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Reframing Disability: An Exploratory Study of Ableism in Language and Its Implications in Portugal

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Master's in Social and Organizational Psychology

Supervisor:
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CIÊNCIAS SOCIAIS
E HUMANAS

Department of Social and Organizational Psychology

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Abstract

Disability models shape public perceptions and societal responses toward people with disabilities, often reinforcing ableist attitudes that marginalize them. A notable gap in literature exists regarding ableism's impact on language, particularly qualitative studies exploring it in everyday life through the perspective of people with disabilities. This study aimed to understand the effects of ableism in language within Portuguese society, specifically to: (1) identify ableist language in Portugal, (2) understand how people with disabilities interpret this language, and (3) recommend more inclusive language practices. The research involved 10 people with disabilities (aged 25-68), living in Portugal for over 10 years, using a qualitative, exploratory, and descriptive design. Data was collected through individual semi-structured interviews and analyzed thematically, revealing three main themes: (1) narratives of impairment, framing it as a tragedy within moral and medical disability models; (2) effects of disability, focusing on discrimination and accessibility issues; and (3) combating disability, the different levels at which efforts are being made to reduce the social barriers associated with disability. While participants acknowledged ableist language and its negative outcomes, they prioritized addressing practical issues like accessibility and discrimination issues. Despite some positive changes, entrenched ableist attitudes and structural inequities remain significant obstacles. The study suggests that a shift towards a social understanding of disability, alongside greater accessibility and technological access, is critical for true inclusion. The findings advocate for both linguistic and structural reform to foster an inclusive society where people with disabilities can fully participate and thrive.

Key Words: disability, people with disabilities, ableism, ableist language, disability language, discrimination

APA Classification Codes:
3000 Social Psychology
3040 Social Perception & Cognition

Resumo

Os modelos de deficiência moldam as perceções públicas e as respostas societais em relação às pessoas com deficiência, frequentemente reforçando atitudes capacitistas que as marginalizam. Existe uma lacuna na literatura sobre o impacto do capacitismo na linguagem, especialmente em estudos qualitativos que exploram o capacitismo no quotidiano sob a perspetiva de pessoas com deficiência. O estudo procurou compreender os efeitos do capacitismo na linguagem na sociedade portuguesa, especificamente: (1) identificar a linguagem capacitista em Portugal, (2) entender como as pessoas com deficiência interpretam essa linguagem e (3) recomendar práticas linguísticas mais inclusivas. A investigação envolveu 10 pessoas com deficiência (25-68 anos), residentes em Portugal há mais de 10 anos, utilizando um design qualitativo, exploratório e descritivo. Os dados foram recolhidos através de entrevistas individuais semiestruturadas e analisados tematicamente, revelando três temas principais: (1) narrativas da incapacidade, que a enquadram como uma tragédia, baseados nos modelos moral e médico da deficiência, (2) efeitos da deficiência, com foco na discriminação e acessibilidade, e (3) combater a deficiência, que destaca os esforços a diferentes níveis para reduzir as barreiras sociais associadas à deficiência. Os participantes reconheceram a existência da linguagem capacitista e os seus impactos negativos, mas deram prioridade a questões práticas, como a acessibilidade e a discriminação. Apesar de alguns avanços, atitudes capacitistas enraizadas e desigualdades estruturais permanecem grandes desafios. O estudo defende uma mudança para uma compreensão social da deficiência, acompanhada de reformas linguísticas e estruturais essenciais para a construção de uma sociedade onde as pessoas com deficiência possam prosperar.

Palavras-Chave: deficiência, pessoas com deficiência, capacitismo, linguagem capacitista, linguagem da deficiência, discriminação

Códigos de Classificação APA:
3000 Psicologia Social
3040 Perceção Social e Cognição

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Introduction

For disability advocates and others, the role of language in shaping public perception is a crucial concern (Oliver, 1994; Shakespeare, 1997). Language is not merely descriptive but performative (Sacks, 1992), creating versions of the world and ourselves (Potter, 1987), often reflecting and reinforcing existing power structures and dominant narratives (Fairclough, 2013). Ableism, defined as a systematic discrimination against people with disabilities based on perceptions of their ‘lesser’ abilities (Bogart & Dunn, 2019; Bottema-Beutel et al., 2021; Campbell, 2014; Da Silva & Hubbard, 2024; Liu & Shibata, 2021), is frequently embedded in everyday language, shaping societal views that treat this group as inferior (Cherney, 2011; Wolbring, 2008). In Portugal, for example, disability has traditionally been framed as a charitable issue, focusing on physical incapacity and dependency rather than on societal barriers, associating disability to a fatalistic narrative of personal tragedy (Fontes, 2016). Such views contribute to marginalization, while ignoring the social factors that drive inequality for people with disabilities. With prejudice deeply ingrained in cultural representations, socialization, and language (Shakespeare, 1997), these factors contribute to shaping public attitudes and sustaining existing power dynamics (Platteel, 2003). In this way, language functions not only as a means of communication but also as a tool of domination and control (Oliver, 1994; Platteel, 2003; Shakespeare, 1997).

Despite global efforts to combat ableism, the topic remains quite underexplored, particularly in the intersection of ableism and language (Bogart & Dunn, 2019; Bottema-Beutel et al., 2021; Brown, 2021; Cherney, 2011; Liu & Shibata, 2021). This gap is especially evident in the context of the lived experiences of people with disabilities and qualitative research examining ableism in everyday settings. Moreover, disability-related language is gaining recognition as a critical issue (Andrews et al., 2022; Botha et al., 2020; Dunn, 2015; Grech et al., 2023; Oliver, 1996; Vivanti, 2020), prompting discussions about appropriate terminology and whether different terms should be used by nondisabled individuals versus those with disabilities (Dunn & Andrews, 2015). And while disability studies have gained momentum worldwide, their application in Portugal remains limited (Fontes, 2016).

Through a comprehensive analysis of ableist language, this research aims to uncover the subtleties of ableism in Portugal, offering valuable insights into cultural and societal perceptions, thinking and attitudes towards disability, also exploring how people with disabilities experience and interpret these linguistic forms.

In the following chapters, this research will explore the theoretical foundations of disability, ableism, language, and disability-related language. The findings from qualitative interviews with people with disabilities will be presented, examining the impact of ableist language within Portuguese society. This analysis will be followed by a discussion of the results, and the conclusion will provide a summary of key findings, recommendations, with suggestions for future research, and study limitations, aimed at reducing the harmful effects of ableist language and ableism itself, and promote a deeper understanding and respect for people with disabilities.

Chapter 1- Literature Review

1.1 Views and Perspectives of Disability Throughout History

The oppression faced by people with disabilities is deeply rooted in historical and cultural attitudes, perpetuated by systemic discrimination. Throughout history, societies have justified the unequal treatment of this population through a complex interaction between moral, religious and scientific points of view (Barnes, 1997).

Ancient civilizations such as the ancient Greeks and Romans attributed disabilities to supernatural causes, belittling individuals with disabilities to a status below humanity (Petrone et al., 2015; Stavrianos et al., 2018; Trentin, 2011). In Ancient Greece and Roman society, the importance of physical prowess and the idea that the vitality of the state depended on the natural strength of its citizens prevailed (Fontes, 2016), leading to the marginalization of groups such as people with disabilities, who were considered uncivilized (Barnes, 1997). This belief resulted in the creation of laws that legitimized the elimination at birth of children who appeared unable to contribute to the strength of society. Aristotle, in his work *Politics*, mentions that “no deformed child should exist”, and Hippocrates also questioned “which children should be raised?” (Winzer, 1997, p.82). As a result, children with physical deformities were often abandoned to death in remote locations, such as caves or bodies of water (Fontes, 2016; Stavrianos et al., 2018), or being exploited for entertainment (Trentin, 2011).

Religious texts, including Judeo-Christian and Islamic scriptures, often portrayed disability negatively, associating it with sin or divine punishment (Barnes, 1997; Espí Forcén & Espí Forcén, 2014). For example, the Quran describes the deaf, blind and ‘dumb’ as people without understanding, while the Old Testament prohibited individuals with physical atypicalities and short stature from participating in religious rituals (Espí Forcén & Espí Forcén, 2014). However, there were exceptions, in both the Qur’an and the Bible, Moses is portrayed as having a significant speech impediment, but this did not disqualify him from leading the Israelites out of Egypt. Furthermore, although the New Testament linked disabilities to sin, Jesus demonstrated compassion for people with disabilities, influencing charitable efforts in Western culture (Espí Forcén & Espí Forcén, 2014; Miles, 2007), as some people also believed that the illnesses of others helped them progress to salvation more quickly than the rest (Singer, 2012).

Industrialization, which began in the 19th century and was marked by modernity and scientific progress, played a key role in shaping the modern conception of disability, influenced by factors such as medicalization, increased productivity, and the establishment of standards.

Scientific research replaced religious and supernatural explanations, leading to a medical understanding of disabilities focused on curing or treating them (Appleman, 2018; Barnes, 1997). At the same time, people’s value was often measured by their ability to work and contribute to the economy, and as societies placed more importance on economic productivity, institutions that housed people considered “unproductive”, including those with disabilities, became more common and quickly fell into poor and harmful conditions (Appleman, 2018). Furthermore, the concept of norm or average arises in European culture due to the influence of statistics, driven by Adolphe Quetelet, by the application of the term “law of error” from astronomy to human characteristics such as height and weight, thus creating the concept of *l’ homme moyen* or the “common man”. This notion transformed the average into an ideal, with deviations seen as extremes. The rise of statistics coincided with the beginning of eugenics, with many of the early statisticians also being eugenicists. Both fields, statistics and eugenics, share the symbiotic relationship of minimizing deviations from the norm. The central idea of statistics, that a population can be normalized, paved the way for eugenic efforts aimed at normalizing populations that fell outside the established norm (Davis, 2013). In addition, the convergence of eugenic interests with Darwin’s evolutionary theory reinforced the idea of a perfect body, in a process of progressive improvement. Darwinian concepts justified the elimination of the “defective” by natural selection, including those considered mentally, deaf, blind, or physically ‘defective’ (Appleman, 2018; Davis, 2013). In 1883, the same year that Francis Galton coined the term “eugenics”, Alexander Graham Bell, a prominent figure in the 19th century disability discourse, gave a eugenic speech expressing concerns about potential deviations from the norm, particularly with regard to the formation of a deaf race due to deaf individuals choosing deaf partners for marriage (Bell, 1969), thus reflecting a widespread tendency of fear among “normals” towards people with disabilities (cited by Davis, 2013). Later, Galton’s statistical innovations further shaped the concept of norm, advocating the elimination of deviations to achieve human perfection (Davis, 2013).

In the 20th century, eugenics was widely adopted in several Western cultures and the term “normal” became widespread in society, associated with concepts of progress and power, maintaining discriminatory attitudes and practices in relation to disabilities (Cohen, 2016; Davis, 2013). Eugenicist policies gained support in legislative bodies with sterilization proposals targeting individuals with disabilities and influenced influential publications. For example, renowned scientific journals supported Nazi sterilization proposals based on eugenic principles. Disability has also often been confused with other “undesirable” characteristics, under the umbrella of “disability”, to justify discrimination against marginalized groups, such as black women, reinforcing stereotypes and hierarchies of ability and value, influencing policies and practices in debates about citizenship, including women’s suffrage and African American civil rights (Baynton, 2001, 2013; Davis, 2013). In addition to the legislative and political sphere, eugenicist ideas also influenced psychology, notably in the psychoanalytic theories of Sigmund Freud, which were influenced by concepts of normality, thus contributing to the pathologization of deviations from norms perceived in mental health (Davis, 2013).

Rostker (2013) explains that the First World War was a historical milestone that resulted in a large number of veterans and civilians with disabilities, influencing social perceptions about the care of people with disabilities. The increased survival rate of individuals with disabilities, public responsibility for the care of disabled veterans, and technological advances have contributed to greater awareness and attention regarding the treatment of people with disabilities. In this way, the movement for the rights of these people was boosted, for example with the creation of the Americans with Disabilities Act (ADA, 1990), and the Workforce Innovation and Opportunity Act (WIOA, 2014), improving the rights of people with disabilities and opening paths for greater inclusion and accessibility (Hogan, 2019).

However, people with disabilities continue to face social and economic barriers, such as accessing employment, education, housing and healthcare (Alexander & Gomez, 2017; Garland-Thomson, 2017; Human Rights Watch [HRW], 2020). In the present days, over one billion individuals, constituting roughly 15% of the world’s population, have some form of disability, with a significant majority residing in underdeveloped countries compared to developed ones. Disparities in living conditions, hygiene, and healthcare infrastructure contribute to this unequal distribution (World Bank Group [WBG], 2023). Despite legislative advances in civil rights, technological innovations and societal awareness, in contemporary societies, people with disabilities persist as targets of exclusion, discrimination, and violence, being disproportionately represented among the most impoverished and socially marginalized demographics, spanning across both less developed nations and economically affluent ones (Fontes, 2016; Garland-Thomson, 2017; WBG, 2023). The legacy of the eugenics movement highlights the enduring struggle of people with disabilities to overcome social prejudice and discrimination, where challenging the dominance of the norm requires alternative perspectives on abnormality and disability (Bayton, 2013; Davis, 2013).

1.2 The Models of Disability

Understanding disability through various models is not merely an academic exercise; it shapes how society perceives and interacts with individuals with disabilities (Bogart et al., 2022). According to Neisser (1967), these models function like schemas—mental frameworks that organize our beliefs and assumptions about the world. For example, if someone views disability primarily as a medical impairment that causes suffering, this perception will influence their attitudes and behaviors toward people with disabilities (Shakespeare, 1999). Consequently, the dominant model of disability in a society greatly affects how people with disabilities are treated, such as their legal rights, access to education, employment, and media portrayal (Durham & Ramcharan, 2018; Smart, 2009). It also shapes self-concept and can either reinforce or challenge social stigma (Smart, 2004).

Therefore, the following models of disability will be briefly presented to promote a broader understanding of each of these perspectives.

1.2.1 The Medical Model: Disability as a Medical Problem

The medical model of disability originated in the 18th century during the Age of Enlightenment and the onset of the Industrial Revolution. As modern medicine evolved over the past two or three centuries, it significantly influenced how society understands health and illness, giving rise to this model of disability (Fontes, 2016). The term “medical model of disability” was first introduced by psychiatrist Thomas Szasz in 1956 (Szasz, 1956, cited by Hogan, 2019), and gained popularity in the 1970’s, becoming widely used to describe the pathologization of various structural and bodily conditions (Begelman, 1971; Williams, 2001).

