas, – socialinio ir medicininio negalios modelių – ribas ir remiuosi Edwards (1995) pasiūlyta bendruomenine negalios samprata, pagal kurią negalia konceptualizuojama kaip dinamiškas reiškinys, neatsiejamas nuo socialinių ryšių, moralinių lūkesčių ir bendruomeninio gyvenimo.

Antra, ypatingą dėmesį skiriu Lietuvai, atskleisdama mažai žinomus XX a. Lietuvos negalios istorijos aspektus. Pažymėtina, kad Lietuvos negalios istorija iki šiol nagrinėta tik nedaugelyje publikacijų, o tarptautiniuose tyrimuose Lietuvos patirtys daugiausia aptariamos Sovietų Sąjungos kontekste. Dėl to dažnai prarandamas Lietuvos istorinės raidos, institucinių pokyčių ir žmonių su negalia gyvenimo patirčių savitumas. Atsižvelgdama į tai, monografijoje įtraukiu įvairius istorinius naratyvus, pavyzdžiui, XX a. ketvirtojo dešimtmečio pabaigos ir penktojo dešimtmečio pradžios laikotarpio analizę, kai pastangos plėsti žmonių su negalia galimybes Lietuvoje vis labiau susidūrė su eugenikos ideologijos keliamais iššūkiais. Taip pat akcentuoju, kad net ir represyviomis sovietinės okupacijos sąlygomis Lietuvoje tuo metu gyvenę aklieji ir silpnaregiai

pasiekė reikšmingų laimėjimų tiek švietimo, tiek sporto srityse. Šių naratyvų išryškinimas gali padėti plėtoti šiuolaikines žmonių su negalia galimybes, remiantis ne tik moksliniais įrodymais, bet ir istoriniu pripažinimu.

Trečia, monografijoje pateikiu surinktų duomenų pagrindu suformuotą analitinį tyrimo modelį, atspindintį istorinę, sociokultūrinę, organizacinę, santykių ir individualią dinamikas, per kurių sąveiką žmonių su negalia darbo ir karjeros galimybės yra konceptualizuojamos. Modelį sudaro trys tarpusavyje susijusios dimensijos - laikas, ribotumai ir galimybės, iš kurių kiekviena nagrinėjama tiek struktūriniu, tiek individualiu lygmeniu. Laiko dimensija apima istorinį negalios kontekstą ir asmens orientaciją į ateitį. Ribotumų dimensija nagrinėja tiek viešosios stigmatizacijos, tiek savistigmatizacijos procesus, o galimybių dimensijoje dėmesys sutelkiamas į institucinių ir teisinių infrastruktūrų bei individualaus profesinio įsitraukimo sąveiką. Sujungdama šias tris dimensijas į vieną integruotą sistemą siekiu atskleisti, kad darbuotojų su negalia galimybės negali būti paaiškinamos tik per individualių veiksnių prizmę. Veikiau jos formuojasi dinamiškoje istorinio palikimo, (savi)stigmatizacijos procesų, organizacinių struktūrų, santykių konteksto ir individualaus požiūrio į ateitį sąveikoje. Atitinkamai, nors esamuose tyrimuose negalia dažnai nagrinėjama arba medicininiu požiūriu, arba per visuomenės kaip priespaudos šaltinio perspektyvą (Shakespeare, 2006), šį tripusį modelį išdėstau *Gemeinschaft–Gesellschaft* (bendruomenės–visuomenės) kontinuume, taip suformuojant pagrindines tyrimo gaires.

