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Jóvenes estudiantes mexicanos y portugueses frente a la discapacidad; un estudio comparativo de sus representaciones sociales

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Abstract: The results of the investigation are based on a sample of 479 Mexican and Portuguese students of both genders, between the ages of 15 and 19. Its aim was to identify and analyze their systems of representation with regards to disability from a perspective of comparison. The results suggest that there is not a closed system of representation for disability amongst Mexican and Portuguese students but rather a complex system made up of central representations and peripheries. It further shows that many common denominators exist in the two systems of representation that reveal attitudes and images that tend to a negative view of disability. Points of Interest: the application of the theory of social representations in the understanding of the social systems of representation for disability; the identification of the dimensions and elements that make up the representation systems adopted by young Mexican and Portuguese students.

Key words: disability, systems of social representations, young Mexican and Portuguese students, images, attitudes.

Resumen: Los resultados de la investigación están basados en una muestra de 479 estudiantes mexicanos y portugueses, de ambos sexos, entre las edades de 15 y 19 años. Su objetivo era identificar y analizar sus sistemas de representación respecto a la discapacidad desde una perspectiva de comparación. Los resultados sugieren que no existe un sistema cerrado de la representación de la discapacidad entre los estudiantes mexicanos y portugueses sino un complejo sistema formado por representaciones centrales y periferias. Además, muestra que muchos denominadores comunes que existen en los dos sistemas de representación, actitudes e imágenes tienden hacia una visión negativa de la discapacidad. Puntos de interés: la aplicación de la teoría de las representaciones sociales en la comprensión de los sistemas sociales de representación para la discapacidad; la identificación de las dimensiones y los elementos que componen los sistemas de representación adoptados por jóvenes estudiantes mexicanos y portugueses.

Palabras clave: discapacidad, sistema de representaciones sociales, jóvenes estudiantes mexicanos y portugueses, imágenes, actitudes.

Introduction

Social representations are determined by the way in which the social contributors evaluate the condition of disability and how they relate to people with disabilities, thereby determining or influencing their attitude with regard to disability.

Using a theatrical perspective Morvan (1987: 59) links the formation of social representations for disability to a scene from a theatrical play that develops inside the protagonists. Its structure comes to light through the words spoken about it and by how these words evolve and take shape.

Authors who analyse the impact of social representations on the lives of people with disabilities agree on that the terminology employed to describe them has become "polite" and "socially correct" (Moscoso, 2010; Decca, 2011). It is true that there has been a decrease in the use of deprecatory terminology such as crippled, mutilated, invalid, idiot, blind or mad. These have been substituted by "softer" versions such as impaired, diminished, disabled or having inherent disabilities.

This evolution is significant from a social point of view and indicates a change in the social reference system for disability. But could it be that the opinions, images and negative attitudes have disappeared and their usage become obsolete in the formation of social representation systems? According to Páez *et al.* (1991), they could be reinforcing the references that project the image of people with a disability as unfit (deformed and weak bodies, debilitated minds and senses), without autonomy and in need of social support and constant therapeutic attention.

Many authors have found differences in the formation of social representations related to specifications of social contexts and the idiosyncratic characteristics of people themselves (Doise and Palomari, 1986; Abric, 1994; Jodelet, 1995; Doise and Lorenz-Cioldi, 1992; Moliner, 1996).

This suggests the hypothesis that the social and cultural context of Portuguese and Mexican society could interfere in the formation and structure of social representation systems for Portuguese and Mexican students, since those "systems of perception and appreciation are inseparable from the fundamental structures and systems of expression of the group which they belong to" (Bourdieu, 1994:122).

According to Ceirano (2002:3), "There exist distinct, possible worlds within the same reality, such as ideas in the same mind interacting in a battle of the will, which imply different interpretations and accounts of

what is real". This way, it is to be expected that Portuguese and Mexicans have constructed their own social representation systems for disability and that within each group there will be differences according to the social and personal characteristics (of each of them).

Therefore, the main goal of this study is to identify and analyse the categories that describe these social representations. It is also our aim to identify the position, central or peripheral, occupied by each of those categories, and to analyse and explain their variability within the gender and nationality of the young students.

Apart from this, identifying and understanding the social representation systems for disability is also relevant to support social politics and to outline strategies to change the meaning of these current representations.

A review of the literature

Basically, social representations are social constructions; living in a determined social space means that we take on, feel and experience reality in a certain way and assume that our way of seeing reality is a true representation of what is real. The construction of a social reality in a dialectical phenomenon, which goes from the subject to the social environment and back, or rather, people, as much as social groups, are the producers of society, and society produces them (Berger and Luckman, 1999). This is to say, social beings, in their daily lives, do things in a determined way, but they can change the way in which they do them; they are social agents. In this persistent construction the "reality" of disability is formed in its essence out of the representations that come from the way we live, experience and feel in our everyday life, interpreting it under the light of the social heritage that has been handed down to us by the process of socialisation.