The medical model of disability, widely recognized and accepted, views disability as a flaw in an individual’s physiological or psychological functioning, caused by factors like environment, genetics, or lifestyle, which prevents the person from being fully functional (Olkin, 1999). Finkelstein (1980) and Oliver (1989) argued that capitalism played a significant role in promoting this model, as individuals with disabilities were deemed unsuitable for industrial work and burdensome to society. The term “cripple” was replaced with “disability” during the rise of this model, reflecting a shift towards describing those who couldn’t contribute to the productivity of the Industrial Age (Roosen, 2009). In contrast, Shakespeare (1994) suggests that disability oppression existed before industrialization, longstanding societal fears related to health, mortality, happiness, freedom, and beauty. Although the exact origins of the medical model are unclear, there is a general agreement that its primary aim has been to classify people as either normal or abnormal, with those deemed abnormal being denied access to resources, opportunities, and agency (Baynton 2013).

According to this model, society’s role is to use science and medicine to either cure the individual or, if a cure isn’t possible, alleviate their pain (Barnes, 2018). The focus is on eliminating disabilities, improving physical conditions, and facilitating rehabilitation to help individuals adjust to their situations and environments. Additionally, there is an expectation that people with disabilities will take on the roles of patients or learners, guided by healthcare professionals (Olkin, 1999). As a result, people with disabilities are often led to a passive and dependent existence, with medical or rehabilitative interventions seen as the only means of adaptation (Hughes, 2000; Oliver, 1990).

This approach often portrays disability as a ‘personal tragedy’ (Thomas & Woods, 2003), regarded as objectively bad, a pitiable condition (Carlson, 2010), as people with disabilities are responsible for any outcomes resulting from their perceived or actual limitations (Barnes, 2018). Additionally, the model fails to distinguish between disability and sickness, particularly since many chronically ill or people with disabilities do not consider themselves sick (Llewellyn et al., 2008).

This model lies in the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), published in 1980 by the World Health Organization (WHO, 1980). This classification differentiates between three concepts: impairment (loss or abnormal functioning), disability (difficulty in performing a “normal” activity due to impairment), and handicap (disadvantage in carrying out tasks considered normal due to impairment or disability). However, this definition presents a narrow view by focusing on normalcy and maintaining a causal relationship between impairment, disability, and handicap (Fontes, 2016). This approach treats the disadvantages experienced by individuals as politically and culturally neutral, ignoring the impact of social factors on impairment (Armstrong, 1983; Kasser & Lytle, 2005), reinforcing ideas of normalization and the segregation of individuals with disabilities (Bunbury, 2019; Shakespeare, 2013), which led to significant criticism from disability organizations shortly after its publication (Oliver, 1990, 1996; Finkelstein, 1980).

However, while the medical model has been criticized for its perspective and oppressive practices, it does have value in addressing the needs of people with disabilities. Some people with disabilities want, need, and can benefit from medical treatments in certain situations (Shakespeare & Watson, 2001). It is particularly helpful for managing medical issues and secondary health complications that often arise from disabilities. Medical science can alleviate pain, which is crucial since pain significantly affects the quality of life, mental health, employment, and social functioning of individuals with disabilities (Stewart et al., 2003). Additionally, some individuals find comfort in knowing their condition has a medical cause (Pakenham, 2008). Therefore, practitioners should be aware of both the benefits and limitations of the medical model in understanding disability.

1.2.2 The Social Model: Disability as a Socially Constructed Phenomenon

In the latter part of the 20th century, inspired by civil rights activism, individuals with disabilities began challenging the constraints of the medical model of disability (D'Alessio, 2011; Shapiro, 1993). This model was spearheaded by the Union of Physically Impaired Against Segregation (UPIAS) in London, led by Paul Hunt and Vic Finkelstein (Shakespeare, 2013). UPIAS played a crucial role in transforming disability from an individual medical concern to a broader sociopolitical issue. In contrast to the medical model's focus on individual deficits, the social model distinguishes between 'impairment', which is seen as individual and private, and 'disability', which is viewed as structural and public, resulting from societal barriers and attitudes that prevent full participation in society (Shakespeare, 2013; UPIAS, 1975). With the UPIAS manifesto, "Fundamental Principles of Disability" (1975), the concept of disability as a socially constructed phenomenon was introduced, emphasizing the need for empowerment and societal change to enable people with disabilities to control their lives (UPIAS, 1975). While the initial UPIAS Statement of Aims acknowledged social problems as an additional challenge faced by people with impairments, the Fundamental Principles of Disability discussion document, which outlined disagreements with the reformist Disability Alliance, went further by stating that:

> In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society (UPIAS, 1975, p. 3-4).

This conceptual shift began to reshape societies worldwide (Hogan, 2019), marking a pivotal moment in disability studies, significantly contributing to its academic recognition and dissemination (Oliver, 1983; Shakespeare, 2013). Unlike the medical or individual model, which focuses on individual deficits and perpetuates notions of personal tragedy, the social model highlights societal barriers as the primary factors contributing to disability (Oliver, 1990). Consequently, the social model advocates for the removal of these barriers, the implementation of anti-discrimination laws, and the promotion of independent living to address social oppression (Shakespeare, 2013). This perspective has underpinned the disability rights movement, seeking to combat discrimination and promote inclusivity through legal, cultural, and political means (Hahn, 1985; Oliver, 2004).

While the model has played a crucial role in advancing equal rights, and many people with disabilities have advocated against medicalized perspectives, it has faced criticism for overlooking the physical experiences and limitations associated with disabilities (Barnes et al., 1999; Crow, 1996; French, 1993; Galvin, 2003; Morris, 1991). Over-reliance on this model risks devaluing the lived experiences and existence of people with disabilities, as not all challenges faced by them are due to social conditions (Crow, 1996; French, 1993; Morris, 1991; Shakespeare, 2013; Shakespeare & Watson, 2002). Advocates of the social model, however, assert that focusing on the social construction of disability does not negate the bodily experiences or the effects of disabilities on individuals' lives. Instead, it aims to shift the excessive focus on biological aspects, which often frames disability as solely an individual and medical issue, thus absolving society of its role in perpetuating exclusion (Shakespeare 2013).

1.2.3 The Biopsychosocial Model: The Medical and Social Approaches to Disability

The growing criticism of the medical reductionism of the ICIDH, along with the emerging need to reconcile the medical and social models, led to the emergence of a new model of disability, known as the biopsychosocial or relational model (Fontes, 2016).

The critiques of the medical model raised two primary perspectives: anti-reductionist and exclusionary. The anti-reductionist challenges medicine's reductionist tendencies, advocating for a comprehensive consideration of psychosocial aspects alongside physiological factors. In contrast, the exclusionary perspective does not aim to reform medicine but seeks to minimize medical intervention in mental health and disability issues, viewing it as a source of perpetuated stigma and oppression (Hogan, 2019). Notably, anti-reductionist critiques, such as those articulated by psychiatrist George Engel in the 1970's, advocate for a "biopsychosocial model" that integrates biological, psychological, and social factors in understanding disease (Engel, 1977). Although Engel did not specifically address disability, his biopsychosocial model was widely influential among clinicians who specialized in this area (Hogan, 2019).

In May 2001, the WHO approved the International Classification of Functioning, Disability and Health (ICF or ICIDH-2), representing a departure from the ICIDH. Unlike previous classifications, the ICF does not separate the concepts of 'impairment', 'disability', and 'handicap' but instead defines disability based on three dimensions: 1) Impairment (including body functions and structures); 2) Activity limitations; and 3) Participation restrictions. ICF's innovation lies in its recognition of contextual factors, which include both environmental and personal elements. Environmental factors encompass social attitudes, built environment characteristics, political structures, and climate, among others. Personal factors include gender, age, education, occupation, experiences, and coping mechanisms. By incorporating these dimensions, the ICF seeks to harmonize the medical and social models of disability, blending medical insights with social perspectives, moving beyond traditional frameworks towards more inclusive and integrative ones (WHO, 2001; Fontes, 2016).

However, critics argue that the ICF still predominantly frames disability as a medical issue rather than a social or political one, maintaining a focus on individual problems rather than systemic barriers (Fontes, 2016).

In conclusion, these conceptual frameworks are important not just for theory but also for real-world policies and interventions. Different models offer various ways to address disability, affecting how much individuals with disabilities can participate and feel empowered. Understanding these perspectives is essential for creating effective solutions and promoting the rights and well-being of people with disabilities. By examining specific cases, like those in Portugal, we can see how different models influence policy and practices, highlighting the need for tailored approaches that fit different social contexts.

1.3 Disability in Portugal

In Portuguese society, disability has been conceived as a pathology, reduced to physical incapacity and associated with a fatalistic narrative of personal tragedy (Fontes, 2016), similar to the Medical Model previously described. The difficulties faced by people with disabilities in daily life are often seen as a natural result of their limitations. This perspective has contributed to the image of people with disabilities as passive and dependent, silencing their voices in society and in decisions that affect them. This view influenced social policies that, due to being poorly defined, inadequately implemented, or distorted, have perpetuated the oppression and socioeconomic situation of people with disabilities in Portugal (Fontes, 2016).

Historically, before the 19th century, disability was often associated with poverty, and there were no specialized institutions. Portuguese society, influenced by a strong Judeo-Christian morality, treated disability as a matter of charity, with families and religious institutions taking most of the care (Fontes, 2016). In the 19th century, a more medicalized view of disability began to emerge, leading to the creation of institutions that segregated these individuals. These changes occurred more slowly in Portugal than in other Western countries due to specific social, cultural, and political factors, such as the state’s reluctance to take responsibility and the prolonged influence of the Inquisition (Fontes, 2016). At the beginning of the 20th century, there were some advances in the education for people with disabilities, but the subsequent dictatorship halted this progress, maintaining the association between disability and charity. After the restoration of democracy in 1974, Portugal entered a new era in terms of disability policies, marked by the recognition of the rights of people with disabilities in the Portuguese Constitution. However, the changes that occurred in Portugal continued to be slower than in other Western countries, reflecting the complexity and specificity of the national context (Fontes, 2016).

In response to these political and cultural changes in Portuguese society, the Movement of People with Disabilities in Portugal was an important catalyst, playing a crucial role in raising awareness of the reality of people with disabilities and advocating for their human and citizenship rights. Initially, the movement significantly influenced the government in setting political agendas for disability. However, with the stabilization of the democratic regime, governments became progressively less receptive to the demands of people with disabilities organizations. The movement faced two main challenges in its attempt to influence government policies: first, in translating government agendas into real disability policies, and second, in the implementation of these policies after their approval (Fontes, 2016).

Although progress has been made, the policies implemented to date have failed to overcome the barriers that prevent the full integration and participation of people with disabilities in Portuguese society, thus perpetuating the cycle of disability, poverty, and social exclusion (Fontes, 2016).

In the current context, the increase in life expectancy has made people increasingly susceptible to developing some form of disability (Fontes, 2016). As people age, the likelihood of acquiring a disability increases (European Council, 2024). This reality, combined with the lack of consideration and action to combat the oppression and exclusion faced by people with disabilities, has profound implications both for their individual lives and for the construction of more democratic societies (Fontes, 2016). In Portugal, the latest Census data (Instituto Nacional de Estatística [INE]- National Institute of Statistics, 2021), indicates that 11% of the Portuguese population (over 5 years old) has some form of disability, affecting their daily activities, such as mobility, communication, hearing, vision, and memory. More than half are women (62.2%), and the prevalence of disability increases progressively with age, especially from the age of 70, also with a higher incidence in women (65.6%) (INE, 2021, 2022).

The report “People with Disabilities in Portugal – Human Rights Indicators 2023” from the Observatory on Disability and Human Rights (ODDH- Observatório da Deficiência e Direitos Humanos), shows improvement in employability, but highlights concerning levels of poverty among people with disabilities in Portugal (Pinto et al., 2023).

Between 2015 and 2020, the employment rate for this population increased by 7.6 percentage points (p.p.), surpassing the growth observed among people without disabilities (+5.4 p.p.). The employment disparity between these two groups decreased until 2022, reflecting both the impact of the pandemic and the effectiveness of public policies aimed at protecting people with disabilities, such as the private sector quota law. However, despite the reduction in unemployment in 2022, the difficulty in integrating these people into the labor market remains evident, especially for women with disabilities (+23.8%), indicating additional barriers to accessing the labor market for this group (Pinto et al., 2023).

In the area of education, early school dropouts are more common among students with disabilities, aged 18 to 24, with a rate of 22.1% in 2020 (+13.6 p.p. above students without disabilities). This disparity has increased since 2015, widening the gap between young people with and without disabilities. However, there has been considerable growth in the number of students with disabilities in higher education, with an increase of 35% between the academic years of 2021/2022 and 2022/2023 (Pinto et al., 2023).

In terms of social protection and living conditions, the report between 2015-2022 highlights that people with disabilities face a much higher risk of poverty (62.3%) before receiving social transfers, compared to the population without disabilities (35.5%). Despite significant mitigation of poverty through social benefits, the economic vulnerability of these individuals and their families remains high. In 2022, 29.7% of families with people with disabilities in Portugal reported financial difficulties, compared to 20.1% of families without disabilities. Difficulties were more pronounced among families that have people with severe disabilities, where 38.2% faced problems covering expenses (+18.1 p.p. more than households without people with disabilities and +11.1 p.p. more than households with moderately people with disabilities) (Pinto et al., 2023).

Between 2006 and 2023, the number of beneficiaries of pensions and social benefits related to disability in Portugal decreased in several categories. Invalidity Pensions dropped by 2.1%, to 170,135 beneficiaries, and the Family Allowance Supplement for Children and Youth with Disability decreased by 9.5%, to 95,360 beneficiaries. In 2023, the monthly values of this supplement were adjusted to €67.71 up to age 14, €98.63 from 14 to 18, and €132.01 from 18 to 24. The Third-Person Assistance Subsidy saw a slight decline of 0.3%, totaling 13,304 beneficiaries, while the Special Education Subsidy experienced a significant reduction of 16%, with 23,186 beneficiaries (Pinto et al., 2023). However, about 83,431 children, especially in the 3rd cycle, received special educational support in the 2021-22 school year, an increase of 6.6% compared to the previous year (Direção-Geral de Estatísticas da Educação e Ciência [DGEEC]- General Directorate of Education and Science Statistics, 2023). Besides, the Social Inclusion Benefit increased by 9.6%, reaching 135,973 beneficiaries. The base value of the Social Inclusion Benefit is €298.42 per month, while the supplement for low-income beneficiaries rose to €488.22. The increase in the Social Inclusion Benefit is an important step toward improving financial support for people with disabilities in Portugal (Pinto et al., 2023).

