

Ableism in Romanian Universities. An Exploratory Study

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ABSTRACT. This study explores the concepts of able body and able mind in the Romanian academia. Ableism is present and hidden in universities and it is unacknowledged, hence the need to open a discussion around this topic. Teaching and research staff participated voluntarily in the first qualitative study on academic ableism in Romania, upon our knowledge. The results of our reflexive thematic analysis point to the perception of able body and able mind as related to the functional, performative body and mind. This is reflected in the three main themes, as evident in the current Romanian university context: (1) A healthy, functional, and autonomous body, (2) A functional and adaptive set of cognitive, executive, communicational and socio-emotional skills, and (3) Values, attitudes, knowledge, skills and resilience at work. The results of this study are aligned with the current research on academic ableism in other parts of the world.

Keywords: academic ableism, able body, able mind, norms, standards

Motto: *“It is important to stop and think, think, think – about the nature of processes and practices of academic ableism; how to drill down to ableism’s subtleties and hiddenness. It is imperative that we embrace this challenge.” (Campbell, 2020, p. 207)*

Consider how often does an individual use the verb “to be able” in a regular day?

Ableism derives from this verb, and it is a complex concept that evolved in the context of civil rights movements in Britain and the United States of America during the 1960s and 1970s (Albrecht, 2005) and occupies an increasingly important

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place in contemporary discourses (Felder, 2025). Campbell (2019) locates the “birth” of the concept in May 1981, and it describes in a special issue of the journal “Off Our Backs” the negative stereotypes towards disabled people.

Although as a concept ableism is often contested and it has a “...limited definitional or conceptual specificity” (Campbell, 2009, p. 5), “the ‘business-as-usual’ forms of ableism are so absorbed into the function of Western societies” (p. 18), that it permeates the society and it is embedded in its ideologies, cultural norms, institutions and their structures, processes and practices. Ableism and its values, norms and practices are often described as a system of prejudice, discrimination and exclusion of disabled people. Terry (1996) includes ableism alongside other forms of “-ism” (e.g., sexism, racism, ageism) to describe a “set of assumptions and practices that promote unequal treatment of people because of apparent or assumed physical, mental, or behavioral differences.” (p. 4-5), whereas for Wolbring (2008), ableism is „an umbrella ism for other isms such as racism, sexism, casteism, ageism, speciesism, anti-environmentalism, gross domestic product GDP-ism and consumerism. [...]. Ableism is one of the most societally entrenched and accepted isms.” (p. 253). People are familiar with the concepts of sexism and racism, while “...ableism is generally perceived as a strange and unfamiliar concept...” (Campbell, 2009, p. 19).

Fiona Kumari Campbell, a leading and influential theorist of ableism, and of *Studies in Ableism* as a research methodology, invites us to reconsider how we think about the body and defines ableism as an epistemology “...A network of beliefs, processes and practices that produce a particular kind of self and body (the corporeal standard) that is projected as the perfect, species typical and therefore essential and fully human. Disability, then, is cast as a diminished state of being human.” (2001, p. 44). Consequently, “...a chief feature of an ableist viewpoint is a belief that impairment or disability (irrespective of ‘type’) is inherently negative and should the opportunity present itself, be ameliorated, cured or indeed eliminated.” (Campbell, 2009, p. 5). In 2017, Campbell expands the definition of ableism to a “. . . system of causal relations about the order of life that produces processes and systems of entitlement and exclusion. [...] A system of dividing practices, ableism institutes the reification and classification of populations. Ableist systems involve the differentiation, ranking, negation, notification and prioritization of sentient life.” (p. 287–288), These ableist practices vary over time and by context (Campbell 2019, 2020) and sometimes the ableist acts can be unintentional (Dunn, 2019).