For Abric (2007: 59) "A social representation is an organized group of information, opinions, attitudes and beliefs about a given object. Produced socially it is strongly marked by the respective values of the said social–ideological system and by the history of the group and, thus produced, constitutes an essential element of its vision of the world. "An organized group", all representations have two components: Content and Structure".

Social representation systems are crucial instruments that help us understand the world around us and control the phenomena that occur in it and also explain them. These are the reasons that lead us to construct and share them in the cultural milieu of which we are a part; wherein models

of behaviour, attitudes, values and correct moral procedures are to follow and respect.

According to Moscovici (1989), social representations are models to organise and guide actions that come from the intersection of the individual (the mind of the individual) and the social (the social-cultural context in which the individual exists). Moreover, it relates to the way in which social beings learn about everyday occurrences and filter the information that surrounds them and appreciate the people who are in or beyond their immediate circle. It is natural and spontaneous knowledge; a sense of common comprehension that bestows meaning on what takes place and upon acts regarded as normal and consensual. This common sense produces rules with which we appraise reality and by means of which we socially create it, as explained by Berger and Luckman (1999).

For Jodelet (1995) social representations take on diverse forms that range from images that attach a group of significances to the reference systems with which we interpret occurrences, including those that we did not expect could occur.

In the case of social representations for disability there is not a shared and universal system. Even if we admit there exists a common basis of expectation, interests and concerns to take into consideration, which have been cultivated over a lifetime, the experience of the actors in regard to disability, their hopes, their religious and political convictions, their level of openness in relation to the diversity of the human and social condition, their interest in social problems, age and sex can mean that their reference system varies.

For example, Morvan (1998) identified five types of social representations of disability: *1)* those which sustain and are sustained upon concepts that classify disability; *2)* those which form the base of exclusion, rejection and refusal of differences; *3)* those which associate disability with human, technical, physical and institutional artificiality; *4)* those which reduce disability to the effects of suffering; and, *5)* those which belittle people with disabilities, treating them like children. In a certain way the reference systems are created from far more complex imagery and diverse categories of people with disabilities than those which the author identified as five categories: representative symbol, fixed image, a secondary figure, an object of affection and someone we relate to.

It is easy to demonstrate the strength of social representations by means of a trivial situation of interaction between *normal* and *challenged* people (those with disabilities). If we are attentive enough, we can witness a process

in which we assimilate, almost naturally, negative and preconceived ideas that change the physical and mental differences into social differences. The confrontation with the non-normal is disturbing, causes anxiety and makes the relationship with people with disabilities unstable, since they represent "a threat to the conventions by which we live and on which our identity is based" (Labregére, 1989: 27).

For this reason, it is not enough to have technical and legal progress, methods, programmes and acts of social policies in favour of people with disabilities. Although these are relevant in order to create work or educational opportunities and to improve physical access, they may not be sufficient to remove the most excluding barrier of all: the barrier of attitude, sustained by the (current) dominant systems of social representations.

Some studies enable us to understand that the social representations of disability tend to vary according to the size of the community (Flaskerud and Kviz, 1983), the level of education, sex (Darrow and Johnson, 1994), ethnic background (Westbrook, Legge, and Pennay, 1993), and age, amongst many other variables.

Recently, Bert Massie (2006) highlighted that the attitudes of others are still the principal barrier to participation with people with disabilities. According to him, sentiments of pity, incapacity and low expectations from people with disabilities contribute to the development of negative social attitudes, linking them to stereotyping, fear and feelings of rejection of disability.

Likewise, Antonak and Livneh (2000) and Nowicki (2006) reveal that people with disabilities continue to consider that social attitude has the worst consequences on their lives. Probably as Shapiro (2000) points, in spite of legislative advances advocated for an inclusive society, the presence of myths, stereotypes, and inherited preconceptions from the past continue to allow for the formation of social representations based on opinions and attitudes that lean towards a negative behaviour capable of preventing now and in the near future the participation of disabled people in diverse social, educational and professional contexts. Rosenthal *et al.* (2006) and Chen *et al.* (2002) also refer to how negative social attitudes prevent people with disabilities from total social integration. In a study by Palmer, Redinius and Tervo (2000) with secondary-education students, it was proven that students from urban areas developed a more positive attitude due to their greater exposure to the reality of disability than those who lived in rural areas. Darrow and Johnson (1994), in a study involving junior and senior higher-education students, verified that the oldest students showed generally more positive

attitudes towards people with disabilities than the youngest students. Royal and Roberts (1987) concluded the same when they studied 151 students of various schooling levels. These authors showed that women, as a rule, revealed a higher acceptance of disability than men