There was also modest overall positive growth in other social support systems in 2022. The Social Services and Equipment Network offered 904 services, totaling 28,784 places to serve this population, a growth of 0.6% compared to the previous year, with the Activities and Inclusion Support Centers representing 56.4% of the services. However, coverage is still insufficient, especially in Lisbon and Porto. The Support Products Allocation System saw a 60.4% increase in budget, reaching €40,245,700.65, serving 19,123 beneficiaries with 36,309 products, the highest number since 2011. The Independent Living Support Model (MAVI-Modelo de Apoio à Vida Independente) also stood out, with 1,042 Personalized Assistance Plans active in September 2023, showing an effort to promote the autonomy of people with disabilities (Pinto et al., 2023). There are currently 35 pilot projects underway (13 in the North, 9 in the Center, 6 in Lisbon and the Tagus Valley, 5 in Alentejo, and 2 in Algarve). The distribution of beneficiaries by gender showed that 54% were women and 46% men, aged between 18 and 93, with an average of 46 years (Pinto et al., 2023; Gabinete de Estratégia e Planeamento do Ministério do Trabalho, Solidariedade e Segurança Social [GEP-MTSSS]- Strategy and Planning Office of the Ministry of Labor, Solidarity and Social Security, 2023). However, the decline in the number of beneficiaries throughout 2023, except in March and April (Pinto et al., 2023), suggests that, despite advances, there are still barriers to be overcome to ensure full access to these programs.

The data presented here indicate that, despite some progress in employability, services, and financial support, people with disabilities in Portugal still face significant challenges, particularly regarding poverty and social exclusion, highlighting the need for more inclusive and effective policies to improve their living conditions and social integration.

The living conditions of people with disabilities in Portugal still reveal a scenario of alienation and significant dependence on social benefits. The unemployment rate among people with disabilities is substantially higher than the population average, leading to greater dependence on social benefits, which also reflects their lack of financial autonomy. This situation contributes to the perpetuation of stigmas that portray people with disabilities as dependent and incapable, as well as increasing their vulnerability to violence and hate crimes (Fontes, 2016).

Another relevant fact is that 1 in 5 people with disabilities are victims of violence, which is more common among women, the elderly, and children with disabilities (European Council, 2024). This violence can occur both in institutions and in the family environment (European Council, 2024; Mello et al., 2020; Mirić & Nikolajević, 2022). In Portugal, despite the creation of programs such as "Significativo Azul", aimed at improving the safety of individuals with intellectual and/or multiple disabilities, as well as those who interact with them (Fontes, 2016), detailed data on violence against people with disabilities is lacking (Fontes, 2016; Pinto et al., 2023), particularly due to the absence of information from the Ombudsman's Office, which has represented between 31% and 85% of complaints collected over the last 8 years (2015-2023) (Pinto et al., 2023). Underreporting is a major challenge, with many cases of neglect and exposure to harmful behaviors not being recorded (Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens [CNPCJR]- National Commission for the Promotion of the Rights and Protection of Children and Adolescents, 2014). Furthermore, Portuguese legislation, by portraying people with disabilities as vulnerable, may contribute to their infantilization and marginalization (Fontes, 2016).

Additionally, one of the most frequently overlooked issues is the forced sterilization of people with disabilities, a practice that continues to be allowed in Portugal, even for minors (European Parliament, 2023). This can be seen as an affront to the physical integrity of people with disabilities and a violation of the Human Rights, reflecting ableist notions that persist to this day.

These ongoing challenges highlight the deep-rooted ableism that persists in Portuguese society, where individuals with disabilities are still seen as dependent and in need of charity rather than equal participants in society. Suggesting that for true progress, a cultural revolution that dismantles the cultural and psychological barriers that perpetuate ableism, is required, shifting the view of disability as a limitation to recognizing it as a key aspect of human diversity, demanding equal rights and equal opportunities.

1.4 Ableism

Ableism is often misunderstood and generally refers to the negative treatment of people with disabilities (Merriam-Webster, 2007, cited by Liu & Shibata, 2021; Timmons et al., 2023). In essence, ableism is a system of discrimination (Bogart & Dunn, 2019; Bottema-Beutel, et al., 2021; Campbell, 2014; Da Silva & Hubbard, 2024; Liu & Shibata, 2021) and prejudice (Bogart & Dunn, 2019; Campbell, 2014; Da Silva & Hubbard, 2024) that devalues and excludes people with disabilities, which means that it influences how people talk and perceive disability whether or not they are aware of it, and regardless of conscious belief that people with disabilities as a group are inferior to people with no disabilities (Annamma et al., 2013; Bogart & Dunn, 2019; Bottema-Beutel, et al., 2021; Linton, 1998).

Ableism involves beliefs, processes, and practices that value individuals based on their abilities, favoring typical or normative abilities. This leads to the discrimination and categorization of those deemed ‘less able’ or ‘impaired’ (Campbell, 2001; Wolbring, 2004, 2005). This also extends to various forms of discrimination, such as sexism and racism, influenced by ableism (Campbell, 2009; Gesser, 2020; Taylor, 2017; Wolfbring, 2008). For example, sexism portrays women as lacking necessary abilities (Herrnstein & Murray, 1994; Silvers, 1998; Wolbring, 2003), while racism suggests certain ethnic groups are less cognitively able (Herrnstein & Murray, 1994). The medical model supports this view by focusing on what is “wrong” with a person and how to “fix” it, rather than accepting variations in human existence (Gin et al., 2022; Reinholz & Ridgway, 2021). Moreover, it promotes the idea that disability is something that must be eliminated to achieve an ideal able-bodied state (Wu & James, 2006), labeling or pathologizing bodies and minds as deviant, abnormal, or impaired, reinforcing the belief that disability is something to be avoided at all costs (Morgan, 2019). For example, when a doctor diagnoses a child with deafness, they may suggest a cochlear implant instead of considering options like learning sign language and embracing Deaf culture (Da Silva & Hubbard, 2024). This can also lead to able-bodied people to respond with pity or disbelief when individuals with disabilities speak positively about their disabilities (Goering, 2015). Essentially, it creates this notion that “disabled people are the ‘able-bodied’ gone wrong” (Garland-Thomson, 1999, p. 49).

Throughout history, ableism has shaped societal structures, reinforcing hierarchies of discrimination that excludes the ‘disabled’ (Wolbring, 2007). This systemic bias is embedded in both institutional practices and everyday interactions (Keller & Galgay, 2010). For instance, ableism is evident when an employer chooses not to hire a person with disabilities, assuming they can’t perform well or might make others uncomfortable. It can also appear in subtle ways, like when someone with no disabilities offers unsolicited help with simple tasks, which can feel patronizing (Dunn, 2019a). Besides, in education, students with disabilities are often “othered” by accommodations (Gin et al., 2022). Children are encouraged to read print over Braille or walk instead of using a wheelchair, and to socialize with ‘nondisabled’ peers over ‘disabled’ ones (Hehir, 2007). This behavior damages the child’s relationship with their disability, making it harder for them to accept themselves when society constantly suggests that a core part of them is flawed (Da Silva & Hubbard, 2024).

Ableism also justifies coercive measures like incarceration and involuntary sterilization (Da Silva & Hubbard, 2024; Hovhannisyan, 2020), just like it was evidenced in the forced sterilization laws in Portugal on the present days. Dismantling oppressive body norms is vital for enabling disability inclusion and highlighting the diversity of human experiences (Shakespeare, 2018). Addressing disability within intersectionality recognizes the complexity of power relations and is essential for dismantling ableist structures (Campbell, 2009; Shakespeare, 2018; Taylor, 2017).

1.5 Ableist Language

Language plays a crucial role in shaping connotations, establishing identity markers, and ensuring clarity in legal or policy contexts (Brown & Ramlackhan, 2021). It isn’t just descriptive; it’s performative (Sacks, 1992), serving as a tool through which individuals construct social realities, advocate for positions, and shape their identities (Potter, 2012). By choosing particular words or phrases, we create versions of the world and ourselves (Potter, 1987), and in doing so, we communicate underlying ideologies that often reflect existing power structures and dominant narratives (Fairclough, 2013).

These ideologies, embedded in everyday discourse, play a significant role in shaping social groups, such as attitudes, positions and beliefs, establishing and perpetuating power dynamics (Potter, 2012). Language, therefore, is political, functioning as a medium not only for communication but also for domination and control (Oliver, 1994). This control is evident in how prejudice is embedded in cultural representation, socialization, and even language itself (Shakespeare, 1997). Consequently, words become powerful tools capable of shaping public perceptions (Platteel, 2003). For disability advocates and others, the use of language to influence public perception remains a key concern, as language both reflects and constructs the power dynamics within society.

In many parts of the world, ableism is a default system of discrimination that can be reinforced through language and other symbolic forms (Cherney, 2011; Wolbring, 2008). Ableist language assumes that people with disabilities are inferior to people with no disabilities (Bottema-Beutel et al., 2021) and often uses disability-related terms to mock, insult, or degrade, perpetuating harmful biases and stigmatizing those with disabilities. For example, phrases like “He is confined to a wheelchair” are ableist, as they imply that wheelchair use is a form of confinement. A more neutral phrasing would be “uses a wheelchair”, which avoids the presumption that using a wheelchair is a form of being trapped (Liu & Shibatta, 2021). Ableism can be blatant, such as when a non-people with disabilities expresses pity toward someone with a physical disability, saying things like, “It’s a shame you can’t run and play like other boys.”, or more harmful, as outright prejudiced comments like, “It must be nice to sit in that fancy wheelchair and have someone push you around.” (Dunn, 2019b). Understanding the concept of ableism, and how it manifests in language choices, is critical for researchers who focus on marginalized groups (Bottema-Beutel, et al., 2021).

1.6 Disability Language

The language surrounding disability is deeply influenced by theoretical models that shape perceptions of disability over time. One of the oldest models, the moral model, regarded disability as a consequence of sin or something requiring charity (Henderson & Bryan, 2011; Solomon, 2012). The model reflected a perception of disability as inferior and pitiable (Solomon, 2012), using derogatory terms such as “moron”, “cripple”, “gimp” and “imbecile” (McClure, 2007; Olkin, 2017). Some of these terms originated as early as the 9th century but did not become widely stigmatized until the 17th century (Olkin, 2017). Also, the medical model focuses on diagnosing and categorizing conditions, often using clinical terms like “the blind”, “the mentally ill”, “the retarded”, or “deaf-mutes”, which define individuals primarily by their impairments (Dunn, 2015; Smart, 2009). Scholars argue that the medical model is a contemporary adaptation of the moral model, shifting the blame for disability from sin to personal failings, and transferring authority over disabled lives from priests to doctors (Mackelprang & Salsgiver, 2009; Smart, 2004).

In contrast, the social model of disability introduced the use of person-first language, which prioritizes identifying individuals as people before acknowledging their impairments, and only when needed. This approach aims to minimize stigma by separating the person from their disability (Wright, 1983, 1991). As a result, “people with disabilities” became common and was incorporated into various disability language guidelines (American Psychological Association [APA], 2012; Dunn & Andrews, 2015).

Additionally, a more recent perspective, the diversity model, presents disability as a neutral or even positive attribute, framing it as a natural aspect of human diversity (Olkin & Pledger, 2003), like a unique cultural and sociopolitical identity and experience (Altman, 2001). This model encourages self-acceptance rather than viewing disability as a personal tragedy and actively combats shame and internalized ableism, rejecting the notion of disability as a form of inferiority (Smart & Smart, 2006). It often employs identity-first language (e.g., disabled person), thus acts as a tool to counter these negative effects, highlighting disability as a core aspect of one's identity, a source of pride (Andrews, 2017; Forber-Pratt et al., 2019; Gill, 1995; Sue & Sue, 1999).

The WHO's ICF Model combines aspects by recognizing both the medical and social dimensions of disability. It accommodates both person-first and identity-first language, acknowledging the complexity of disability and the ongoing challenges in choosing appropriate language (WHO, 2001).

As previously mentioned, the term "people with disabilities" has been promoted not only as a positive framework but also as the correct way to discuss disability (APA, 2012; Dunn & Andrews, 2015). Traditional guidelines from organizations like the Associated Press and the APA, as well as many academic journals, have consistently endorsed person-first language, emphasizing the importance of placing the person before their disability, as in "a person with autism" rather than "an autistic person" (APA, 2012; Dunn & Andrews, 2015; Gernsbacher, 2017; Gomes, 2018). However, adherence to a person-first language can sometimes feel cumbersome and may not align with the preferences of those it aims to respect. For instance, terms like "amputee" or "dwarf" are often discouraged, even though many individuals with these identities embrace them (Andrews et al., 2022; Dunn & Andrews, 2015). Research suggests a growing debate over the universal adoption of person-first language, questioning whether it represents an appropriate correction or an overcorrection. Critics argue that it may undermine individuals' sense of identity by distancing them from their disability. Some disabled people and scholars argue against using only person-first language, as it may create divisions within the community and promote the idea that disability is something to be ashamed of (Gernsbacher, 2017), which can cause discomfort for disabled individuals (Botha et al., 2020), reinforce stigma, internalized ableism and hinder the development of a positive disability identity (Andrews, 2019; Dunn & Andrews, 2015). Notably, person-first language is rarely applied to other marginalized groups, despite evolving terms and preferences. For example, it is not standard to refer to “people who are women” “people who are Jewish”, “people who are lesbians”, or “people who are Black” (Andrews et al., 2022).

In response to concerns about person-first language, there has been a growing movement within the disability community in favor of identity-first language (Andrews et al., 2019; Dunn & Andrews, 2015; Titchkosky, 2001). This perspective is strongly endorsed by members of the Deaf community. In Deaf culture, the term “Deaf” is embraced, while phrases such as “persons with deafness” are rejected (Forber-Pratt et al., 2019; Tyler, 1993). Besides, identity-first language was found to be more effective in confronting ableism and placing the preferences of disabled individuals before non-disabled people’s preferences (Pineo, 2023). And while person-first language was originally introduced by people with disabilities, it has been criticized for being mainly promoted by those without direct experience of disability, whereas identity-first language was created by disability scholars who identify as disabled (Titchkosky, 2001). Vivanti (2020) argues that identity-first language is gaining traction as a means to affirm social identity positively, reclaiming terms that have historically marginalized minority groups. In response, Botha et al. (2020) assert that the current use of identity-first language does not align with the medical model of pathology. They suggest that while it originated within the disability community to promote autonomy, inconsistent usage can highlight differences rather than foster equality. It is important to distinguish between identity-first language and objectifying language, which reduces individuals to their disabilities (Dwyer, 2022).