Campbell’s understanding of ableism in connection to the norm is synthesized in her description of the ableist imaginary that “...tells us what a *healthy body* means – a *normal* mind..” and it “relies upon the existence of an unacknowledged imagined shared community of able-bodied/minded people,

held together by a common ableist homosocial world view that asserts the *preferability* of the norms of ableism...". (2019, p. 147). In a similar vein, McRuer (2002, 2006), the theorist of compulsory able-bodiedness, examined the influence and role of a culture that "...assumes in advance that we all agree: able-bodied identities, able-bodied perspectives are preferable and what we all, collectively, are aiming for. A system of compulsory able-bodiedness repeatedly demands that people with disabilities embody for others an affirmative answer to the unspoken question, 'Yes, but in the end, wouldn't you rather be more like me?'" (2002, p. 93). This system is oppressive because "...compulsory able-bodiedness functions by covering over, with the appearance of choice, a system in which there actually is no choice." (2006, p. 7). In an approach that brings together bodies and minds, and expands McRuer's theory, Kafer (2013) discusses compulsory able-bodiedness and compulsory able-mindedness.

Conceptualizations and theories of ableism, implicitly bring into the forefront various understandings of ability and its normative dimensions (e.g. Wolbring, 2008; Campbell, 2008, 2009, 2017, 2019, 2020; Goodley, 2014, 2025; Felder, 2025) and as such the concept is imbued with social norms and evaluations regarding what is considered an able-bodied/minded individual in a specific historical, ideological, political, and socio-cultural context. Thus, ableism values physical, emotional, and mental capital, following socially constructed expectations regarding abilities (Loja et al., 2013). Everybody is affected by the "...cultural ideals of normalcy and ideal form and function." (Kafer, 2003, p. 8). Even though "the ideology of ability remains largely unquestioned" (Siebers, 2008, p. 81), and the term is lacking a conceptual basis (Felder, 2025), ability remains "...central to the production and enactment of a deficit lens." (Parekh, 2017, p. 339)

It is evident that ability and disability co-exist in complex connections, and "The category of "disabled" can only be understood in relation to "able-bodied" or "able-minded," a binary in which each term forms the borders of the other." (Kafer, 2013, p. 6). The opposite connotations of these two categories and their implications for the lives of individuals are telling since "Disability all too often appears in our cultural psyche as a problem of body or mind, as an object of rehabilitative or curative intervention. Ability, meanwhile, is posited as an idealized marker of successful citizenship." (Goodley, 2018, p. 5). When discussing ableism in education, Felder (2025) understands it as "...a normative problem because it privileges certain expectations of ability that are presented as universal or self-evident.", which leads to "...practical challenges in that these expectations produce concrete mechanisms of exclusion." (p. 860). Given the "ablecentrism of our culture" (Kafer, 2003, p. 81), none is immune to "unquestioned ableist assumptions" (Hehir, 2002, p. 5) and ableist experiences, since sooner or later everybody will have one or another type or disability (Nario-Redmond, 2019; Goodley, 2018).

But what does disability mean? Historically, the concept evolved and was shaped by different ideologies, social movements and cultural contexts, and theorized within a multitude of models. It is not the purpose of this article to discuss these conceptual and theoretical frameworks; however, it is important to highlight that beyond the well-known dichotomy between the medical model of disability and the social model of disability other alternative approaches for theorizing and understanding disability emerged. Based on the social model of disability, Kafer (2013) introduces the political/relational model of disability, where "...the problem of disability no longer resides in the minds and bodies of individuals but in the build environments and social patterns that exclude or stigmatize particular kinds of bodies, minds and ways of being." (p. 7). Zaks (2024) suggests changing the name of the medical model of disability to the normalization model of disability because "This would help conceptually highlight that historically, the model of disability that dominated society sought to oppressively normalize bodies and brains..." (p. 3248) and "...emphasizes the injustice of the abnormal/normal binary" (p. 3249). A plethora of definitions of disability exists, and we have chosen the comprehensive formulation of Shakespeare and Watson, two disabled scholars, according to whom "Disability is the result of the interaction between physical- or mental-health conditions, individual psychology, and environmental and social factors, which include culture. It is a dynamic, scalar, multi-factorial experience, which can be very different for different people with the same impairment in the same setting, let alone the billions of disabled people around the world. These differences could be the result of impairment/illness, gender, class, ethnicity, environment, personality, upbringing, social and political barriers, or even luck." (2023, p. 18). Furthermore, the lived experiences of disability (and ableism for that matter) are specific to a historical moment and its ideologies.