In general, negative attitudes seem to lead to the adoption of rejecting behaviour and keeping an adequate social distance from people with disabilities (Olkin and Howson, 1994; White, Jackson and Gordon, 2006). Also, in spite of legal advances, negative attitudes that lead to discrimination inside the labour sphere are still a serious problem for people with disabilities (Lebed, 1985; Shapiro, 1994; Antonak and Livneh, 2000). Through this we see how negative social attitudes can be a difficult barrier to transpose with social political means because their social strength continues to influence the social acceptance of these attitudes.

Various researchers continually show that negative attitudes with regards to disability endure; such are the cases of Byrd and Elliott (1988), Livenh (1991), White, Jackson and Gordon (2006), Brostrand (2006) and Longoria and Marini (2006). There is evidence that attitudes are changing in a positive sense, nevertheless; as it can be concluded in the studies by Grewal *et al.* (2002), Molloy, Knight and Woodfield (2003), which point to a general improvement in the social situation and in the opportunities for disabled people in recent decades; even though in essence the attitude barriers remain active.

One of the problems in the study of social representations for disability is the so-called impression of social undesirability that the interviewees can produce in their answers. In fact, putting into words what one thinks about disability can be contaminated by the influence of what is socially accepted to express, and the lack of information on what could be effective behaviour when confronted by the reality of disability.

For Abric (2007: 60) "Studying a social representation is first of all looking for that which constitutes its central nucleus" and which "is made up of a limited number of elements". Besides, social representation systems are composed of two elemental categories, the central nucleus and the periphery elements. The central nucleus is related to collective memory, consistency, stability and durability of the representations, having the ability to resist social changes. The nucleus is formed by stable or permanent elements of social representations, which have a normative and functional nature. The functional elements are linked to the nature of the object represented; while the normative elements concern the social values and norms of social groups. The central nucleus is the stable aspect and characterises the representation;

whilst the periphery system represents those elements that link the central nucleus to reality. It is the periphery element that enables a direct action on the social representation system by the introduction of new elements in the field of the reference objective. The peripheral elements promote the updating and contextualization of social representations. To sum up, the central nucleus and the periphery work as an integrated system, performing specific and complementary functions.

Methodology

Sampling procedure and characteristics of samples

The study used a convenience sampling in both countries, composed of students from 5 Mexican and 4 Portuguese schools. The Mexican schools in which the data was collected belong to the Autonomous University of the State of Mexico (UAEM); they are high schools, which are located in the urban area of the city of Toluca. Socially, the students are middle class, mestizos and from urban or sub-urban origin. The city of Toluca is the capital of the federal State of Mexico. The city is located near Mexico City, the capital of the country. It is a major urban center, the 5th nationally, with a population of 1 million 800 thousand people (2012). Its economy is based on the tertiary sector, but it also has an important industrial sector, particularly in terms of automobile industry and small family industries. It has as well a rural sector, mestizo and partly indigenous (Otomi and Mazahua peoples) dedicated to corn production. The city of Toluca has a significant middle class, but there are also social groups in moderate poverty in the outskirts, and in extreme poverty in indigenous rural areas.

Portuguese schools are autonomous high schools, belonging to the national network of public education. They are located in the urban and semi-urban area of Fafe. This city is part of the region of Braga, in the North of Portugal. According to the General Population Census (2011), the resident population is approximately 51,000 inhabitants. Its economy is based on services, trade, textile industry and construction, which include many small micro family businesses. In rural areas subsistence family farming is also practiced.

As with the Mexican students, most Portuguese students are Catholic. Also, generally, students from the two countries share the social representations typical of modern societies with middle classes, whose social aspirations are based on individual merit.

Both in Mexico and Portugal social exclusion deserves some institutional attention, but no special care is given to the problem of discrimination against people with disabilities. Still, few investments were made on these schools to improve the access of students with disabilities.

The samples consisted of voluntary students of both sexes who were present in the respective schools on the days that the questionnaire was applied. To form the samples in terms of age, students with a minimum age of 15 years were eligible. The questionnaire was administered directly into classrooms, with permission from their directors and under the supervision of their teacher, who explained the students not only the voluntary nature, but also the objectives and the overall direction of the research.