Although both person-first and identity-first language aim to promote respect and acceptance, debates about them can distract from broader issues of social inclusion (Shakespeare, 2013). Some studies show that person-first language encourages understanding and respect for people with disabilities (Best et al., 2022; Crocker & Smith, 2019), with most Dutch adults with autism (68.3%) and their parents (82.5%) preferring this language approach (Riley Buijsman et al., 2022). This preference was stronger among younger adults, those with higher intelligence, and those with more autistic traits (Riley Buijsman et al., 2022). On the other hand, studies show that identity-first language promotes autonomy (Best et al., 2022) and pride (Grech et al., 2023) in one’s disability, with preferences for identity-first language among certain groups, such as blind (Bickford, 2004; National Federation of the Blind [NFB], 1993) and autistic individuals (Geelhand et al., 2023; Shakes & Cashin, 2020; Taboas et al., 2022). In Bickford’s (2004) study of 100 blind and visually impaired individuals, 37% had no preference, while 76% favored identity-first language. These preferences were consistent across age and gender. The NFB also rejects person-first language, seeing it as defensive and suggesting shame (NFB, 1993). Similarly, many autistic adults prefer to identify as “autistic” rather than use person-first language (Geelhand et al., 2023; Kenny et al., 2016; Shakes & Cashin, 2020; Taboas et al., 2022).

Yet, other studies show mixed results. Lynch et al. (1994) discovered that one-third of 300 U.S. state government employees viewed person-first and disability-first language as the same and did not let the type of language influence how they described hypothetical job applicants, but most of the participants favored person-first language, with 60% of state government employees favoring “person with a disability”. To contrast the earlier mentions of some “autistic” individuals preferring identity-first language or person-first language, Flowers et al. (2023) found that language preferences between both terminologies vary across groups of autistic people, with no consistent trends observed. Also, in a study where participants were divided into two groups and asked to read different passages, those who were not informed about person-first language did not perceive any difference in inclusivity between person-first and identity-first passages. However, participants who received information about person-first language beforehand rated the person-first passages as somewhat more inclusive (Gomes, 2018). Rottenstein (2014) surveyed 3,000 people with different disabilities, asking them to choose the label they felt best described them. Most chose “person with a disability” (70%), while others preferred “people with disability” (8%), “people with no disability” (3%), “able-bodied person” (6%), or “other” (13%). However, the author noted that if the survey had been done in the UK, where identity-first language is more common, the results might have been different. Interestingly, studies have shown that person-first language is more commonly used when describing children with disabilities (Gernsbacher, 2017; Halmari, 2011), particularly for those with more stigmatized conditions like autism and intellectual disabilities (Gernsbacher, 2017). In contrast, identity-first language is often employed to describe disabilities among incarcerated individuals, fictional characters, and victims, suggesting an implicit bias that certain disabled individuals are more deserving of person-first language than others (Halmari, 2011). While Gernsbacher (2017) does not question the good intentions of using person-first language, the author points out that by separating the person from the identity, person-first language implicitly indicates that disability is an undesirable characteristic.

In sum, preferences for person-first and identity-first language among people with disabilities vary considerably. Additionally, person-first language is more common in describing children with disabilities, suggesting implicit biases about deservingness.

Ultimately, while person-first language aims to be respectful, it can imply that disability is an undesirable trait by separating it from the individual.

Besides, there are different ways to talk about disabilities, and not all fit into clear categories (Marks, 1999). One unclear type is called “apologetic naming”, which uses positive terms like “physically challenged” to focus on strengths and reframe challenges. This approach often minimizes differences between people with disabilities and those without, emphasizing that everyone has strengths and challenges. Kamenetsky and Sadowski (2020) found that person-first and apologetic naming did not lead to more positive views of disability. In contrast, negative language (e.g., “crippled” or “mad”) led to the most negative reactions. These findings suggest that eliminating negative terms and encouraging the use of empowering defiant self-naming by people with disabilities may be more effective in reducing negative stereotypes, rather than focusing on person-first or apologetic naming.

Euphemisms are another concern relating to disability language. Terms like “differently abled”, “physically challenged” and “special needs” are used as supposedly less offensive alternatives to “disability” (Hojati, 2013). Specifically, the term “special needs” became popular in the 1920’s, peaked in the 1990’s, and is still used today. However, these terms, created and often preferred by people with no disabilities and parents of children with disabilities, are criticized by the disability community for being shallow and condescending (Andrews, 2019). Gernsbacher et al. (2016) argue that “special needs” is an ineffective euphemism for people with disabilities, as it carries more negativity, is linked to developmental disabilities, and creates confusion compared to simply using “disability”. The study found that individuals described as having “special needs” are viewed more negatively than those described with the term “disability” or a specific disability. Many adults with disabilities also reject “special needs” because it implies segregation and suggests special rights rather than equal rights (Hojati, 2013).

However, the terminology surrounding disability is constantly evolving, reflecting broader cultural changes and varying preferences (Andrews, 2019). Challenges persist in how individuals identify within the disability community. Many people with impairments may not view themselves as “disabled” due to cultural influences and stigma (Nario-Redmond, 2020). This reluctance to embrace the “disabled” label complicates efforts to address disparities and enhance well-being within the community (Andrews & Dunn, 2015; Gernsbacher et al., 2016; Zapata, 2022).

Research indicates that language can shape attitudes, self-perception, and behaviors (Rathod et al., 2018), influencing societal attitudes that either oppress or empower marginalized groups. Additionally, language has the potential to promote health equity for people with disabilities (Andrews et al., 2022). As new terms are introduced and older ones are reclaimed, various groups and social movements strive to reshape language to challenge stigmatizing views (Forber-Pratt et al., 2019; Nario, 2020; Taboas et al., 2022), often using these terms as insider slang (Croom, 2015). Despite these efforts, research on the language preferences of individuals with disabilities remains limited (Grech et al., 2023; Oliver, 1996). This discussion around disability language, underscores the importance of respectful and inclusive language when referring to people with disabilities, raising important questions:

> How should people with disabilities be properly, that is, respectfully and inclusively, referred to in daily discourse? Should nondisabled people refer to disability differently than people with disabilities? How can disability be meaningfully but appropriately presented in writing? Are phrases like “disabled people” or “people with disability” acceptable, and to whom and by whom? What words should be used to represent disability? Which words or phrases should be avoided? Should people be referred to by their disabilities or independently of them? Questions like this frame the importance of language for interpreting, understanding, and appreciating disability and people who are disabled (Dunn & Andrews, 2015, p. 255).

Chapter 2- Methods

2.1 Objectives

Contextually, there is a significant gap in the literature on ableism and its influence on language (Bogart & Dunn, 2019; Bottema-Beutel et al, 2021; Brown, 2021; Cherney, 2011; Liu & Shibata, 2021), especially in relation to the lived experiences of people with disabilities and qualitative research on ableism in everyday contexts. Additionally, the importance of disability-related language is gaining recognition (Andrews et al., 2022; Botha et al., 2020; Dunn, 2015; Grech et al., 2023; Oliver, 1996; Vivanti, 2020), prompting questions about which terms should be used by nondisabled individuals versus those with disabilities and which phrases are appropriate or should be avoided (Dunn & Andrews, 2015). And while disability studies are expanding globally, research in Portugal remains limited (Fontes, 2016).

This said, the main objective of this investigation is to understand the effects that ableism has in language, within Portuguese society, particularly from the perspective of people with disabilities. The specific objectives of the investigation are: 1) to identify and analyze the uses of ableism in language present in Portuguese society; 2) to understand how people with disabilities interpret and evaluate these forms of language; and 3) to provide recommendations for more inclusive and respectful language, based on the results obtained.

This study aims to address both these gaps by exploring the impact of ableist language and the lack of disability-related research in Portuguese society. Furthermore, by prioritizing the voices and perspectives of individuals with disabilities, the study seeks to advocate for more inclusive and respectful practices, particularly in language use. Ultimately, this research contributes to broader efforts to combat ableism and promote a more equitable, inclusive, and respectful society for people with disabilities.

2.2 Participants and Design

The sample consisted of 10 individuals with disabilities, aged between 25 and 68 years ($\bar{X}$ = 43.8, S' = ± 15.208) (see Table 1). The selection criteria for the sample were as follows: having a recognized disability with a degree of impairment; having the ability to verbally express their own perceptions; voluntarily consenting to participate in the study; and living in Portugal for more than 10 years.

A qualitative approach was adopted, with an exploratory and descriptive design. The sampling method was non-probabilistic, using a convenience-based technique that relied on proximity contacts, and the contact with associations and support groups for people with disabilities, as well as a snowball sampling technique, where initial participants identified and recommended other relevant individuals, thereby facilitating the recruitment process (Marôco, 2021).

The present research was submitted to and approved by the ISCTE Ethics Committee. Voluntary and informed participation was ensured, along with anonymity and confidentiality of the data collected (see Annex A), as well as the right to post-study clarification (debriefing) for the participants in the present study (see Annex B).

Table 1

Descriptive Statistics of Sociodemographic Data

	Self-Declared Disability Type	Age	Gender	Area of Residence	Occupation	Educational Level
P1	Cerebral Palsy	33	M	Lisbon and Tagus Valley	Digital Content Creator and Graphic Designer	Bachelor’s Degree
P2	Blind	68	M	Viseu	Retired	12th grade
P3	Blind	44	W	Lisbon and Tagus Valley	Unemployed	Bachelor's Degree
P4	Blind	44	M	Lisbon and Tagus Valley	GNR Officer	9th grade
P5	Fibromyalgia	25	W	Lisbon and Tagus Valley	Data Quality Analyst and Technical Support	12th grade
P6	Blind	56	M	Porto	Economist	Bachelor’s Degree
P7	Blind	62	W	Viseu	Retired	12th grade
P8	Dwarfism	26	W	Lisbon and Tagus Valley	Human Resources Specialist	Bachelor’s Degree
P9	Low Vision	50	M	Lisbon and Tagus Valley	Courier	12th grade
P10	Paraplegia	30	M	Leiria	Doctor	Master’s Degree

N=10; *Note*. P= Participant; M= Man; W= Woman; GNR (Guarda Nacional Republicana- Republican National Guard).

2.3 Materials and Instruments

Semi-structured individual interviews were used to collect data, allowing participants to express their experiences and perspectives without being restricted to predefined options. The interview structure was chosen because it is commonly used in exploratory and descriptive studies (Mathers et al., 2000). In semi-structured interviews, open-ended questions guide the study's theme and allow for in-depth dialogue between the interviewer and the interviewee. The interviewer can provide additional prompts if responses are brief or superficial, encouraging more detailed reflection. Additionally, individual interviews are particularly useful for exploring individual perspectives in depth, making them ideal in situations where sharing varied experiences is necessary and where issues of sensitivity and privacy could be compromised in group discussions (Mathers et al., 2000).

The interview guide, consisting of 14 open-ended questions, was developed based on research objectives and a literature review on the topic. It was tested during the first interviews. The questions covered dimensions such as living with disability, identifying ableism in language, evaluating ableist language, and recommendations for more inclusive language. Specifically, the interview guide was meticulously structured in a logical sequence, divided into five distinct parts:

1) **Introduction and Collection of Sociodemographic Data**: In this initial phase, the interviewer aimed to establish a rapport with the interviewee, conveying trust and assuring that there were no right or wrong answers. At the same time, relevant sociodemographic information was collected, such as age, gender, occupation, educational background, and area of residence. This stage is crucial for contextualizing the data obtained and understanding the sociodemographic profile of the participants.
2) **Description of Daily Life with Disability**: Here, participants were invited to share their personal experiences related to 'disability'. They were encouraged to describe their condition and explain how it affects their daily activities and social interactions. This part of the interview aimed to provide a deeper understanding of the participants' perspectives on disability and to identify challenges and barriers they face in their daily lives (e.g., "Could you describe the type of disability you have and how it affects you (in daily life, in interactions with others, such as family, friends, and society)?") (see Annex C for Portuguese version or Annex D for English version).
3) **Adverse Uses of Language for People with Disabilities**: This section aimed to address the first specific research objective: identifying ableist expressions or terms in language.

Participants were asked to provide examples of inappropriate expressions related to disability that they had encountered or experienced (e.g., “Could you give examples of less appropriate expressions or terms you’ve heard when it comes to talking about disabilities?”), and to reflect on whether the examples given are ableist (e.g., “Do you think the examples you mentioned reflect the idea that people with disabilities have ‘less ability’ compared to people without disabilities?”). Additionally, they were encouraged to consider the context, prevalence, and acceptance of such terms in Portuguese society (e.g., “Do you think the use of this language is more prevalent in certain contexts or situations?”) (see Annex C for Portuguese version or Annex D for English version).

4) **Reflection on the Impact of Ableist Language**: To address the second proposed research objective, this part of the interview asked participants to reflect on how the expressions or terms mentioned influence and impact society’s perception of people with disabilities (e.g., “Do you think this type of language contributes to stigma or discrimination against people with disabilities?”), while also exploring the motivations behind the use of this language (e.g., “Do you feel that people who use this type of language do so deliberately to discriminate or segregate, or do you think it is an unconscious and unintentional process?”). Furthermore, participants were asked their opinions on specific terminologies related to disability (e.g., “What is your opinion on the terminology of ‘person with a disability’, ‘disabled person’, and ‘person with functional diversity’?”), and to reflect on whether some of the mentioned terminologies could be ableist (e.g., “Do you think some of the terminologies mentioned question the ‘ability’ of people with disabilities?”), as well as on who should guide the use of language around disability (e.g., “Do you believe that the language used to refer to disability should be guided by people with disabilities, or should it be a collective effort by society, including people with and without disabilities?”) (see Annex C for Portuguese version or Annex D for English version).
5) **Suggestions for Respectful Language**: Finally, participants were encouraged to share their opinions and recommendations for more inclusive language and to discuss the potential of inclusive language in combating ableism (e.g., “What advice or recommendations would you give to someone who wants to use more inclusive and respectful language?”). This stage concluded the interview guide, addressing the last specific research objective (see Annex C for Portuguese version or Annex D for English version).

The data collected was transcribed and analyzed to identify themes and patterns through thematic analysis.