Teorija

Šį tyrimą grindžiu Goffman (1963) stigmos teorija, ypač šio autoriaus apibrėžta skirtimi tarp „normaliųjų“ (angl. *normals*), stigmatizuotųjų (angl. *the stigmatised*) bei „išmanančiųjų“ (angl. *the wise*), „savųjų“ (angl. *the own*) visuomenės narių. Ši teorinė prieiga leidžia stigmą konceptualizuoti kaip santykiuose atsiskleidžiantį ir tapatybę formuojantį procesą, kai faktinė asmens socialinė tapatybė neatitinka visuomenėje vyraujančių normatyvinių lūkesčių. Šią diskusiją taip pat išplečiu įtraukdama (savi)stigmatizacijos fenomeną. Remiantis Corrigan ir kt. (2009; 2010),

Pyszkowska ir Stojek (2022) bei kitų autorių darbais, (savi)stigmatizaciją traktuoju kaip procesą, kurio metu asmenys internalizuoja neigiamus stereotipus, taip pritaikydami juos sau bei galimai neigiamai paveikdami savo savivertę, viltį, pasitenkinimą gyvenimu ir motyvaciją. To pavyzdys - vadinamasis „kam stengtis“ (angl. *why try*) efektas, aiškinantis, kaip internalizuota stigma gali paskatinti asmenis atsisakyti į ateitį orientuotų tikslų. Kadangi didžioji dalis esamų viešosios stigmos ir savistigmos tyrimų orientuota į psichikos sveikatos problemas, žinios apie (savi)stigmatizaciją fizinės negalios kontekste vis dar yra ribotos. Atsižvelgdama į tai, šiame tyrime analizuoju dinamikas tarp (savi)stigmatizacijos procesų ir darbuotojų, turinčių judėjimo ar regos negalią, darbo, karjeros bei ateities galimybių.

Be kita ko, darbo ir karjeros galimybės šiame tyrime nėra traktuojamos vien kaip egzistuojančios galimybės įsitvirtinti darbo rinkoje. Vietoj to, vertinu jas kaip socialinių ir psichologinių procesų suformuotą galimybių erdvę, žvelgiant iš ateities laiko perspektyvos (angl. *Future Time Perspective*) teorinės perspektyvos. Konkrečiai, remiantis Lewin (1939, 1951) darbais apie psichologinę gyvenimo erdvę ir laiko perspektyvą, galimybes traktuoju kaip priklausomas ne tik nuo socialinės ir geografinės aplinkos, bet ir nuo laiko sampratų, per kurias asmuo interpretuoja savo praeities patirtį, esamas aplinkybes bei numanomą ateitį.

Šiame kontekste ypatingą dėmesį skiriu orientacijai į galimybes. Ankstesniuose tyrimuose ji siejama su profesinėmis perspektyvomis, pasitikėjimu savimi bei į ateitį orientuota motyvacija. Vermeire ir Bruton (2016) taip pat išskiria orientaciją į galimybes kaip galinčią prisidėti prie teigiamų socialinių pokyčių, įskaitant veiksmingų strategijų, skirtų diskriminacinėms praktikoms mažinti, kūrimą. Atitinkamai, remiantis Zacher ir Frese (2009), į analizę įtraukiu emocinę „likusių galimybių“ (angl. *remaining opportunities*) dimensiją, ją taikydama socialiai jautriame žmonių su negalia darbo ir karjeros kontekste. Tai leidžia analizuoti ne tik tai, ar žmonės su negalia turi formalią prieigą prie darbo rinkos, bet ir tai, kaip jie traktuoja savo profesinę ateitį bei kaip vertina negalios poveikį savo galimybėms dirbti, siekti karjeros bei dalyvauti organizaciniame gyvenime.

Lygiagrečiai, galimybių spektras, atsirandantis iš orientacijos į ateitį, negali būti aiškinamas kaip visuomenės bei artimiausios aplinkos

neįtakotas kintamasis. Pavyzdžiui, Royster (2007) pabrėžia, kad socialinį mobilumą reikšmingai formuoja šeimos ištekliai, draugystės ir socialiniai ryšiai. Žvelgiant iš šios perspektyvos, nelygybė išlieka ne todėl, kad asmenys „nesilaiko taisyklių“, bet todėl, kad pačios taisyklės yra įtvirtintos taip, kad sistemingai privilegijuoja tuos, kurie jau yra palankesnėje padėtyje. Zimbardo ir Boyd (2014) taip pat atkreipia dėmesį į asmeninių santykių ir dalyvavimo bendruomenėje svarbą, pabrėždami nuodugnesnių tyrimų poreikį siekiant geriau suprasti šeimos ryšių, draugystės bei priklausymo bendruomenei vaidmenis ateities galimybių bei karjeros kontekste.