In the Portuguese case the sample contains 279 young students, while in the Mexican case 200 students. The sample was composed of 43.9% girls and 56.1% boys, whose age had a mean value of 15.91 years. The selection in terms of age and sex showed some variations in terms of nationality (see table 1)[1].

The majority of the Portuguese (92,4%) and Mexican (88,5%) students supposed they had no disabilities; the percentage of those who considered they had a disability was relatively low or declared their unawareness of this problem.

The construction of Social Representation Systems

Besides being questioned on their biographical background, the surveyed students were also asked to point and enumerate (1st, 2nd, 3rd) three words to define disability. From the body formed by the words thus chosen, a discussion was implicit: "It is not an apparent reality, a concrete object born from intuition, but the result of construction" (Maingueneau, 1989: 7). Similarly to other areas of social life that are related to language, the vocabulary utilised to qualify disability can also allow for the objective (re)construction of the social representation systems used to describe them. Moreover, the words used are, in truth, reactions that disclose the impressions, opinions and attitudes of those who use them on the reality of disability and the place of disabled people in social relationships and in quotidian life; this is to say, in the interaction of the normal and the abnormal (Benveniste, 1987: 88).

The Mexican and Portuguese social representation systems that are represented and analysed here were constructed by the significance given to the words used by the respondents, creating categories with a certain level of

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1 All tables are at the end of this article (Editor's Note).

generalisation. The relative weight of these categories in the reference system allows us to identify the central and peripheral elements, the impressions and attitudes that circulate, and the way they differ in relation to the characteristics of the sample of students. In this construction, disability is understood as a whole, in spite of the immense variety in the types of disability that might have been considered when the subjects of this sample were questioned.

Thus, from the words used by the participants to define disability a common typology of five main categories of social representations was obtained, namely: *1)* disability as an expression of incapacity and limitation; *2)* disability as a personal issue; *3)* disability as a social problem; *4)* disability as a subhuman concept; *5)* disability as a disease. The five categories were subdivided into two aspects consistent with the expressions that were given (see table 2).

Firstly, it is important to highlight the high percentage of students that were not able to express in words what they considered disability is. In the first instance, this percentage reached a considerable 22%; this value represents the amount of students who could not find a single word to define disability. In the second instance, the percentage rose to 33.2%, reaching 45.1% in the third instance. These figures show that the social activities of young people tend to ignore the reality of disability preventing them from formulating references for it in their own words.

Secondly, it is demonstrated that the constructed categories of social representations show that for young students disability is a condition that causes debility and problems of individual nature more than a social construct.

In the third place, the categories demonstrate the persistence of myths, preconceived ideas and all manner of stereotypes in the way in which disability is a concept in terms of common sense knowledge.

Central nucleus and periphery identification

According to the theory, social representation systems comprise two basic categories, the central nucleus and the periphery elements; the central nucleus is the stable aspect that characterises the references, whilst the peripheral system represents the elements that relate the central nucleus to reality. Based on the weight of the categories from the sum of the respective percentages of the 1st, 2nd and 3rd expressions and the sum of the percentages of word permanence in the same categories from the 1st to the 2nd and from this to the

3rd expression, or rather, the adherence of those interviewed to the reference categories previously selected, we can determine those categories that form the central nucleus of the reference system and those that form the periphery system that we can subdivide into the 1st and 2nd periphery.

The identification criteria are as follows: *1)* the categories with high percentages in the 1st, 2nd and 3rd expression, i.e., with a total equal or superior to 75% and also high in the passage from 1st to 2nd and from the second to the 3rd expression whose percentage sum is equal or higher than 50%, will form the central nucleus; *2)* the categories with percentages that are still high in the 1st, 2nd, and 3rd expression, that is, with a total between 50% and 75% but not high in the passage from the 1st to the 2nd or from the second to the 3rd, whose sum of percentages are equal or higher that 50% form the first periphery; *3)* the categories whose percentage is high in the 1st, 2nd and 3rd expression that is, a sum total equal or superior to 75% but high passage from the 1st to the 2nd and from the second to the 3rd expression, whose total percentage is between 25% and 50% will form the second periphery; *4)* the categories whose percentages are not high following both criteria form the second periphery.

Results

According to data from table 3 the created categories tend to form a similar structure that is independent from the order of the collection of words used by the participating students, either they are Portuguese or Mexican. The structural differences between the representations are due to the changes that occur between the categories that associate disability to social issues and sickness. However, even in those cases the differences in proportions are not statistically significant, with a significance level of 5%.

However, there are some variations that are important to highlight. Considering the first expression the most representative category is that which considers disability an incapacity or limitation, whereas the second and third words the category that emerges is the one that considers disability a personal issue (see table 4).