2.4 Procedure

The participants were contacted and invited to an individual interview with the aim of sharing their personal experiences and opinions on the topic under study. The scheduling of the interview was done according to the availability of those involved, with each session lasting an average of 1 hour and conducted online to ensure the comfort and safety of the interviewees. Informed consent was provided to the participants through a document sent the day before the interview, explaining the study's objectives, procedures, benefits, and risks, as well as the rights and responsibilities of the participants. On the day of the interview, it was confirmed that the participants had read or acknowledged the informed consent, and permission was requested to record the audio and video of the session. The participants expressed their consent affirmatively and explicitly, for example, by saying "yes" before and after the recording, ensuring that such consent was recorded, guaranteeing the safety and confidentiality of the data. At the end of the interview, a debriefing was sent.

This project was submitted to the ethics committee of ISCTE-IUL and was approved with the final report number 24/2024.

2.5 Analytical Approach

In this study, a thematic analysis was employed as the primary method for analyzing qualitative data, framed within the social and biopsychosocial models of disability, constructionist and intersectional paradigms. Thematic analysis is a flexible and reflexive approach that allows for a rich and detailed exploration of patterns and meanings within the data (Braun & Clarke, 2022). The analysis adhered to a six-phase process based on Braun & Clarke (2022) guidelines, systematically identifying, analyzing, and reporting themes in relation to the research questions. This approach facilitated a thorough and multifaceted interpretation of the data, emphasizing both explicit and implicit meanings, and allowing for a rich understanding of the complexities within the dataset.

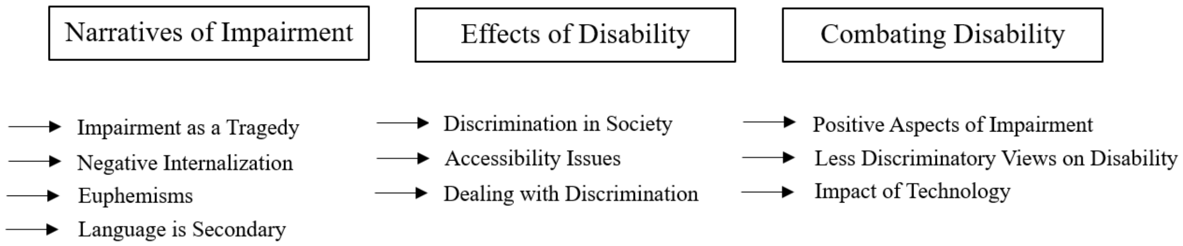
The first step in the analysis involved becoming deeply familiar with the dataset. This was achieved through repeated reading and immersion in the data. All transcripts were reviewed multiple times to ensure that a strong sense of understanding and engagement with the material was developed. In addition, the audio recordings were also repeatedly listened to capture tone and context of the reports. During this phase, initial notes were taken, such as brief observations related to potential patterns, themes, and interesting insights that emerged (e.g., concrete actions over language). This familiarization process was critical to ensure that the data was approached with a fresh perspective and an open mind. The second phase involved the systematic and detailed process of coding the entire dataset. In this step, the data was worked line by line, identifying significant segments of information that were relevant to the research questions. For each segment, descriptive codes were applied—short labels that captured the essence of the meaning within the text, both semantic codes (capturing explicit meanings in the data) and latent codes (identifying underlying, implicit meanings). The coding process allowed to filter the data into manageable pieces while preserving the complexity and richness of the original content. After coding the dataset, all the relevant data extracts under each code were collected, preparing for theme development. Once the data was coded, the process of generating initial themes began. At this stage, the codes and identified patterns that suggest shared meanings across the dataset were reviewed. Related codes were grouped together to form preliminary themes, each representing a broader idea or concept. These themes were provisional, as they were actively constructed through the researcher’s own interpretation of the data. Each theme was related directly to the research questions and captured key aspects of the data, and then all relevant data extracts were compiled under each theme, which provided the basis for further refinement. The fourth phase focused on refining the initial themes and reviewing their fit with the data. The dataset was revisited to ensure that the identified themes were coherent, well-defined, and representative of the data as a whole. During this review process, adjustments were made to the themes: some were merged, others split, and some discarded. This phase involved continuous revisiting and reflection on both the data and the analytical framework to ensure that the final themes were compelling and meaningful. In the fifth phase, each theme was refined and defined with greater precision. Themes were clearly demarcated and centered around strong core concepts. A concise summary was written for each theme to describe its essence and relevance to the research question. This helped clarify the focus of each theme and facilitated coherent data interpretation. Additionally, informative names were assigned to each theme, ensuring that the titles captured the essence of the meanings they represented. This phase was essential in ensuring clarity and meaningfulness in the final analysis. The final phase of the analytical process involved writing up the findings. Writing began early in the process to allow the analytic narrative to evolve alongside the data analysis. The write-up included detailed descriptions of each theme, supported by vivid data extracts that illustrated identified patterns and meanings. The analytic narrative was woven together with the data extracts to create a compelling story addressing the research questions. The writing process involved multiple drafts and revisions to ensure clarity and coherence, and the final report integrated the analytic findings with existing literature and the theoretical framework, contextualizing the results within the broader research field.

Chapter 3- Results

Thematic analysis revealed three main themes: (i) narratives of impairment, (ii) effects of disability, and (iii) combating disability. The following provides a detailed description and analysis of these themes, along with the subthemes under each category (see Figure 1).

Figure 1

Thematic Map



3.1 Narratives of Impairment

The following three codes emerged from the data: “impairment as a tragedy”, “negative internalization”, “euphemisms” and “language is secondary” of the “narratives of impairment” theme. The process of defining this theme aimed to examine the broader societal narratives that often frame impairment in harmful ways, and the impact these narratives have as experienced and understood by people with disabilities.

The “impairment as a tragedy” code examines how the social construction of impairment as a personal tragedy influences language, and how it can manifest through ableist language in daily interactions. Participants hold the underlying belief that society views people with disabilities as incapable of leading fulfilling lives, which frames (living with) an impairment as a personal tragedy, often influenced by individuals limited personal experience with disability or lack of interaction with people who have disabilities. P10 reflects on how this view shaped his own mindset before his accident, that resulted in his paralysis: “*Back then, even my own perspective—since I didn’t know anyone in a wheelchair—was that when someone has an accident, their life is over.*” Through the participants’ reports, it appears that both the moral and medical models of disability remain deeply rooted in Portuguese society, where Judeo-Christian values continue to influence how disabilities are perceived and portraying it as something inherently negative or deserving of pity. By the participants’ narratives we can understand how the social construction of impairment as a personal tragedy shapes society views on people with disabilities, placing them in two opposing views—one of pity and another of exaggerated admiration. Pity is often directed toward people with disabilities, casting them as less fortunate, less capable, and less attractive, while also framing any success as ‘admirable’ for having “overcome” their disabilities (Mogendorff, 2016). To illustrate this, it was emphasized and understood that expressions like “Poor thing” and “Superhero,” reinforce the idea that people with disabilities are incapable or inferior, suggesting the low expectations that society often has for them (Mogendorff, 2016), making it harder for them to integrate into society as equals. The following is an example:

> “(...) *if the global view is that people with disabilities are ‘poor things’ or, if they accomplish something, they’re ‘heroes’, it’s because there’s a global perception of lesser capability, and yes, that can affect things. When looking for a job, or, I don’t know, in any situation really, even in more intimate relationships, people may initially think that this person has less ability to lead a full life, and I think it will inevitably affect how we are seen.*” [P10]

The “negative internalization” code examines how participants, both through their own experiences and those they have heard from others, are affected by the expressions discussed above. During emotionally or psychologically vulnerable periods, especially in the early stages of adapting to the impairment and the ongoing challenges that come with it, participants can internalize these expressions negatively. Showing that the emotional harm comes from how society’s ableism is built into language, shaping public perceptions of disability as a tragedy and influencing how individuals with disabilities perceive themselves, as the language used around disability reinforces detrimental narratives that these individuals internalize. An example of the code follows:

> “*It affected us because we already had low self-esteem, we were already weakened by our disability and then hearing that from other people really affected our quality of life, our way of looking at the world, at other people. In this sense.*” [P4]

Regarding the code “euphemisms,” this code reveals how the term ‘invisual’ is understood by the blind and low vision participants as a softer alternative to ‘blind’. The influence of religious values on the perceptions of disability, discussed in the code “impairment as a tragedy”, is especially evident in the term ‘blind’, which still carries biblical associations often tied to perceptions of being ‘beggars’ or ‘pitiful’. These views, shaped by long-standing historical and religious factors, explain why ‘blind’ continues to hold negative connotations, particularly among older generations in Portuguese society. For this matter, the use of 'invisual' is seen as an attempt to avoid these negative associations and prevent offense within the blind community, as one participant noted: "(...) *the word invisual, I think, was invented precisely to distinguish the blind of today from the blind of antiquity. I think that was the objective.*" [P2]. However, despite the term 'blind' being associated with ableist views rooted in moral judgment and outdated beliefs, participants generally preferred it to describe their impairment. This can be explained because they choose to embrace 'blind' as part of their identity, or by the fact that many view the term 'invisual' as poorly constructed, as something nonexistent or, in their words, "invisible". This underscores the importance of consulting and respecting the preferences of the group in question when introducing alternative disability terminologies. An example of this code follows:

> "*Blind person, it's correct. Invisual is invisible. Yes, we are invisible many times, so that's how it is.*" [P7]

In contrast, the "language is secondary" code shows how most participants expressed that language and/ or specific terminologies is not their primary concern. Many emphasized that language is constantly evolving, and as such, terminologies often become interchangeable, rendering debates over specific words somewhat irrelevant. What appeared to be more relevant for the participants was how the terms were used, as any term can be used as an insult, regardless of the original meaning: "*For example, 'special person' was once an inclusive term, but now it's frowned upon. Why? Not because people changed their perspective, but because that term began to be used as an insult.*" [P10]. While many participants viewed the changing nature of language as inevitable, others pointed out that other factors are far more important, such as that living with the daily challenges of impairment and disability is somewhat stressful enough, so making concerns over language feels secondary, emphasizing the need for concrete actions for the creation of meaningful change and inclusion, as one states: "*I think there shouldn't even be language around this. Inclusion means making things as easy as possible and adapted to us, without difficulties.*" [P3]. By these narratives we can understand that, even if language has a negative impact and certain terminologies are preferred by some, the participants do not yet view it as an issue worth sufficient discussion, largely because some primary institutional needs remain unmet. This reflects a deeper need for cultural and political shifts in perspectives on disability, moving away from traditional approaches (both the moral and medical models) towards a more social model. Such a shift is essential to address the challenges associated with disability more effectively.

3.2 Effects of Disability

The theme "effects of disability" was identified, where three codes emerged: "discrimination in society", "accessibility issues" and "dealing with discrimination". This theme aims to analyze the ways in which people with disabilities experience a society that disables them.

The "discrimination in society" code reveals various experiences of discrimination faced by people with disabilities. Participants discussed workplace ableism, particularly in job-seeking, as one reported: "(...) *whenever I went to an interview, I faced looks that said, "No, we can't hire her because she's not capable," or "What are you doing here?" That's when I started to understand that up until then, I had a relatively good experience in society, but now I had a disability, and I shouldn't forget that.*" [P8]. They also highlighted policy neglect, such as the failure of public television to provide mandated accessibility features, like dubbing of foreign languages for visually impaired individuals, especially during major news events like wars. Despite available technology, a lack of action continues to exclude individuals with disabilities from fully participating in media consumption. Attitudinal discrimination was also highlighted, where non-disabled people offer unsolicited help based on assumptions, often reinforcing ableist stereotypes. The narratives suggest that this type of "help" tends to make them feel treated as passive recipients. Rather than asking for their preferences, people without disabilities project the kind of aid they believe they would want if they were disabled themselves (Mogendorff, 2016), wishing to do the "good" (Dunn, 2019b). To this issue, P6 points out: *"'Treat others as you would like to be treated,' and this is completely wrong because we are all different. The idea should be: treat others as they would like to be treated, not as you would.*" Family and relational dynamics were also described as challenging, with feelings of invisibility and exclusion further exacerbated when others avoided engaging with them directly or spoke about them rather than to them, intensifying their social isolation. These issues reflect the prevailing difficulties of navigating society while being perceived and treated as 'less than' others. Which underscores a pressing need for cultural change in how Portuguese society views disability. The ultimate goal being to foster a collective effort to ensure the full inclusion of people with disabilities in all aspects of society.

The code "accessibility issues" became evident, as it exposes the architectural and physical barriers that participants report to encounter while navigating public spaces. These challenges stem from poor accessibility, including sidewalks obstructed by improperly placed garbage bins, uneven surfaces, and inconsistent signage, all of which complicate daily navigation. This is especially true for participants who are blind or use wheelchairs, as they are often forced into the roadway due to insufficient space or poor sidewalk accommodation. Here, a larger systemic problem in Portugal becomes obvious, where the built environment is not adequately designed to include people with disabilities. Despite existing laws promoting accessibility, public spaces remain largely inaccessible, limiting mobility and preventing full participation in everyday activities. The following is an example:

> "(…) *especially in Portugal things are not adapted, or most things are not adapted for people who move around in a wheelchair. So, I encounter some challenges in my day-to-day life, especially in older cities, which are sometimes difficult to overcome and only with the help of other people can I manage to enter restaurants and other establishments.*" [P10]

Related to all the above discussed, the code "dealing with discrimination" identifies how people with disabilities attribute a significance of understanding how to deal with and/or respond to challenges that come with disability, which shows that anticipating these circumstances is crucial for managing stress for themselves. Also, humor is said to be used as a tool to cope with their 'disability' and surroundings, as it helps normalize their impairment, makes social interactions more comfortable and serves as a means of educating others. It was possible to understand that participants often attribute the responsibility for navigating disability to themselves, feeling that they must find solutions rather than expecting society to change. Reflecting a belief that societal barriers are unlikely to disappear, leaving individuals with disabilities with no choice but to adapt. Coping with these circumstances emerges as a form of resilience, agency, and a desire for acceptance, in a world that remains largely unaccommodating.

> "(...) *when these behaviors happen every day in our lives, it's a bit like the issue with traffic. If I already know that this is going to happen, what makes more sense is to plan how I will respond when it does. This allows—this is essentially a tool that helps us act less emotionally and in a smarter way, as I was saying earlier, in a more rational way that creates fewer problems for ourselves and others, making day-to-day life more peaceful.*" [P6]

3.3 Combating Disability

Finally, the following codes emerged from the data: "positive aspects of impairment", "less discriminatory views on disability", and "impact of technology" that underpin the identification of the “combating disability” theme. This theme seeks to illustrate the various levels—individual, societal, and technological—at which disability, all the social impediments, are being mitigated.