Disabled scholars are in turn subjects and objects of ableism, and some of them are referenced in this article as they are theorists of ableism and/or activists for social justice and disability rights, (e.g. Brown, Campbell, Kafer, Shakespeare, Watson). In his foundational article *Eliminating ableism in education*, Hehir (2002) considers that "As it is the case with racism and sexism, progress toward equity is dependent first and foremost on the acknowledgment that ableism exists in school." (p. 22); and acknowledging that ableism exists in universities, as well. In his critique of higher education and its role in the creation and perpetuation of ableism, Dolmage (2017) introduces *academic ableism* and discusses how "...academia powerfully mandates able-bodiedness and able-mindedness, as well as other forms of social and communicative hyperability, and this demand can best be defined as ableism. In fact, few cultural institutions do a better or more comprehensive job of promoting ableism." (p. 7). In the seminal interdisciplinary

work *Ableism in Academia: Theorising experiences of disabilities and chronic illnesses in higher education* edited by Nicole Brown and Jennifer Leigh (2020), theories of ableism in academia are illustrated or emerge from lived experiences and challenges of disabled academics. Ability and ability-related expectations are at the core of academia, where “Ability privilege expects each university student and staff member to be a ready-made, able-bodied-and-minded human being; willing and able to access the normatively constructed physical environment and learning culture of the university. And these expectations feed ingrained ideals associated with academic excellence and intellectual elitism.” (Goodley, 2025, p. 1005). Academia means competitiveness in international rankings, research and teaching excellence, access to grants etc. which contributes to the promotion of ableism and individualism and makes it “possible and indeed desirable to be a ‘superhuman’ academic” (Campbell, 2020), with recent research indicating a direct link between the neoliberal current in universities and ableism (Dolan, 2023; Rodgers et al., 2023; Gillberg, 2020; Olsen et al., 2020; Peruzzo, 2020; Goodley 2025). Hence, it is not surprising that disabled, neurodivergent and/or chronically ill academics are under-represented in universities and they are concerned for being taken seriously for their work when compared to their non-disabled, healthy colleagues (Brown and Leigh, 2018; Lindsay and Fuentes, 2022). Ableist norms define what success is and the values underpinning higher education can contribute to the exclusion of disabled academics when “High expectations calibrated according to standards designed for individuals without disability, further alienate and marginalize academics who do not fit the able-bodied norm. This ethos excludes those who are not able to keep up with the established ableist view of what it means to be successful.” (Yerbury and Yerbury, 2021, p. 507). Institutionalized ableism can create, maintain and perpetuate barriers in the careers of disabled academics, and it manifests in institutional standards, policies and procedures, unequal power relations, negative attitudes, discrimination and exclusion, microaggressions, lack of accessibility and workplace accommodations, and excessive workload (Bromser-Kloeden, 2025; Levitt, Thelwall and Moreira, 2024; Brown and Ramlackhan, 2022; Lindsay and Fuentes, 2022; Saltes, 2022; Merchant et al., 2020; Mellifont et al., 2019; Sharma et al., 2025).

Research question

This study is a part of a broader research that aims to explore academic ableism in Romanian universities.

The research question is: „How does the teaching and research staff conceptualize ableism in the current context of Romanian universities?”.

Participants

A total of 19 teaching and research staff selected by convenience participated in this study based on voluntary consent. The sample was heterogenous in terms of location, as well as demographics. Their age ranged between 25-57 years; 14 participants identified as women and 5 participants identified as men.

Regarding professional experience, the sample included participants at the beginning of their career, as well as participants with extensive work experience: 2 participants had between 1-10 years of experience in university, 8 between 11-20 years, and 9 between 21-30 years.

Concerning their health status, 7 participants reported they had a chronic physical illness and 1 participant considered that he/she had a disability.

Regarding their position in university, 3 participants were professors, 6 assistant professors, 6 lecturers, 3 assistants, and 1 doctoral student.