Atsižvelgiant į tai, orientaciją į ateitį analizuoju platesniame visuomenės ir bendruomenės dinamikos kontekste, remdamasi Tönnies (1887/2001) įvardyta skirtimi tarp *Gemeinschaft* (liet. bendruomenės) ir *Gesellschaft* (liet. visuomenės). Pasak autoriaus, *Gemeinschaft* apibūdina socialinius ryšius, grindžiamus bendru gyvenimu, giminyste, vietove, kolektyvine atmintimi, moraline pareiga, abipusiškumu ir pripažinimu. Tokioje bendruomenėje asmenys suvokiami ne kaip izoliuoti veikėjai, bet kaip organiškos visumos nariai, kur iš stipresnių bendruomenės narių tikimasi, kad jie vadovausis ne vien formaliomis taisyklėmis, bet ir rems silpnesnius, laikydamiesi bendros atsakomybės principo. *Gesellschaft,* priešingai, apibrėžia socialinius santykius, organizuojamus racionalios valios, sutartinių santykių, išskaičiavimo, mainų, rinkos logikos, teisinio racionalumo ir individualių interesų pagrindu. Šiuo požiūriu ypač reikšminga Tönnies (1887/2001) esminės ir racionalios valios perskyra. Esminė valia grindžiama atmintimi, prieraišumu, ištikimybe, dėkingumu, nuoširdumu ir bendru moraliniu jausmu; ji palaiko bendruomeninius ryšius, siedama žmones per jų išgyventą patirtį. Racionali valia, priešingai, yra strateginė ir apskaičiuojanti: ji sudaro prielaidas šiuolaikinių institucijų, rinkų, teisės ir koordinavimo sistemų funkcionavimui, tačiau taip pat gali redukuoti žmonių tarpusavio santykius iki funkcinių mainų. Žvilgsnis per šią bendruomenės ir visuomenės dinamikos perspektyvą leidžia man geriau suprasti požiūrių, santykių ir atsakomybių matricą organizacijose bei tai, kaip ši dinamika formuoja darbuotojų su negalia ateities perspektyvas.

Atitinkamai, šio tyrimo šerdimi pasirenku ne dominuojančius medicininį ar socialinį negalios modelius, bet Edwards (1995) pasiūlytą

bendruomeninę negalios sampratą, kuri negalią konceptualizuoja kaip dinamišką reiškinį, įsišaknijusį socialiniuose santykiuose, moraliniuose lūkesčiuose bei bendruomeniniame gyvenime. Galiausiai, derinant istorinius ir sociokultūrinius kontekstus su šiandienos darbo rinkoje dalyvaujančių darbuotojų su negalia bei darbdavių pasidalintomis patiritimis, šioje monografijoje pateikiamas detalus, įvairiapusiškas žmonių su negalia profesinių galimybių paveikslas, formuojamas tiek kiekvieno iš veiksnių atskirai, tiek jų tarpusavio sąveika.

Tyrimo metodologija

Empirinę tyrimo dalį sudaro du tarpusavyje susiję kokybinio tyrimo etapai. Pirmajame etape 2020 ir 2023 m. atlikti 45 pusiau struktūruoti išsamūs interviu su dirbančiais asmenimis, turinčiais judėjimo ar regos negalią, įgimtą, įgytą vaikystėje arba jau esant suaugusiu. Interviu dalyvių profesinė patirtis įvairi – nuo mokytojų, programuotojų, buhalterių, rinkodaros specialistų, redaktorių iki masažuotojų, savarankiškai dirbančių asmenų, verslininkų ir vadovų. Interviu metu analizuojamos jų kasdienės darbo patirtys, darboviečių stiprybės ir iššūkiai, profesinio tobulėjimo galimybės, su negalia susijusios kliūtys, prisitaikymo strategijos bei ateities karjeros perspektyvos. Antrajame tyrimo etape 2024 ir 2025 m. atlikti 32 pusiau struktūruoti interviu su darbdavių atstovais. Tyrime dalyvavo įvairaus dydžio ir skirtingų sričių organizacijų atstovai, įskaitant privatų ir viešąjį sektoriaus, finansų, gamybos, profesinių paslaugų, sveikatos priežiūros, logistikos ir telekomunikacijų organizacijas. Siekiant atskleisti tiek strateginius, tiek praktinius žmonių su negalia įtraukties organizacijose aspektus, apklausti organizacijų atstovai, atsakingi už asmenų įdarbinimą ir atleidimą: vadovai ir žmogiškųjų išteklių valdymo specialistai. Tyrimo metu laikytasi kokybiniams tyrimams taikomų metodologinių ir etikos reikalavimų: užtikrintas dalyvių anonimiškumas, atliktas sistemingas duomenų kodavimas bei nuosekli naratyvinė analizė.