The “positive aspects of impairment” code highlights that living with an impairment is not the tragedy that Portuguese culture and society often portray it to be. Impairment was said to have brought advantages or heightened abilities that others without it might not have. Despite the obstacles associated with impairment and disability, individuals often lead independent lives, cultivating a proactive attitude towards managing their impairment and confronting and overcoming a world that oftentimes does not conform to them. Elements of their discourse about ‘disability’ align with both the social model and the diversity model of disability, reflecting more contemporary frameworks. The following is an example:

> “*Everyone is different, everyone is the same, as the saying goes. So, I don't see disability as anything special, nothing serious, nothing to be set aside. No. I see it quite naturally, as a situation that has arisen.*” [P2]

The code “less discriminatory views on disability” highlights the positive shift in society’s perception of disability. Although deeply rooted moral and medical models are still embedded in Portuguese culture, attitudes and actions toward people with disabilities seem to have improved significantly compared to just a few years ago. Some shared stories about older generations with disabilities, noting that in the past, they often remained hidden at home, and even simple actions like leaving the house could attract negative attention and judgment, but nowadays, such behaviors are more accepted. This change could be driven by the emergence of a new generation and evolving perspectives on disability, leading to a more social understanding.

> “*I believe that in younger cities, where there is youth, there is a new mentality.*” [P7]

To finalize, the “impact of technology” code emerged as a key aspect, underscoring the critical role that technological advancements play in the lives of people with disabilities. Technology is seen as something that facilitates and improves their routines, particularly through advancements in assistive technologies. These innovations were seen as significantly enhancing their independence, empowering them to engage more fully with the world around them. Reflecting a broader importance, as to invest in the technological realm. Technology, by bridging the gap between individuals and the built environment, helps mitigate some of the physical and social barriers that people with disabilities encounter. Even if the Portuguese culture is already slowly changing to a social view, as pointed in the previous code, the narratives express a desire for a society where not only the social challenges are solved but also a deeper need for an understanding of the individual experiences and challenges faced, as these challenges can be external and societal or internal and psychophysiological. Therefore, technology emerges as a tool that could bring us closer to a biopsychosocial view of disability, as a healthy integration of both disability and impairment for people with disabilities in Portuguese society. The following is an example:

> "*The part about computers, the internet, talking cell phones, etc. All of that has brought us many advantages. For example, with a computer, I can read a book, I can write, I can listen to music, I can go online and do research, etc., etc. The computer is a fundamental tool for us. Back in those days, none of that existed.*" [P2]

In sum, from the narratives of the participants it emerges some deeper truths about the reality of living with an impairment, revealing a prevailing ableist belief that society perceives individuals with disabilities as not being able of leading fulfilling lives, framing their experiences as personal tragedies. A perception profoundly rooted in the moral and medical models of disability, which continue to dominate cultural ableist beliefs and attitudes in Portugal, that consequently translates in language. While participants acknowledge the negative impact of such language on their self-perception, and the somewhat preference for some terminologies, they currently do not see it as a pressing issue, attributing their focus on more immediate concerns, such as accessibility and discrimination issues. The fact that language is not seen as a problem, even when it has a negative impact, reflects a broader cultural context where the moral and medical models of disability continue to overshadow emerging social perspectives needed. Despite some progress toward a more social understanding, significant underlying issues persist that hinder the full realization of disability rights and inclusion. Participants often feel a sense of personal responsibility for navigating societal barriers, believing they must adapt to a system that is unlikely to change rather than expect society to accommodate their needs. This belief points to a systemic problem in which cultural perceptions and institutional structures remain entrenched in outdated models. Although many viewed impairment as a normal part of life rather than a tragedy, and there are signs of gradual improvement in attitudes, particularly among younger generations, these changes are not yet sufficient to overcome ableism and misunderstandings associated with disability. With the emphasis on the positive aspects of technology, as a tool with the potential to bridge gaps between individuals and the built environment, the participants' narratives underscore a need for a more profound cultural shift that addresses both the disability and impairment challenges faced by people with disabilities. Only when these needs are met, ableism in language can arise as a primary problem worth discussing for the participants.

Chapter 4- Discussion

As highlighted in the literature review, the dominant model of disability within a society significantly affects people with disabilities (Durham & Ramcharan, 2018; Smart, 2009), shaping both the public perceptions and societal responses towards them (Smart, 2009). The results of the code “impairment as a tragedy” of the thematic analysis indicate that both the moral and medical models of disability remain prevalent in Portuguese society. This could be seen historically, within the country’s strong Judeo-Christian moral framework dominating perceptions of disability, wherein disability was often seen as a reflection of moral or spiritual failings, which also aligned with the idea that people with disabilities were to be pitied or cared for, viewing it largely as an issue of charity (Fontes, 2016). This was particularly evident in part of the “euphemisms” code results, where terms like “blind” continue to carry outdated negative connotations. The limited impact of Enlightenment thought in Portugal delayed progressive attitudes toward disability, for example, with post-1755 earthquake policies distinguishing between the “deserving” and “undeserving” poor, a decree mandated that able-bodied vagrants would be sentenced to forced labor, while those deemed “invalid”, such as the blind, were allowed to beg in an “orderly and virtuous” manner (Fontes, 2016). This historical context sheds light on why, particularly among older, potentially more religious generations, the term “blind” is still associated with images of beggars or pitiable figures, reflecting the deep-rooted religious beliefs. By the 19th century, Portugal’s approach shifted toward a more medicalized perspective, reflecting the rise of the medical model of disability, with institutions created to segregate people with disability, and medical professionals began to assume authority over their lives (Fontes, 2016).

These models demonstrate how they have become deeply embedded in everyday thinking and social interactions (Guevara, 2021), both revealing the “individual model”, that places the responsibility for disability on the individual, reinforcing harmful stereotypes (Oliver, 2009). This aligns with the results, which show that the perception among non-disabled individuals—that people with disabilities are incapable of having good life’s—persists, thereby reinforcing the narrative of disability as a personal tragedy. Participants noted that this perception often arises from limited personal experiences with disability or infrequent interactions with people with disabilities. Disability advocate, Crow (1996), points out that people are generally not well-informed about disability and impairment. Impairment is commonly seen as a personal tragedy, creating fear and prioritizing medical solutions, which undermines the disability rights movement and fails to reflect how people with disabilities perceive their own lives, as it focuses on individual psychological or biological traits, ignoring social influences (Crow, 1996). The author further explains that “(...) the perception of impairment as personal tragedy is merely a social construction; it is not an inevitable way of thinking about impairment.” (Crow, 1996, p. 6). Research shows that knowledge of disability and contact with people with disability are the main influential factors in public attitudes towards this group (Wang et al., 2021), as it is emphasized that greater exposure leads to a better understanding of disability and higher levels of acceptance (Hong et al., 2014), and can lead to more positive views of people with disabilities capabilities, though it may also reinforce existing cultural norms (Vuong & Palmer, 2024). Also, literature indicates that people with disabilities can evoke discomfort and fear in non-disabled individuals, as they serve as reminders of human vulnerability and potential loss (Driessen, 2002; Mogendorff, 2016; Shakespeare, 1994). This suggests that unfamiliarity with disability, compounded by the influence of the dominant outdated models, can lead to fear, misunderstandings, and the reinforcement of negative (ableist) stereotypes.

This was evident in language, as the ableist terms presented in the “impairment as a tragedy” code reflected contradictory views of people with disabilities—both pity and admiration. Literature demonstrates that people with disabilities are often portrayed as ‘less than’ with any accomplishments framed as ‘admirable’ reinforcing society’s low expectations for them (Mogendorff, 2016). The findings highlight, once again, the persistent influence of the “individual model” that views individuals with disabilities through a lens of pity, as defective or in need of treatment or cure. Ultimately, framing disability as a tragedy strengthens the sense of otherness that people with disabilities frequently experience, while overlooking their inherent value and strengths (Guevara, 2021).

In this context, the findings related to the code “negative internalization” suggest that such societal perceptions may lead individuals to internalize ableist expressions, particularly during vulnerable moments, resulting in diminished self-esteem and increased feelings of isolation. The results highlight how societal framing, which often views impairment as unattractive and undesirable (Oliver, 2009), is shown to not only impact how others perceive people with disabilities but also how people with disabilities perceive themselves. They may internalize the “personal tragedy” viewpoint of their existence (Harpur, 2009; Oliver, 2009), a process that can lead to the adoption of negative stereotypes and the erosion of self-worth and confidence (St. Pierre & Peers, 2016), often reducing their lived experiences to one-dimensional stories of loss, overcoming and tragedy (Smart, 2009). This aligns with the broader literature, which underscores the pervasive impact of ableism that frame people with disabilities as victims or objects of pity. Scholars like Garland-Thomson (1999) have emphasized that, in response to these harmful narratives, there has been significant resistance focused on celebrating the strength, joy, and empowerment of living in a disabled body. This body of literature highlights the importance of shifting the discourse away from viewing disability as a personal tragedy and instead recognizing the value and agency of disabled individuals.

While this resistance aims to reclaim positive narratives surrounding disability, as mentioned before, the findings related to the code “euphemisms” reveal that blind and low vision participants prefer the term ‘blind’ to describe their impairment. These findings align with the pre-existing literature, as many blind and low vision individuals choose identity-first language (Bickford, 2004; NFB, 1993; Sharif et al., 2022). This may represent an effort to reclaim the negative associations often linked to the term ‘blind’, viewing it as a core aspect of one’s identity and a source of pride (Andrews, 2017; Gill, 1995; Forber-Pratt et al., 2019; Sue & Sue, 1999). Alternatively, it may also serve as a way to challenge euphemistic alternatives to ‘blind’, a stance likely rooted in identity-first language, as many participants equated the term ‘invisual’ with being “invisible”. Similar to Gernsbacher et al. (2016) findings on the term “special needs”, ‘invisual’ carries more negativity and causes confusion compared to simply using “blind.” The discussion surrounding disability terminology underscores the critical need for research into the language preferences of individuals with disabilities, as current efforts remain insufficient (Grech et al., 2023; Oliver, 1996).

Despite these findings—highlighting both the negative impact of ableist language on participants self-perception and a clear preference for specific terminologies—participants generally do not consider language and terminology to be an immediate priority, as reflected in the code “language is secondary”. This perspective can be understood within a broader context: mainstream views often attribute challenges solely to impairment, overlooking the social dimensions of disability (Crow, 1996). While substantial resources are directed toward impairment-related research and interventions, very little is invested in social changes that promote the inclusion of people with impairments. This one-sided approach limits disabled people’s understanding of the true causes of their circumstances and hampers their ability to respond effectively, as many responses to impairment are formulated by individuals who lack direct experience with it, yet these responses are presented as authoritative (Crow, 1996).

In consequence, the findings presented in the analysis of the codes “discrimination in society” and “accessibility issues” highlight the pervasive challenges faced by individuals with disabilities in various facets of society. Through the “discrimination in society” code, workplace ableism was reported, where participants encountered discriminatory attitudes during job interviews and overall employment, reinforcing feelings of exclusion. This aligns with research by McMahon and Shaw (2005) which indicates that despite legal protections, people with disability continue to face high rates of employment discrimination, including failures to accommodate and unlawful discharges, contributing to a lower labor force participation rate among people with disabilities, reflecting how entrenched societal attitudes create barriers to their integration into the workforce. This discrimination extends to those perceived as disabled, regardless of medical verification, particularly in hiring and discharge decisions (Draper et al., 2011), with biases also persisting against individuals with a record of disability (Draper et al., 2012). This underscores the need for inclusive recruitment and retention practices in the workplace to address these inequities (Lindsay et al., 2022). The Disability Discrimination Act requires proactive disability management strategies to minimize legal issues, and the human-resources (HR) function is crucial in implementing these strategies effectively (Bruyere & James, 1997; Gooding, 2000). Moreover, the participants' accounts reveal an ongoing neglect of policies meant to support and integrate individuals with disabilities. Such lapses can be seen to align with Jenkins and Davies (2006) findings, as people with intellectual disabilities have greater health needs but face restricted access to health care. This can be considered a form of abuse, highlighting a pattern where societal neglect of people with disabilities affects their engagement with multiple systems. As it was previously seen, Portugal faces a significant challenge in translating government agendas into meaningful disability policies and, equally important, in the effective implementation of these policies once approved (Fontes, 2016). Attitudinal discrimination, another key theme, illustrates the unsolicited assistance offered by non-disabled individuals when interacting with disabled people, as noted by the participants. This reinforces ableist stereotypes and deprives people with disabilities of autonomy, as found in Mogendorff's (2016) and Dunn's (2019b) work, which demonstrates a need for a cultural shift where people with disabilities are asked how they prefer to be treated, fostering more respectful and individualized interactions. The family and relational dynamics further compound these challenges. Research shows that people with disabilities may be excluded from social activities, as others may hesitate to make eye contact or start conversations with someone who has a visible disability (Asendorpf, 1990). The analysis of "accessibility issues" also highlights the physical barriers that people with disabilities regularly confront in navigating public spaces. Participants describe the infrastructural inadequacies that restrict their mobility and prevent full societal participation. These findings are consistent with the research of Kapsalis et al. (2022), which documents the detrimental effects of poorly designed urban environments on individuals using mobility aids. Similarly, other studies reveal that individuals with visual impairments encounter significant obstacles due to a lack of accessible wayfinding solutions and inadequate information presentation, intensifying their isolation in public spaces (El-Taher et al., 2021; Park & Chowdhury, 2018).

The findings of the code “dealing with discrimination” show that people with disabilities recognize the importance of understanding how to handle these challenges, as this helps them manage stress responses. Additionally, the code indicates that humor is a powerful tool in the context of disability and living with impairments. To support the findings, it was found that individuals with disabilities use humor as a coping mechanism to manage stress and adapt to their conditions, as it aids in addressing the psychological aspects of living with a disability (Burkhead et al., 1996; Umucu & Lee, 2020). Disability humor can debunk stereotypes and enhance the well-being and quality of life for individuals with disabilities (Venkatesan, 2022), and it serves as an advocacy tool, challenging exclusionary practices in education and policy, and shifting mainstream perspectives on disabled people (Anesi, 2018). For instance, exposure to humorous media about disabilities can improve attitudes toward disabled individuals, making employers more likely to have positive perceptions and consider hiring them (Anesi, 2018; Smedema et al., 2012). However, the complexities surrounding humor and disability requires careful consideration to ensure it is used in a supportive and empowering manner. The relationship between humor and disability is complex; while it can empower people with disabilities to share their experiences and dismantle stereotypes, it can sometimes demean them (Coogan & Mallett, 2013; Venkatesan, 2022).