The weight of the social representation categories is presented as balanced, not varying in a statistically significant manner between Portuguese and Mexican students when relating the first and second expressions. However, the variation becomes statistically significant in relation to the third expression due to the fact that the weight of the category that considers disability a social problem is much more relevant for Portuguese students

than for Mexican, and in the case of the reference to disability as a disease less significant for the Portuguese but remaining of high significance for the Mexican students.

Considering the criteria described in the methodology, it can be easily seen that the structure of the social representation system varies when the nationality of the students is considered (see table 5). Therefore, in the case of the Portuguese students the central nucleus of the social representation system is formed from the representations that consider disability a personal issue. In the case of the Mexican students this category is absorbed into the category in which disability is taken as a cause of incapacity and limitation.

As a matter of fact, in the case of the Portuguese students the category that considers disability as a cause of incapacity and limitation is situated in the 1st periphery of the system, alongside the category that considers disability as a cause of alerting human properties.

In the case of the Mexican students no category is included in the first periphery putting into the second periphery the categories that consider disability as an alteration of human properties, a social problem and a disease originating in a dual system of references forming a strong nucleus and a relatively weak periphery. In the case of the Portuguese students the social representation system presented is multifaceted, displaying a central nucleus and 1st and 2nd peripheries, the last one containing the categories that represent disability as a disease or social problem.

Discussion of results

Disability as a personal issue

The category that defines disability as a personal issue is the principal category in the system of social representations that constitute the central nucleus. It contains within its construction 37.7% of the words that make up the body of analysis in the case of the Mexican students, and 39.4% in the case of the Portuguese students. It is statistically significant influenced by the type of the surveyed students; particularly female students, who were more apparent than the male students (see table 6).

It is therefore the most important category and by consensus makes part of the central nucleus.

From the analysis of the words that make up this category emerge social representations for disability as provoking stares and sentiments of pity for

individuals. They are words that come from images, opinions and attitudes that express feelings in line with the ideology and morality of the Christian religion that can take on both negative and positive meanings. They show that the central nucleus of the social representations systems of young Portuguese and Mexicans is organised on the basis of the image of people with disabilities as passive beings, without autonomy, before who we must adopt charitable attitudes and pitying looks. It produces the impression that disabled people are essentially "poor things" incapable of deciding, doing, fraternizing or being self-sufficient, and thereby in need of pity and paternalistic attention.

In practice, the Mexican and Portuguese students consider that people with disabilities are unhappy beings, whose lives are marked by personal tragedy; this occurs because not only those affected, but also other people, see disability as the wrecking of the best of what is human: hope, joy, happiness, and dignity.

In the formulation of this category, images of disability as the producer of positive and inclusive feelings and regard were found as well, springing from the use of words such as admiration, courage, effort, heroism, strength, equality, normality, pride, respect, amicability, friendliness, love, capacity, affection, sensibility, willingness, happiness, harmony, humanity, intelligence, cleverness, affection and will. Despite this, they still emitted the idea of a disabled person as a rare species of superhero who, in spite of their condition, manages to live in an exceptional way and do things one would never imagine they were capable of. In its essence this representation is based on the idea that the disabled person should learn to live with their disability and still keep intact, as far as possible, their expectations, desires and social responsibilities, courageously overcoming social, economic and political factors that interfere with the construction of disability.

Some statistically significant differences exist in the proportion of adhesion to this category of social representations in terms of gender; in this regard, female students showed a higher level of adhesion than male students. These factors show that there is a greater tendency amongst women to evaluate disability from a personal perspective than among men. The young students resorted more to particular cases of disability based on actual people than their male counterparts.

Disability as incapacity or limitation

This category is made up from a base of 28.4% registers of a body of words in the case of Portuguese students and 31.5% registers in the case of Mexican

students. It is influenced (but not in a statistically significant way) by the type of the surveyed students, particularly male students, who were more apparent than female students (see table 7).

The utilized words translate as common images for various types of disabilities and the consequences for those afflicted. It is a case of a category in which those questioned tended to have as recourse a distinctly technical, relatively neutral vocabulary, tending towards a medical-biological one. At its epicentre are the objective incapacities experienced by people with disabilities in their condition as disabled. In a certain way this category represents the triumph of disability as a political structure in that it makes use of the terminology that we can classify as "neutral" or "socially correct", which enables a softer regard towards disability and which is currently quite well diffused.

Disability as a subhuman concept

This is the third most important category with no significant differences between the Mexican and Portuguese students, representing respectively 12.7% and 13.4% of the utilized words. It is a category influenced in a statistically significant way, when considering students from both countries or just Portuguese students, by issues of gender with the level of adhesion of male students clearly superior to that of female students (see table 8).