Tyrimo rezultatai

Interviu su dirbančiais asmenimis, turinčiais negalią, atskleidžia, kad negalios patirtis formuojasi dinamiškoje individualaus negalios suvokimo

ir bendros atsakomybės už dalyvavimą visuomenėje sąveikoje. Tyrimo dalyviai negalią dažnai interpretuoja per motyvacijos, struktūrizuotos savidisciplinos, išsilavinimo, finansinio savarankiškumo ir emocinio atsparumo prizmę. Šie veiksniai tampa asmeninio kapitalo formomis, padedančiomis stiprinti asmens tapatumą ir plėsti profesines galimybes. Be to, tyrimo rezultatai atskleidžia, kad dalyvavimas darbo rinkoje nėra palaikomas vien individualiomis pastangomis – jį reikšmingai formuoja bendruomeniškas palaikymas, t. y. savarankiškumą skatinanti šeima, lygiavertį santykį kuriantys kolegos ir įtrauktį palaikantys vadovai. Tokiu būdu negalia suprantama plačiau nei vien kūno funkcijų ribotumas ar individualios valios klausimas. Atitinkamai, žmonių su negalia dalyvavimas darbo rinkoje yra bendrai kuriamas rezultatas, formuojamas per asmeninį veiklumą, socialinius ryšius, organizacinį palaikymą bei bendrą atsakomybę.

Interviu su darbdavių atstovais atskleidžia, kad darbuotojų su negalia galimybės užtikrinamos nuolat derinant institucinius reikalavimus ir kultūrinį jautrumą. Darbdavių atstovai balansuoja tarp formalių taisyklių ir kasdienių tarpusavio santykių, teisines ir organizacines nuostatas paversdami praktiniais sprendimais ir formuodami organizacijos normatyvinę aplinką, kurioje įgyvendinama įtrauktis. Tyrimo dalyviai pažymi, kad jų vaidmuo reikalauja suderinti veiklos efektyvumą, darbo saugos reikalavimus, produktyvumo lūkesčius, komunikaciją komandoje, tarpusavio pasitikėjimą, dialogą ir gebėjimą mokytis bei prisitaikyti. Šiuo požiūriu vadovai ir organizacinių sprendimų priėmėjai tampa esminiais veikėjais derinant struktūrinę atsakomybę ir kultūrinį nuoseklumą. Atitinkamai, įtrauktis tampa prasminga tuomet, kai ji nėra traktuojama vien kaip formalių reikalavimų laikymasis, bet įsitvirtina kaip organizacijos vertybių, procesų ir kasdienės praktikos dalis.