At the question if they would disclose the presence of a disability if they had one, 5 participants gave positive responses, such as: *"I do not need to hide it, the institution needs to be informed if I suffer from an illness that can affect my performance"*.

Instrument and procedure

The instrument used in the current research was developed following a literature review. The questionnaire has 8 demographic questions (experience in academia, position, age, gender, presence of a visible/invisible disability, chronic illness, and/or mental health problem) and 17 open-ended questions on the concept of ableism, institutional policies and norms, disclosure of disability, chronic illness and/or mental health problems, experience of ableism in Romanian universities) grouped under the following general domains and sub-domains:

1. The domain "Ableism as a concept" includes the following subdomains:

- Opinions regarding the able body;
- Opinions regarding the able mind;
- Professional standards and conduct required for working in the university.

2. The domain "Institutional policies and norms" includes the following subdomains:

- Advantages enjoyed by people who are physically and mentally able (for example, in promotion, obtaining grants, remuneration);
- Equal access for people who have a disability, chronic illness, and/or mental health problems;

- The university work environment and the expectation that academic and research staff perform at a high level, be healthy, capable, and mentally balanced.

3. The domain “Disclosure of disability, chronic illness, and/or mental health problems” includes the following subdomains:

- Conditions (environmental or individual) under which, if a person had a disability, chronic illness, and/or mental health problems, they would speak openly about their situation;
- Open discussions on issues related to disability, chronic illness, and/or mental health problems;
- The risk that a person with a disability, chronic illness, and/or mental health problems may lose their job at the university;
- Subtle negative messages, hostility, or tension in the university work environment directed at people who have taken sick leave.

4. The domain “Experiences of ableism in higher education institutions” includes the following subdomains:

- Support offered by the university to teaching and research staff who have a disability, chronic illness, and/or mental health problems, as well as the conditions under which a person would seek such support;
- Physical and psychological impact of the professional standards and conduct requirements imposed on teaching and research staff.

The questionnaire developed was uploaded in an online format using Google Forms and was sent to the respondents. The questionnaire was confidential, and the responses collected were anonymous. This data collection method was used because it protects the personal identity and ensures confidentiality in responses.

The qualitative data analysis followed the steps of the reflexive thematic analysis (Braun & Clarke, 2019, 2006) and the authors chose inductive coding for data analysis.

The reflexive thematic analysis places researcher subjectivity and reflexivity at the core of the process, and the researcher’s role in generating ideas is essential. When multiple researchers are involved in the data analysis process, data coding implicitly requires collaboration among them and transparency in communication, which facilitates reflection and nuanced analysis of the data (Braun & Clarke, 2019).

Braun and Clarke (2006) proposed six phases in data analysis, adapted to the research question in an iterative and flexible process. These phases and the processes associated with each are summarized as follows:

1. Familiarizing yourself with your data: Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.

2. Generating initial codes: Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.

3. Searching for themes: Collating codes into potential themes, gathering all data relevant to each potential theme.

4. Reviewing themes: Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.

5. Defining and naming themes: Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.

6. Producing the report: The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis. (2006, p. 87)

Regarding the authors' positionality, the first author approached the data in clinical and psychotherapeutic perspective, while the second author is positioned in the field of critical disability studies.

Results and discussion

The results discussed in this article represent a part of a larger study on ableism in Romanian universities. The topics covered in this article are the perception of able body, able mind, and the academic standards associated with these. Other topics included in the research were presented elsewhere (Costea-Bărluțiu & Runceanu, in press).

We analyze and discuss the answers from these three questions: 1. „What does an able body mean to you?”, 2. „What does an able mind mean to you?”, and 3. „What does it mean for you to be able to achieve the professional and conduct standards necessary for working in the university?”.

Following the steps proposed by Braun & Clarke (2006), the authors identified three themes that are discussed in relation to the questions and are illustrated by excerpts from participants' answers.

- Theme 1: A healthy, functional, and autonomous body
- Theme 2: A functional and adaptive set of cognitive, executive, communicational and socio-emotional skills
- Theme 3: Values, attitudes, knowledge, skills and resilience at work

A healthy, functional, and autonomous body

The following characteristics were considered specific for the able body, as grouped in these sub-themes.