Moreover, it is the male students who mostly refer disability as subhuman. To express this, they take recourse in words that symbolically label people with disabilities and convey disturbing attitudes and points of view, malevolent, improper, torturing, disdainful, and based on preconceived ideas and stereotypes of disabilities.

Amongst the words used were: cripple, backward, idiot, mad, crazy, fool, abortion, pig, pleb, disgusting, mongoloid, tapped, irresponsible, stupid, disgrace and clown.

Although it has a peripheral place in the social representation system, in the 1st periphery in the Portuguese case and in the 2nd periphery in the Mexican case, their relative weights give this category a large social relevance; it shows that the processes of socialisation of new generations continue to reproduce quite negative images of disabled people that translate into words of absolute disdain regarding them. Words that generate opinions and attitudes that turn into ostracising, stigmatising and that undermine the participation of disabled people in the core of groups and communities, revealing some of the

negative factors that contribute the most to the discrimination and exclusion of people with disabilities.

It is a category that displays, in a harsh and cruel way, the high-level effects of ignorance of the reality of disability that feeds on erroneous concepts, myths, taboos, preconceived ideas and other negative sentiments with respect to disabled people. It embodies a socially reproduced process, fed by ideas of physical and mental perfection and body aesthetics that the media continuously promotes without respecting human diversity. A process from which neither art nor literature escape, continuing to divulge images of a negative nature that young people absorb through stories, soap operas, films and cartoons in which the villains are often people with disabilities, thus associating disability with evil, harm, aggressiveness, frustrations or, in other words, with unacceptable behaviour that should be socially reprehended.

The attitudes and behaviour that result from adopting this type of social representations provoke an impoverished individual reference system towards people with disabilities treating them as simply disabled and not as individuals.

In the images on which this category of references is based, the individual identity of the people, regardless their disability continues to transcend the groups of references to which it belongs, their social origin, sex, or personal characteristics as some studies have demonstrated for a long time (Gellman, 1959; Cobb, 1967; Larek, 1974).

This category of social representations was also formed from words that present disability as a product of life and nature. So in this group vocabulary such as hazard, accidental, genetic problems, unlucky, faultless, and other of similar importance, such as fear, uncertainty, lack of hope and unknown were registered. In a certain way they validate the haphazard nature of incidents that can make a person be born or become disabled. In this way the Portuguese and Mexican students, who contributed to create a category of social representations, seem to be aware that uncontrollable incidents and phenomena beyond our control can occur, and which show how frail human predicament is. In practice they reveal the knowledge that, either inherited or acquired along life, human beings are subject to the same things our forefathers were and those unfortunate in life can fall no matter how immune or careful they may be.

In essence, and following Labregère (1989), the students realise that in this symbolic entity called destiny are many of the explanations for the mystery of things that occur without being able to attribute any responsibility

to them, since they are outside the desire and will of human beings and bring with them the absence of a future and uncertainty. To sum up, this category represents confrontation with the unknown, the fear of the loss of faculties and the loss of a place in the community, an identity in deterioration and a life marked by the absence of dreams and future.

Disability as a disease

The category that associates disability with disease and, as a consequence, with pain, suffering and treatment is in fourth place, it does not show any statistically significant difference between sexes (see table 9), but it does show noticeable differences in performance between Portuguese and Mexican students (see table 3).

In this category vocabulary associated with Alzheimer, cancer, depression, disease, pain, chronic condition, suffering, trauma, risk, treatment and medication was grouped. The category occupies the 2nd periphery in both systems of social representations.

Even though there are diseases associated with disability, which arise from it and provoke or aggravate it, this group of references accounts for the confusion of disease with disability between Portuguese and Mexican students. Probably, it is due to the apparent similarity between the words that designate it and, sometimes, the strange behaviour of some mental patients, which produces the association between communicative and cognitive incapacity of autistic people and mentally handicapped people. In this confusion it was apparent that the participation of the Mexican students was relatively higher than that of the Portuguese. It seems as if in Mexican society there exists a higher deficit of knowledge about disability and its relationship with disease than in Portuguese society. For a significant percentage of students in both countries however, having a disability is synonymous to physical suffering, frequent hospital visits and being medicated or rather being in a process of degradation and an unfit state of body and mind.

Moreover, the most relevant influence in this category of social representations is the denunciation that takes prevalence on images and comparisons with an abstract pattern of "*normality*" that does not allow for the differentiation between disease and disability. In fact young students first of all reflect on how a disease is socially understood, i.e., as something that negatively affects a person and their familial, professional and social environment, putting at risk the balance of the current social structure. Disease is socially represented as dependency, suffering, anguish, loss of

status and social role, solitude, and degeneration of the body and mind which contradicts in a certain way the cult of the body, its perfection and aesthetics, something that disability also impedes or threatens.