Išvados ir rekomendacijos

Galima teigti, kad žmonių su negalia profesinės perspektyvos formuojasi sudėtingoje sociokultūrinėje ekosistemoje, kuri gali tiek stiprinti stigmatizacijos procesus, tiek kurti ir palaikyti orumą, stiprinant Royster (2007) įvardintą „apsaugančiąją infrastruktūrą“. Šeima gali skatinti

savarankiškumą arba perdėtai rūpintis; darbo aplinka gali pripažinti darbuotojo kompetencijas arba nuolat reikalauti jas įrodyti; visuomenė gali pripažinti arba kvestionuoti žmonių su negalia teisę į profesinį ir šeimyninį gyvenimą. Apibendrinant, pagrindinės rekomendacijos yra:

Žmonių su negalia profesinės galimybės priklauso ne vien nuo formalios teisės dirbti – jas lemia socialinis pripažinimas, praktinis palaikymas darbo vietoje bei įtrauki organizacinė kultūra, kuriama ir palaikoma asmenų, kuriuos Goffman (1963) įvardija kaip „išmanančiuosius“ (angl. *the wise*). Šiame kontekste, tai ir vadovai, ir kolegos, ir artimiausi šeimos nariai.

Atvira ateities galimybės neturėtų būti suprantamos vien kaip individualios karjeros, profesinio mobilumo ar produktyvumo perspektyva, bet ir per priklausymo bendruomenei naratyvą. Atitinkamai, darbuotojams su negalia ateities galimybės gali reikšti ne tik galimybę kilti karjeros laiptais, bet ir palaikyti socialinius ryšius, išsaugoti orumą bei lygiateisiai priklausyti bendruomenei, kai pripažįstama jų kompetencija, suteikiamas profesinis palaikymas bei nereikalaujama nuolat įrodinėti savo vertės, slėpti skirtumų ar pagrįsti savo pozicijos organizacijoje. Be kita ko, organizacinė atsakomybė turėtų būti suprantama kaip abipusis procesas, kuriame iš darbuotojų su negalia tikimasi, kad jie nuosekliai vykdys savo profesines pareigas, pripažįstant įtrauktį nei vien tik individualia atsakomybe, nei vien tik organizacine pareiga, bet bendrai pasiekiamu rezultatu, grįstu abipusėmis pastangomis.

Žmonių su negalia profesinės galimybės turėtų būti vertinamos remiantis ne vien tuo metu galiojančia teisine ir organizacine aplinka, bet ir platesniame istoriniame, socio-kultūriniame kontekste. Atitinkamai, siekiant plėtoti žmonių su negalia galimybes dalyvauti darbo rinkoje bei jų karjeros perspektyvas jau įsidarbinus, svarbu klausti ne tik, kokios yra formalios galimybės, bet ir atsižvelgti į tai, kokie sociokultūriniai ir istoriniai naratyvai jas formuoja.

Tyrimo ribotumai

Nepaisant nuoseklaus metodologinių procedūrų laikymosi, šis tyrimas turi tam tikrų ribotumų. Pirma, tyrimo imtis apėmė tik judėjimo ir regos

negalią turinčius asmenis, todėl kitų negalios formų patirtys nebuvo įtrauktos į analizę. Be to, tyrime sistemiškai neanalizuota lyties įtaka tyrimo rezultatams. Šie ribotumai išryškina galimas tolesnių tyrimų kryptis.

Galiausiai, remiantis Cañibano ir kt. (2025) bei Miles ir kt. (2020), atpažįstu, kad mano, kaip Lietuvoje gimusios, užaugusios ir gyvenančios tyrėjos, turinčios lėtinę ir aiškiai matomą fizinę negalią, pozicija yra metodologiškai reikšminga. Nors ši „vidinės dalyvės“ perspektyva suteikia galimybę jautriau identifikuoti subtilias stigmos, savistigmos bei darbo aplinkos dinamikos apraiškas, kartu tai kuria ir galimą tyrėjos šališkumo riziką. Siekiant sumažinti galimą jos įtaką, viso tyrimo planavimo ir vykdymo metu nuosekliai vadovaujuosi pripažintomis metodologinėmis ir etikos gairėmis.

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USE OF ARTIFICIAL INTELLIGENCE

During the preparation of this manuscript, I used OpenAI's ChatGPT language models (GPT-5.2 and GPT-5.3) to assist with grammar correction and improve the clarity of English expression. The conceptualisation of the research, the analytical framework, the interpretation of findings, and all scholarly arguments presented in this work were developed independently by the author. Therefore, I retain full responsibility for the content, interpretations, and conclusions of this monograph.

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