1. Physical health equals the absence of pain, illness, disability, limitations, normal functioning, and youth.

This was identified as a characteristic of the able body by 10 respondents. One account that illustrates this characteristic is: *“body of a relatively young person who has no daily aches and pains, who can use all their limbs, who has no difficulty climbing stairs if the elevator is full, who can play a game or take part in a short notice charity cross-country run without having to go to physiotherapy afterwards”*.

Other accounts were:

“A healthy, complete body that functions within normal parameters.”

“This concept refers to a physically healthy body that functions optimally.”

Some of the responses implied that a healthy body is also a normal one, health was considered the parameter of normality of the body.

2. Functioning in daily activities and the ability to perform daily activities.

This was identified as a characteristic of the able body by 10 respondents. Some examples of accounts that illustrate this are:

“A body that [...] functions without significant limitations in daily activities.”

“A good state of health, a body that can perform daily activities at levels that are characteristic for their age, gender, physical abilities, and type of work.”

“A body capable of carrying out activities.”

“A body that allows for the performance of daily and professional activities.”

“A body able to carry out routine activities.”

“A body that enables a person to accomplish various physical goals.”

3. Independence, autonomy - ability to function independently without support.

“I believe that a physical disability does not necessarily imply a person’s inability to do something or to be autonomous in general, so I would say that a capable body is also a body that finds its own strategies and resources (ideally with social and family support) to evolve, to build as independent a life as possible. If I were to generalize, I think a capable body is an autonomous or largely autonomous body.”

“A body that does not limit a person’s independent functioning (endurance, flexibility, strength).”

4. Vocationally capable - the ability to work, perform tasks, aptitude.
"A person who has the professional ability required for the work they do and can enjoy the non-professional life they lead."

"Someone physically healthy enough to perform their tasks."

5. Mental health and intellectual abilities.

"Physical and mental functioning in normal parameters"

"Physical and intellectual capacity."

6. Adaptability - physical capacity to adapt to context and demands (resilience, flexibility, resourcefulness).

"healthy body both physically and mentally, which can adapt easily and quickly to different situations"

7. Functioning despite difficulties.

"A functional body, even if it has some difficulties"

There was also one account that critiqued the idealized definitions of the body:

"I don't believe in a standard definition of the capable body—one rooted in the way Humanism and the Illuminism viewed the human being and their body as a perfect, symmetrical, rational embodiment, the center of the universe (following the model of the Vitruvian man)."

A functional and adaptive set of cognitive, executive, communicational and socio-emotional skills

The respondents listed the following characteristics, grouped in these sub-themes:

1. Cognitive functionality.

The ability to perform several cognitive processes: *"Capacity to reason, make decisions, explain, make connections, provide examples."*, *"The ability to analyze, interpret results, [...] intervene depending on the situation"*

Thinking logically, rationally: *"to make logical connections, reasonings, and judgments"*, *A logical, rational mind that does not allow itself to "malfunction."*, *"the ability to make rational decisions"*

2. Capacity for intellectual work, learning, concentration, memory.

"It is also a mind capable of intellectual work, where specific skills are needed depending on the field of activity—so a mind that can self-discipline (I mean patience, focus, repetition of tasks/information, assimilation of diverse and abundant information)."

"A mind with sufficient professional and non-professional intellectual abilities"

"A mind capable of performing activities."

"A mind that enables the carrying out of daily and professional activities."

"An intellect able to carry out routine activities required by its field of competence."

3. Decision making, judgment, adaptation, insight, and responsibility, in support for everyday life.

"Ability to make decisions that facilitate success, effectiveness and adaptation"

"An individual's quality of being endowed with intelligence and the ability to make decisions that facilitate success in personal and professional activities."

"A mind that can process information and make decisions in order to adapt to various situations."

"The ability to make rational decisions."

4. Mental health.

Characteristics such as lack of dysfunction, identifying reality, distinguishing fact from fantasy or delusion were identified by 6 respondents.

"The concept signifies mental health and functionality."

"Someone who has a lucid mind."

"Mental functioning within normal parameters."