Disability as a social problem

Holding the 2nd place in the peripheral system is the category of representations of disability as a social problem. This is the category least selected by the students; it is slightly more represented by the group of Portuguese than the Mexican students, a difference which has no statistic relevance (see table 3).

There are differences of sex inside the groups of Mexican and Portuguese students. In this case the female students are those who most participated in this reference category, but the differences are not statistically significant (see table 10).

From a factual point of view this category is formed from a base of words such as: alienation, discrimination, indifference, solitude, isolation, untouchable, abandonment, rejection, exclusion, disrespect, unvalued, preconceived, racism, different, inferiority, deprivation, rejection, survival, and special cases. These are words that bear witness to images of deficiency as a marginal condition on the edge of society and people with disabilities as subjects who are not socially integrated and on whom fall the most diverse forms of exclusion, discrimination, stigma and marginalisation.

We can say that the students who opted for this category consider society to be an oppressive entity in which people with disabilities are integrated within a social minority group under inferior conditions, which the others with their attitudes and behaviour have provoked.

In a way, Mexican and Portuguese students recognise that people with disabilities make up part of a large social category of "different people", whose social status is represented under the name of exclusion and stigma. This is to say, of the people who are not socially included, and for who the access to activities, public spaces, functions and relationships, which give meaning to a full and fulfilled social and individual everyday life, is blocked or made difficult.

As we know the relationship society has with this collection of different people is, as a norm, tainted with discrimination, segregation, and stigma. It is actually a social problem, and the people who create it should have, as their objective, protection of the individual or group, and support this with practices and policies of assistance that reduce the personal limitations

and current social disadvantages of this condition. In practice Mexican and Portuguese students recognise disability as falling into the realm of stigma, a concept used by Goffman (1988) to designate individuals, amongst who there are people with physical disabilities, as the target of disqualification and of being impeded from being accepted by society as members with full rights.

In this category were also found terms of reference for people with disabilities as in need of methods, programmes and actions of solidarity. Some of the words used to define disability were: help, attention, support, care, company, dependence, necessity, minority, understanding, fraternity, solidarity, friendship. These are terms that express the recognition for the necessity of collective action and solidarity to support people with disabilities and help them overcome or diminish the consequences of disability.

Conclusions

It seems evident that the social representation systems linked to the Mexican and Portuguese students are based on images that tend to mirror negative opinions, impressions and attitudes with regard to disability. In their essence the representations converge to create an image pattern of people with disabilities that conceives them as sick people, a drain of public resources and a sign of private disgrace. These results seem to contradict the idea that references of a negative nature are disappearing as a result of a change in mentality and that public, social policies of scientific and technological development have allowed the predicament of people with disabilities to be improved.

This is to say, the progress of civilisation has not impeded the reproduction of social representation systems in which images and attitudes of a negative nature, with regards to disability, dominate. The knowledge wielded seems to point at the importance of prevailing among young students, in the sense of eradicating the common viewpoint that impedes the formation of an inclusive image of people with disabilities. Without this formative and socialising intervention we will be condemning to failure the efforts of the social policies that Portugal, as well as Mexico, have been developing with a view to include people with disabilities in their societies.

In conclusion, we believe that it will be possible to change the system of social representations, uniting scientific knowledge with pedagogic, statutory and ethical knowledge on the value of social inclusion and acceptance of disability, whilst it is a condition which humanity will always be subject to.

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Annex

Table 1

Sample characterization by sex and age, for each country and aggregate (%)

	Sex		Age					
	Male	Female	15	16	17	18	19	Average
Portugal	47.3	52.7	64.2	30.8	3.9	0.7	0.4	15,42
Mexico	39.2	61.8	35.0	46.0	17.0	1.5	0.5	15,87
Agreggate	43.9	56.1	52.0	37.2	9.4	1.0	0.4	15,61

Source: Own elaboration.

Table 2

Summary of the reference categories through wording analysis

Category	Concept	Aspects
Disability as an expression of incapacity or limitation	Social representations based on a physical and biological objectification of incapacity and disability as a creator of limitations and other identified problems	Objectified Incapacity
		Associated disadvantages
Disability as a personal issue	Social representations based on an assessment of impacts and subjective appraisal regarding the life of people with disabilities	Positive View
		Negative View
Disability as a social problem	Social representations based on consequences derived from social inequalities	Focus on Inclusion
		Focus on Exclusion
Disability as a subhuman concept	Social representations based on stereotypes, preconceived ideas or contingent phenomena that transfigure those afflicted.	Aberration
		Contingency
Disability as a disease	Social representations based on impressions that associate disability with disease	Suffering
		Treatment

Source: Own elaboration.