"Psychologically healthy."

"A capable mind should allow a person to identify real situations (past, present, and projected into the future), to clearly distinguish them from imaginary, fanciful, or fantastical ones; to identify danger and risk"

"Discernment."

5. Mental flexibility, adaptability.

"A mind that functions optimally and ensures the individual's adaptation and development throughout life."

6. Emotional skills.

"Self-regulation, handling intense situations, without violence"

"That we can express our frustration without yelling or other violent Expressions (verbal or otherwise)."

"Empathetic."

7. Self-discipline (waking up on time, punctuality) and responsibility.

"That we can wake up at a set time; that we can be at place X at time Y to do Z, all agreed beforehand"

"Responsibility, accountability."

8. Social skills, ability to interact healthily in social contexts.

“Interacting with strangers without anxiety and stress, paying attention to someone's story for 10 minutes, even if that person is not particularly close or familiar to us”

“Work both individually and in a team.”

9. Creativity, innovation, critical thinking, metacognition.

“For me, it is a creative, [...] highly adaptable (flexible), critical, hyper-analytical mind that can self-regulate and manage diverse and intense situations. It is a mind with a highly developed metacognitive component”

“The creative, healthy mind.”

10. Connection with the body.

“A mind that is connected to the body and to what the body feels.”

11. Morality.

“To identify, differentiate, and understand positive/correct/moral situations as opposed to negative/vicious/immoral ones.”

One of the responses mentioned contemporary contexts that can be threatening and dangerous, leading to difficulties defining the able body and the able mind:

Still, I believe that in the current global situation, with wars, multiple crises, and major sociopolitical instability, it is difficult to define both a “capable mind” and a “capable body,” because it seems to me that on a broader and deeper level, the human being is significantly affected, and the consequences—largely negative—will probably be visible in the long term.

Values, attitudes, knowledge, skills, behaviours and resilience at work

The responses to the question “*What does it mean for you to be able to achieve the professional and conduct standards necessary for working in the university?*” are varied and complex and they are grouped in the following sub-themes:

1. Training, professional competence in teaching, intellectual abilities.

“Professional, up to date with information in the field, or capable of explaining theoretical aspects.”

“They should be capable of critical and analytical thinking.”

“Continuing specialization in the field (e.g., accessing further training opportunities)”

“Possibility to participate in courses/trainings on relevant topics”

“Course preparation, seminars”

“A specialist in their field, and a good teacher”

“The ability to provide intellectual knowledge at a higher level of rigor, suited to requirements, and to stimulate students’ desire for learning the profession.”

“For someone to be capable of meeting the professional and conduct standards required in university work, they must ensure high-level specialized training, engage in continuous professional development”

2. Openness towards students, with tact, passion and enthusiasm for work with students, patience, motivating attitude towards them and empathy.

“Proper conduct, open with students, with a positive attitude and tact.”

“From a psycho-pedagogical perspective, they should be someone who wants or at least is excited/enthusiastic/passionate about the idea of interacting with students and teaching (with everything this work involves: patience, creativity, pedagogical tact, attention, preparation of courses/seminars, etc.).”

3. Research capabilities.

“To be, first of all, a good researcher, capable of writing specialized articles with ease.”

4. Collaboration, team spirit, communication skills.

“Good communication skills”

“Collaborate consistently with colleagues”

“Able to work in a stimulating environment”

“Teamwork.”

5. Professionalism and responsibility: punctuality, reliability, respect for engagements and deadlines.

“To always be present in classes, according to a predetermined schedule, not randomly; to catch up with meetings they miss for various reasons, including professional ones, instead of simply skipping them”

“To complete administrative tasks requested by colleagues on time”

“Be willing to invest substantial time in fulfilling their professional responsibilities”

“Implies that a person can fulfill the tasks and requirements of the position”

“To be able to carry out their duties according to the job description and regulations.”

6. Ability to withstand pressure and critical feedback, stress management, self-regulation skills, willingness to make sacrifices.