Table 3

Distribution of reference categories by country (%)

	Mexico	Portugal	z values	p values
Disability as a personal issue	32.9	39.4	-1.49**	0.0681
Disability as incapacity or limitation	31.6	28.4	0.79**	0.2142
Disability as a subhuman concept	12.7	13.4	-0.23**	0.4090
Disability as a social problem	8.9	10.5	-0.57**	0.2843
Disability as a disease	13.9	8.3	1.93**	0.0268
Total	100.0	100.0		

Tailed *z* test for difference of proportions at a significance level of 5%; *statistically significant; **not statistically significant.
Source: Own elaboration.

Table 4

Weight of references following the order of collection of expressions, according to country (%)

	1st Expression*		2nd Expression**		3rd Expression***	
	Portugal	Mexico	Portugal	Mexico	Portugal	Mexico
Disability as an incapacity or limitation	36.9	40.1	24.6	23.8	21.4	30.0
Disability as a personal issue	34.0	25.3	39.9	33.7	46.1	40.7
Disability as a social problem	8.3	9.3	11.5	11.6	12.3	5.3
Disability as a subhuman concept	10.7	14.8	14.8	12.8	15.6	10.0
Disability as a disease	10.2	10.4	9.3	18.0	4.5	14.0
Total	100.0	10.0	100.0	100.0	100.0	100.0

*Pearson Chi-Square=4,168and sig=0,384 (not statistically significant);
** Pearson Chi-Square=6,187ªand sig=0,186*** (not statistically significant); Pearson Chi-Square=16,112and sig=0,003 (statistically significant).
Source: Own elaboration.

Table 5

Central nucleus and 1ˢᵗ and 2ⁿᵈ peripheries of social representation systems by country

		Score A	
		High	Not high
	Score B		
Portugal	High	Disability as a personal issue	Disability as a sub human concept
Portugal	Not high	Disability as incapacity or limitation	Disability as a disease Disability as a social problem
Mexico	High	Disability as incapacity or limitation Disability as a personal issue	
Mexico	Not high		Disability as a disease Disability as a sub human concept Disability as a social problem

Source: Own elaboration.

Table 6

Distribution of disability as a personal issue category by sex and proportion test values for each country and aggregate

	Mexico	Portugal	Aggregate
Female	37.2%	43.9%	40,7%
Male	26.6%	33.2%	30,1%
z value	1.01	1.83	2,4
p value	0.0001*	0.0336*	0.0082*

One-sided z test for difference of proportions at a significance level of 5%;*statistically significant.
Source: Own elaboration.

Table 7

**Distribution of disability as incapacity or limitation category by sex
and test values for each country and aggregate**

	Mexico	Portugal	Aggregate
Female	36.5%	31.4%	33,8%
Male	28.2%	26.1%	27.1%
z value	1.23	1.01	1.59
p value	0.1093**	0.1562**	0.0559**

One-sided z test for difference of proportions at a significance level of 5%;**not statistically significant.
Source: Own elaboration.

Table 8

**Distribution of disability as a subhuman concept category by sex and test
values for each country and aggregate**

	Mexico	Portugal	Aggregate
Male	15.3%	18.3%	16.9%
Female	11.1%	9.9%	10.5%,
observed z value	0.87	2.03	2.04
observed p value	0.1922**	0.0212*	0.0207*

One-sided z test for difference of proportions at a significance level of 5%; *statistically significant; **not statistically significant.
Source: Own elaboration.

Table 9

**Distribution of disability as a disease category by gender and test values
for each country and aggregate**

	Mexico	Portugal	Aggregate
Male	13.3%	8.7%	10.9%
Female	14.1%	8.0%	10.9%
z value observed	-0.18	0.21	0
p value observed	0.5714**	0.4168**	1**

One-sided z test for difference of proportions at a significance level of 5%; **not statistically significant.
Source: Own elaboration.

Table 10

**Distribution of disability as a social problem category by sex and test values
for each country and aggregate**

	Aggregate	Mexico	Portugal
Female	10.8%	9.4%	12.1%
Male	8.3%	8.4%	8.3%
observed z value	0.92	0.24	1.04
observed p value	0.178**	0.4052**	0.1492**

One-sided z test for difference of proportions at a significance level of 5%.**not statistically significant.
Source: Own elaboration.

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