“He/she should be very open, flexible, capable of sacrifice, of assumption and of receiving and very critical feedback. Given the pressure and often toxicity of the academic environment, I believe that being capable means (especially if you have a disability, or if you are a woman or a queer person) being very resilient and tough, able to self-regulate and not give up your work and passion because of the environment itself.”

7. Rising up to high demands, awareness and achievement of high performance in the field.

“From an intellectual standpoint, I believe they should be very aware of these standards, well trained and competent in the field they want to pursue”

“To meet the performance levels required by the workplace”

“It almost requires being super-human if you have high standards”

8. Mental health, balance and well-being, satisfaction with work, adaptability.

“To be able to use and mobilize their resources, to integrate opportunities, to access resources, to benefit from a calm, positive, supportive environment”

“To find satisfaction in their work, and to experience well-being.”

“A high degree of dedication to the field is expected.”

9. Academic integrity, respect for diversity, non-interference in procedures, morality and ethics.

“Academic integrity”

“To allow unpleasant procedures, such as appeals, contested elections, disciplinary matters, to follow their natural course without interfering privately with committee members”

“To not denigrate colleagues or students within the university, even in private”

“To not sexually harass colleagues regardless of how much alcohol (or other substances) they have consumed”

“To not mock minority groups of any kind or tell jokes at the expense of such people”

“To be inclusive in wording and sensitive to the diversity around them. In short, to be a professional and just that—not their private self while at work—to wear the “work mask,” in line with the job description, and not behave as they would in private life among friends.”

“Display moral and honest behavior.”

“To demonstrate competence in the field of teaching and research. To respect ethical principles in relations with students and colleagues and in research.”

“Transparency in decision-making, material support for teaching and research activities”

“To respect the university’s code of ethics”.

To summarize, the themes and the sub-themes illustrated by excerpts from the respondents' answers, have at the core the ideal professional working in academia, with an ideal body and mind that meets the explicit and implicit academic norms that remain largely unquestioned.

Conclusions

The **overarching theme** of the perception of the able body and able mind is related to the **functional, performative body and mind**. This is reflected in the three themes and their respective sub-themes, and it is evident in the current Romanian university context.

The capable body and capable mind represent, from the perspective of the respondents in this study, a functional and performative ideal of the human being, centred on efficiency, adaptability, and autonomy. The capable body is seen as healthy, complete, young, autonomous, and functional—that is, a body that can carry out daily and professional tasks without difficulty, without physical limitations or special needs; the capable mind implies a set of social, cognitive, and emotional competencies, combined with responsibility, ethics, psychological balance, adaptability, and an orientation toward success and creativity. This view emphasizes performance and self-sufficiency, outlining a model of the “ideal” person who functions optimally in all areas of life, which is a profoundly ableist vision of the human being, as also discussed in the literature review.

Regarding the ability to meet the professional and conduct standards required for working in a university, we found that ableism in academia manifests through the tacit or explicit expectation that the members of the academic community (professors, researchers, students) function at an almost superhuman level of performance and resilience, marked by high standards as the norm, without taking into account the diversity of abilities or individual limitations (physical, mental, emotional). There is also the expectation that these members be constantly available, passionate, autonomous, and emotionally and cognitively balanced, regardless of context or stage of life. Another relevant aspect is the idealization of continuous performance across multiple domains (ease in academic writing, flawless teaching, stress management, acceptance of critical feedback, ability to contain high pressure and fulfil all tasks with high achievements). It is noteworthy that there is a diminishing recognition of the need for support, accommodations, or human limitations, and a promotion of a “perfect” professor or researcher model, who is competent, calm, empathetic, dedicated, always functional.

As our results show, ableism is typically normalized within post-secondary education, despite the increase of attention on higher education institutions to ensure that they reflect the diversity of their communities. In order for the equity, diversity and inclusion frameworks to build a culture of belonging for academics, they must allow for self-understanding of the issues around ableism and perceptions of normalcy by the students and staff.

One limitation of this study is due to the selection of participants, by convenience and the small sample size, which does not support generalizations following the qualitative data analysis. However, given that this is the first study on this topic in the Romanian context, upon our knowledge, it opens fresh perspectives and hopefully meaningful debates within and outside the academia.

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