Regarding the “positive aspects of impairment” code, the results emphasize that living with disability is not a tragedy and that certain impairments can offer advantages not experienced by those without disabilities. This aligns with research suggesting that disability should not be automatically associated with suffering or negativity (Andrews et al., 2019; Dunn, 2015; Dunn, 2019b). Additionally, certain conditions, like the cystic fibrosis gene providing resistance to cholera, and some impairments being associated with increased creativity or intellectual abilities, suggest that disabilities can contribute valuable qualities to society. However, resources are often allocated in a generalized way to eliminate impairments, without considering the unique experiences and perspectives of those living with them (Crow, 1996).

As for the results of the code “less discriminatory views on disability”, a positive shift in society’s perception of disability was observed, with the possibility of being driven by younger generations challenging dated views in favor of more inclusive attitudes. The literature indicates that younger individuals tend to hold more positive attitudes (Domagała-Zyśk, 2021; Goreczny et al., 2011; Yazbeck et al., 2004), likely due to school initiatives and training programs that focus on reducing stereotypes, and, in contrast, the older generations often maintain more traditional beliefs, that can lead to negative attitudes towards individuals with disabilities (Goreczny et al., 2011). These findings align with the "less discriminatory views on disability" code, as well as the "impairment as a tragedy" code, as it suggests that older generations are more likely to hold ableist views towards disabilities. However, Domagała-Zyśk (2021) also found that during the pandemic, the oldest generation showed greater compassion toward individuals with intellectual disabilities, possibly due to their shared vulnerability to the effects of COVID-19, both medically and socially. These mixed findings suggest that factors beyond age, one of them being that, and as mentioned before, such as exposure to disabilities, also play a significant role in shaping attitudes.

To conclude the findings, the "impact of technology" reveals that advancements in technologies play a transformative role in enhancing the independence and quality of life for people with disabilities. Participants expressed that these technologies, ranging from mobile applications to assistive devices, empowered them to engage more fully with the world, allowing greater participation in daily activities, communication, and self-care. These results align with broader research that collectively highlight that assistive technologies significantly enhance autonomy and quality of life for people with disabilities. Nikitchenko et al. (2021) highlight the role of Information Technology solutions, such as speech recognition, in promoting independence. Jamwal et al. (2020) and Siegel & Dorner (2017) underscore the role of smart home technologies in improving participation and control over the environment. Kanade (2012) discusses how Quality of Life Technologies enhance both physical and cognitive functions, while Dam et al. (2023) focus on how Assistive Living Technologies boost perceived independence, empowerment, and security. However, while technological advancements provide clear benefits, there are still significant challenges around access and usability. As Agree (2014) highlights, technology's full potential can only be realized if issues such as affordability, user-friendliness, and accessibility are addressed. This is especially important as disparities in access could exacerbate existing inequalities in healthcare and social participation for people with disabilities (Wise, 2012).

Conclusion

This study has explored how ableism is embedded in language and how it affects the lived experiences of people with disabilities in Portuguese society. The findings reveal that ableist perceptions, very much rooted in the moral and medical models of disability, continue to dominate societal thinking and attitudes, as they are reflected in language use. These models frame disability as a personal tragedy and reinforce a narrative of pity, placing the burden on individuals with disabilities to adapt to societal norms. The continued use of language framing disability as a personal tragedy is seen to negatively impact participants, as it is detrimental to their self-perception, reinforcing the view of disability as something bad. However, despite these, the results highlight that participants currently prioritize issues of accessibility and discrimination over language reform. This reflects a broader cultural context where the social model of disability remains underdeveloped, and ableism continues to shape societal attitudes and interactions. While there are signs of progress, particularly among younger generations, these shifts are not yet sufficient to overcome the deeply ingrained ableism and negative perceptions surrounding disability. Moreover, while technology holds promises for enhancing the lives of people with disabilities, access to and the usability of assistive technologies can be challenging. Participants acknowledged the transformative potential of these tools, but literature emphasized that further improvements are needed to make them more accessible and affordable. The participants' experiences highlight the need for a deeper cultural change that tackles both the challenges of disability and impairment experienced by people with disabilities. Only after these needs are addressed, ableism in language can become a central issue to focus on.

5.1 Suggestions

To address the challenges faced by people with disabilities, it is essential to promote a more social understanding of disability through education and awareness programs aimed at reshaping public perceptions and reducing stereotypes. The following will have a base underline adapted from Crow's (1996) work. These programs should focus on two key areas: first, fostering a better understanding of disability and impairment, and second, recognizing the diverse ways people experience their bodies over time and across different contexts. The social model of disability should provide a helpful framework, illustrating that impairment relates to how the body functions, while disability stems from society's reactions and the barriers it creates. Although these concepts can exist independently, they often overlap, and understanding one requires attention to the other. Integrating open discussions about impairment into educational programs can raise awareness of the varied experiences individuals face, helping to dismantle stereotypes and promoting a more respectful, natural view on disability. Additionally, understanding impairment empowers individuals by allowing them to better understand their bodies, identify their needs, and access available resources. This is a crucial step toward collective action in addressing the challenges of disability. With increased awareness of impairment, society can take more informed steps to remove barriers and accommodate the diverse needs of people with disabilities.

While language was not identified as a primary concern, efforts to challenge ableist language and explore preferred terminologies within disability communities should still be pursued. Initiatives aimed at moving away from pity-based or euphemistic terms can empower people with disabilities. However, further research is needed to explore this issue fully and ensure that any changes in terminology are guided by input from the affected groups. As it was shown, ‘invisual’ is commonly used today, but most blind and low vision participants expressed their dislike for it, reinforcing the importance of input from these communities before adopting new terms. This reinforces the need to consult and involve the communities in decision-making processes regarding language use, ensuring that their preferences shape policies and practices.

More immediate attention should be directed toward combating discrimination and improving accessibility in both public spaces and institutions. This includes addressing not only legal and social barriers but also physical accessibility. Many individuals still encounter obstacles in public spaces due to inadequate infrastructure. Inclusive urban planning is crucial, with reforms prioritizing accessibility in both new developments and existing structures. Features like ramps, elevators, accessible public transport, and clear signage are essential for ensuring that people with disabilities can move freely and participate fully in society. Governments should enforce stricter regulations and ensure their proper implementation to guarantee consistent accessibility. Beyond physical barriers, attitudinal challenges also persist. Discriminatory attitudes and practices, especially in employment, continue to hinder the inclusion of people with disabilities. Strengthening legal protections against workplace discrimination is necessary, and existing laws must be rigorously enforced. If people with disabilities meet the qualifications for a job, they should not face discrimination based on their impairments. Furthermore, companies should adopt inclusive hiring, retention, and promotion practices. Policies that support employees with disabilities and provide reasonable accommodations are crucial for fostering an inclusive workplace. Training HR professionals to handle disability-related issues sensitively and fairly is also essential to ensure equitable treatment and to promote a culture of respect. Again, a cultural shift is needed to challenge societal views that often frame disability as a limitation rather than recognizing the diversity and potential of people with disabilities. By improving accessibility, enforcing legal protections, and addressing discrimination, society is a step closer to enable people with disabilities to participate fully in all aspects of life.

In terms of technology's positive potential, improving access to assistive devices is also essential. Policies should aim to make these technologies more affordable and user-friendly, ensuring they meet the diverse needs of people with disabilities. Subsidies and design innovations can help unlock the transformative potential of technology, offering individuals greater independence and participation in daily life.

Lastly, emotional and psychological well-being programs should be developed to support people with disabilities in managing impairment and societal challenges. Workshops that promote resilience, stress management, and the use of humor as a tool for empowerment can help individuals navigate the challenges of living with 'disability'.

In conclusion, addressing the challenges faced by people with disabilities requires a multi-faceted approach, that includes promoting social understanding through education, challenging discriminatory attitudes, improving accessibility, enhancing legal protections, ensuring access to technology and programs focused on emotional and psychological support. The aspects suggested, when put into practice, can foster not just an inclusive, but an accepting and helpful society, where all individuals, regardless of ability, can participate fully and equally.

5.2 Study Limitations

The limitations of this research study primarily stem from the scope of participant recruitment and wider geographic coverage. While the study provided valuable insights into ableism and language within Portuguese society, it could have benefited from a larger and diverse sample size. However, given the time constraints associated with completing a master's thesis and the limited availability of participants for interviews, the number of participants was the best possible within the given timeframe. The adherence to the study was the best that could be achieved, essentially, through the snowball sampling method.

Additionally, a broader geographic representation would have allowed for a more diverse range of perspectives, but due to a lack of funding and resources, it was not feasible to include participants from other parts of the country. These factors may limit the generalizability of the findings, though the study still provides meaningful insights into the experiences of individuals with disabilities and the impact of ableist language in the regions covered. Future research with a larger sample size and more diverse geographic representation would help address these limitations and provide a more comprehensive understanding of the issue.

References

Agree, E. (2014). The potential for technology to enhance independence for those aging with a disability. *Disability and health journal*, *7*(1), S33-9. https://doi.org/10.1016/j.dhjo.2013.09.004.

Alexander, N., & Taylor Gomez, M. (2017). Pleasure, sex, prohibition, intellectual disability and dangerous ideas. *Reproductive Health Matters, 25*(50), 114-120, https://doi.org/10.1080/09688080.2017.1331690.

Altman, B. (2001). Disability definitions, models, classification schemes, and applications. In G. L. Albredht, K. D. Seelman, & M. Bury (Eds.), *Handbook of disability studies* (pp. 97-122). Sage. http://dx.doi.org/10.4135/9781412976251.n4.

American Psychological Association. (2012). Guidelines for assessment of and intervention with persons with disabilities. *American Psychologist, 67*, 43-62. http://dx.doi.org/10.1037/a0025892.

Americans with Disabilities Act. (1990). *P.L. 101–336*. https://www.govinfo.gov/content/pkg/STATUTE-104/pdf/STATUTE-104-Pg327.pdf.

Andrews E. E., Powell, R. M., & Ayers, K. (2022). The evolution of disability language: Choosing terms to describe disability. *Disability Health Journal, 15*(3), 101328. http://dx.doi.org/10.1016/j.dhjo.2022.101328.

Andrews, E. E. (2017). *Disability models. In Practical psychology in medical rehabilitation*, (pp. 77-83). Springer.

Andrews, E. E., Kuemmel, A., Williams, J. L., Pilarski, C. R., Dunn, M., & Lund, E. M. (2013). Providing culturally competent supervision to trainees with disabilities in rehabilitation settings. *Rehabilitation Psychology, 58*, 233-244. http://dx.doi.org/10.1037/a0033338.

Anesi, J. (2018). Laughing matters: humour as advocacy in education for the disabled. *Disability & Society*, 33, 723-742. https://doi.org/10.1080/09687599.2018.1453782.

Annamma, S. A., Connor, D., & Ferri, B. (2013): Dis/ability critical race studies (DisCrit): theorizing at the intersections of race and dis/ability. *Race Ethnicity and Education, 16*(1), 1-3. https://doi.org/10.1080/13613324.2012.730511.

Appleman, L. (2018). Deviancy, dependency, and disability: The forgotten history of eugenics and mass incarceration. *Duke Law Journal, 68*(3), 417-478. Deviancy, Dependency, and Disability: The Forgotten History of Eugenics and Mass Incarceration (duke.edu).

Armstrong, S. W. (1983). The effects of material difficulty upon learning disabled children's oral reading and reading comprehension. *Learning Disability Quarterly, 6*(3), 339-348. https://doi.org/10.2307/1510445.

Asendorpf, J. B. (1990). Beyond social withdrawal: Shyness, unsociability, and peer avoidance. *Human Development, 33*(4-5), 250-259. https://doi.org/10.1159/000276522.

Barnes, C. (1997). A legacy of oppression: A history of disability in Western culture. In L. Baron & M. Oliver (Eds.), *Disability studies: Past, present and future* (pp. 3-24). Leeds: The Disability Press.

Barnes, C. (2018). Theories of Disability and the Origins of the Oppression of Disabled People in Western Society. In L. Barton (Ed.), *Disability and Society: Emerging Insights and Issues,* (pp.43–60). Routledge. https://doi.org/10.4324/9781315841984-4.

Barnes, C., Mercer, G., & Shakespeare, T. (1999). *Exploring disability: A sociological introduction*. Polity Press.

Baynton, D. C. (2001). Disability and the Justification of Inequality in American History. In P. K. Longmore & L. Umansky (Eds.), *The New Disability History*. New York University Press.

Bayton, D. C. (2013). Disability and the Justification of Inequality in American History. In L. J. Davis (Ed.), *The Disability Studies Reader* (pp. 17-32). Routledge.

Begelman, D. A. (1971). Misnaming, Metaphors, the Medical Model, and Some Muddles. *Psychiatry, 34*(1), 38-58. https://doi.org/10.1080/00332747.1971.1102365.

Best, K., Mortenson, W., Lauzière-Fitzgerald, Z., & Smith, E. (2022). Language matters! The long-standing debate between identity-first language and person first language. *Assistive Technology*, 34, 127-128. https://doi.org/10.1080/10400435.2022.2058315.

Bickford, J. (2004). Preferences of individuals with visual impairments for the use of person-first language. *Rehabilitation Education for Blindness and Visual Impairment, 36*, 120-126. http://dx.doi.org/10.3200/REVU.36.3.120-126.

Bogart, K. R., & Dunn, D. S. (2019). Ableism Special Issue Introduction. *Journal of Social Issues*. https://doi.org/10.1111/josi.12354.

Bogart, K. R., Bonnett, A. K., Logan, S. W., & Kallem, C. (2022). Intervening on Disability Attitudes through Disability Models and Contact in Psychology Education. *Scholarship of Teaching and Learning in Psychology, 8*(1), 15-26. https://doi.org/10.1037/stl0000194.

Botha, M., Hanlon, J., & Williams, G. L. (2020). Does Language Matter? Identity-First Versus Person-First Language Use in Autism Research: A Response to Vivanti. *Journal of Autism and Developmental Disorders*, *53*, 870-878. https://doi.org/10.1007/s10803-020-04858-w.

Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J. & Hand, B. N. (2021). Avoiding Ableist Language: Suggestions for Autism Researchers. *AUTISM IN ADULTHOOD, 3*(1), 18-29. https://doi.org/10.1089/aut.2020.0014.

Braun, V., & Clarke, V. (2022). *Thematic Analysis: A Practical Guide*. SAGE.

Brown, N., & Ramlackhan, K. (2022). Exploring experiences of ableism in academia: a constructivist inquiry. *Higher Education, 83*, 1225-1239 https://doi.org/10.1007/s10734-021-00739-y.

Bruyere, S., & James, P. (1997). Disability management and the Disability Discrimination Act. *Human Resource Management Journal*, 7, 5-17. https://doi.org/10.1111/J.1748-8583.1997.TB00278.X.

Buijsman, R., Begeer, S., & Scheeren, A. (2022). ‘Autistic person’ or ‘person with autism’? Person-first language preference in Dutch adults with autism and parents. *Autism*, 27, 788 - 795. https://doi.org/10.1177/13623613221117914.

Bunbury, S. (2019). Unconscious bias and the medical model: How the social model may hold the key to transformative thinking about disability discrimination. *International*

Journal of Discrimination and the Law, *19*(1), 26-47. https://doi.org/10.1177/1358229118820742.

Burkhead, E., Ebener, D., & Marini, I. (1996). Humor, Coping and Adaptation to Disability. *Journal of Applied Rehabilitation Counseling*, 27, 50-53. https://doi.org/10.1891/0047-2220.27.4.50.

Campbell, F. K. (2001). Inciting Legal Fictions: 'Disability's Date with Ontology and the Ableist Body of the Law. *Griffith Law Review*, *10*(1), 42-62. https://research-repository.griffith.edu.au/server/api/core/bitstreams/bdf45182-e5b6-59f6-8285-2c44ad749a65/content.

Campbell, F. K. (2009). *Contours of ableism: Territories, objects, disability and desire.* Palgrave Macmillan.

Campbell, F. K. (2014). Ableism as Transformative Practice. In C. Cocker & T. Hafford Letchfield (Eds.), *Rethinking Anti-Discriminatory and Anti-Oppressive Theories for Social Work Practice*, (pp. 78-92). Palgrave Macmillan.

Carlson, L. (2010). *The faces of intellectual disability*. Indiana University Press.

Center, M. (2021). Accessible Wayfinding Solutions for Persons with Disabilities. *Nafath*. https://doi.org/10.54455/mc.nafath17.06.

Cherney, J. L. (2011). The rhetoric of ableism. *Disability Studies Quarterly, 31*(3). The Rhetoric of Ableism | Disability Studies Quarterly (dsq-sds.org).

Cohen, A. (2016). *Imbeciles: The Supreme Court, American Eugenics, and the Sterilization of Carrie Buck*. Penguin.

Comissão Nacional para a Promoção dos Direitos e Proteção das Crianças e Jovens. (2014). *Avaliação da Atividade das Comissões de Proteção das Crianças e Jovens — Relatório Anual 2013* [Assessment of the Activity of Child and Adolescent Protection Commissions — Annual Report 2013]. Relatório Anual de avaliação da atividade das CPCJ do ano de 2013.pdf

Coogan, T., & Mallett, R. (2013). Introduction: Disability, Humour and Comedy. *Journal of Literary & Cultural Disability Studies*, 7, 247-253. https://doi.org/10.3828/JLCDS.2013.22.

Crocker, A., & Smith, S. (2019). Person-first language: are we practicing what we preach? *Journal of Multidisciplinary Healthcare*, 12, 125-129. https://doi.org/10.2147/JMDH.S140067.

Croom, A. M. (2015). Slurs, stereotypes, and in-equality: a critical review of "How Epithets and Stereotypes are Racially Unequal." *Language Sciences, 52*, 139-154. https://doi.org/10.1016/j.langsci.2014.03.001.

Crow, L. (1996). Including All of Our Lives: Renewing the social model of disability. https://www.roaring-girl.com/wp-content/uploads/2013/07/Including-All-of-Our-Lives.pdf.

D'Alessio, S. (2011). *Inclusive education in Italy: A critical analysis of the policy of integrazione scolastica*. Sense Publishers.

Da Silva, S. H., & Hubbard, K. (2024). Confronting the Legacy of Eugenics and Ableism: Towards Anti-Ableist Bioscience Education. *CBE—Life Sciences Education, 23*(3). https://doi.org/10.1187/cbe.23-10-0195.

Dam, K., Gielissen, M., Bles, R., Poel, A., & Boon, B. (2023). The impact of assistive living technology on perceived independence of people with a physical disability in executing daily activities: a systematic literature review. *Disability and rehabilitation. Assistive technology*, 1-10. https://doi.org/10.1080/17483107.2022.2162614.

Davis. J. L. (2013). Introduction: Normality, Power, and Culture. *The Disability Studies Reader* (pp. 1-12). Routledge.

Direção-Geral de Estatísticas da Educação e Ciência. (2023). *Educação Inclusiva 2021/2022 Apoio à Aprendizagem e à Inclusão* [Inclusive Education 2021/2022 Support for Learning and Inclusion], *Escolas públicas da rede do Ministério da Educação*. https://www.dgeec.medu.pt/api/ficheiros/6552443645525547319 3d2b0.

Domagała-Zyśk, E. (2021). Attitudes of Different Age Groups Toward People With Intellectual Disability During the COVID-19 Pandemic. *Front Psychiatry, 12,* 591707. https://doi.org/10.3389/fpsyt.2021.591707.

Draper, W., Hawley, C., Mcmahon, B., & Reid, C. (2012). Workplace discrimination and the record of disability. *Journal of Vocational Rehabilitation*, 36, 199-206. https://doi.org/10.3233/JVR-2012-0594.

Draper, W., Reid, C., & Mcmahon, B. (2011). Workplace Discrimination and the Perception of Disability. *Rehabilitation Counseling Bulletin*, 55, 29-37. https://doi.org/10.1177/0034355210392792.

Driessen, H. (2002). *Pijn en cultuur* [Pain and culture]. Wereldbibliotheek.

Dunn, D. S. (2015). *The social psychology of disability*. Oxford University Press.

Dunn, D. S. (2019a). Outsider privileges can lead to insider disadvantages: Some psychosocial aspects of ableism. *Journal of Social Issues, 75*(3), 665-682. https://doi.org/10.1111/josi.12331.

Dunn, D. S. (2019b). Recognizing, Understanding, and Avoiding Ableism. https://www.apa.org/pi/disability/committee/recognizing-and-avoiding-ableism.pdf.

Dunn, D. S., & Andrews, E. E. (2015). Person-first and identity-first language: Developing psychologists' cultural competence using disability language. *American Psychologist, 70*(3), 255-264. https://doi.org/10.1037/a0038636.

Durham, C., & Ramcharan. P. (2018). Understanding the Assumptions of Major Models of Disability Theory. *Insight into Acquired Brain Injury* (pp. 31-51). Springer. https://doi.org/10.1007/978-981-10-5666-6_2.

Dwyer P. (2022). Stigma, Incommensurability, or Both? Pathology-First, Person-First, and Identity-First Language and the Challenges of Discourse in Divided Autism Communities. *Journal of developmental and behavioral pediatrics*, *43*(2), 111-113. https://doi.org/10.1097/DBP.0000000000001054.

El-Taher, F., Taha, A., Courtney, J., & Mckeever, S. (2021). A Systematic Review of Urban Navigation Systems for Visually Impaired People. *Sensors, 21*(9), 3103. https://doi.org/10.3390/s2109310321.

Engel G. L. (1977). The need for a new medical model: a challenge for biomedicine. *Science*, *196*(4286), 129-36. https://doi.org/10.1126/science.847460.

Espí Forcén, C., & Espí Forcén, F. (2014). Demonic possessions and mental illness: Discussion of selected cases in late medieval hagiographical literature. *Early Science and Medicine, 19*(3), 258-279. https://doi.org/10.1163/15733823-00193p03.

European Council. (2024, March 4). *Disability in the EU: facts and figures.* https://www.consilium.europa.eu/en/infographics/disability-eu-facts-figures/.

European Parliament. (2023, June 8). *Esterilização forçada de pessoas com deficiência na EU* [Forced sterilization of people with disabilities in the EU]. https://www.europarl.europa.eu/doceo/document/E-9-2023-001857_PT.html.

Fairclough N. (2013). *Critical Discourse Analysis: The Critical Study of Language*. Routledge.

Finkelstein, V. (1980). *Attitudes and Disabled People: Issues for Discussion*. World Rehabilitation Fund.

Flowers, J., Dawes, J., McCleary, D., & Marzolf, H. (2023). Words matter: Language preferences in a sample of autistic adults. *Neurodiversity*. https://doi.org/10.1177/27546330231216548.

Fontes, F. (2016). *Pessoas com deficiência em Portugal* [People with disabilities in Portugal]. Fundação Francisco Manuel dos Santos.

Forber-Pratt, A. J., Mueller, C. O., & Andrews, E. E. (2019). Disability identity and allyship in rehabilitation psychology: Sit, stand, sign, and show up. *Rehabilitation Psychology, 64*(2), 119-129. http://dx.doi.org/l0.1037/rep0000256.

French, S. (1993). Disability, Impairment or Something in Between. In J. Swain, S. French, C. Barnes, & C. Thomas (Eds.), *Disabling Barriers, Enabling Environments* (pp. 17-25). London: Sage.

Gabinete de Estratégia e Planeamento do Ministério do Trabalho e Solidariedade Social. (2023). *Indicadores sobre a Deficiência e Incapacidade: Contributo para a ENIPD 2021-2025* [Indicators on Disability and Disability: Contribution to ENIPD 2021-2025]. https://www.gep.mtsss.gov.pt/documents/10182/80545/Indicadores+sobre+a+Defici%C3%AAncia+e+Incapacidade+-+Contributo+para+a+ENIPD+2021-2025.pdf/1926e031-1574-4cd8-826e-e064cf80e973.

Galvin, R. (2003). The Making of the Disabled Identity: A Linguistic Analysis of Marginalisation. *Disability Studies Quarterly Spring, 23*, 2, 149-178. www.cds.hawaii.edu/dsq.

Garland-Thomson, R. (1999). Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature. *MELUS, 24*(3), 183-185. University Press. https://doi.org/10.2307/468051.

Garland-Thomson, R. (2017). Eugenic world building and disability: The strange world of Kazuo Ishiguro's Never Let Me Go. *Journal of Medical Humanities, 38*(2), 133-145. https://doi.org/10.1007/s10912-015-9368-y.

Geelhand, P., Papastamou, F., Belenger, M., Clin, E., Hickman, L., Keating, C., & Sowden, S. (2023). Autism-Related Language Preferences of French-Speaking Autistic Adults: An Online Survey. *Autism in adulthood: challenges and management, 5*(3), 275-288. https://doi.org/10.1089/aut.2022.0056.

Gernsbacher, M. A. (2017). Editorial Perspective: The use of person-first language in scholarly writing may accentuate stigma. *Journal of Child Psychology and Psychiatry Volume, 58*(7), 859-861. https://doi.org/10.1111/jcpp.12706.

Gernsbacher, M. A., Raimond, A. R., Balinghasay, M. T., & Boston, J. S. (2016). “Special needs” is an ineffective euphemism. *Cognitive Research: Principles and Implications, 1*(1), 1-13. https://doi.org/10.1186/s41235-016-0025-4.

Gesser, M., Böck, G. L. K., & Lopes, P. H. (2020). *ESTUDOS DA DEFICIÊNCIA: anticapacitismo e emancipação social* [DISABILITY STUDIES: anti-ableism and social emancipation]. Editora CRV.

Gill, C. J. (1995). A psychological view of disability culture. *Disability Studies Quarterly, 15*(4), 16–19. www.independentliving.org/docs3/gill1995.html.

Gin, L. E., Pais, D., Cooper, K. M., & Brownell, S. E. (2022). Students with Dis abilities in Life Science Undergraduate Research Experiences: Challenges and Opportunities. *CBE Life Sciences Education, 21*(2), ar32. https://doi.org/10.1187/cbe.21-07-0196.

Gomes, M. (2018). A Study of the Effectiveness of People-First Language. https://hdl.handle.net/10724/37873.

Gooding, C. (2000). Disability Discrimination Act: from statute to practice. *Critical Social Policy*, 20, 533-549. https://doi.org/10.1177/026101830002000405.

Goreczny, A., Bender, E., Caruso, G., & Feinstein, C. (2011). Attitudes toward individuals with disabilities: results of a recent survey and implications of those results. *Research* *in developmental disabilities, 32*(5), 1596-609. https://doi.org/10.1016/j.ridd.2011.02.005.

Grech, L., Koller, D., & Olley, A. (2023). Furthering the person-first versus identity-first language debate. *Australian Psychologist*, 58, 223-232. https://doi.org/10.1080/00050067.2023.2192863.

Guevara, A. (2021). The need to reimagine disability rights law because the medical model of disability fails us all. *Wisconsin Law Review, 2021*(2), 269-292. https://ssrn.com/abstract=3957584

Hahn, H. (1985). Toward a politics of disability: Definitions, disciplines, and policies. *The Social Science Journal, 22*(4), 87-105.

Halmari, H. (2011). Political correctness, euphemism, and language change: The case of 'people first'. *Journal of Pragmatics, 43*(3), 828-840. https://doi.org/10.1016/j.pragma.2010.09.016.

Harpur, P. (2009). Sexism and Racism, Why Not Ableism? Calling for a Cultural Shift in the Approach to Disability Discrimination. *Alternative Law Journal, 34*(3), 163. https://www.austlii.edu.au/cgi-bin/viewdoc/au/journals/AltLawJl/2009/49.html.

Hehir, T. (2007). Confronting Ableism. Educational Leadership: Journal of the Department of Supervision and Curriculum Development, *N.E.A, 64*(5), 8-14. www.learntechlib.org/p/99685/.

Henderson, G., & Bryan, W. V. (2011). *Psychosocial aspects of disability* (4th ed.). Charles C Thomas Publisher.

Herrnstein, R. J., & Murray, C. A. (1994). *The bell curve: Intelligence and class structure in American life.* Free Press.

Hogan, A. D. (2019). Social and medical models of disability and mental health: evolution and renewal. *CMAJ, 191*(1), E16–E18. https://doi.org/10.1503/cmaj.181008.

Hojati, A. (2012). A study of euphemisms in the context of English-speaking media. *International Journal of Linguistics, 4*(4), 552-562. https://doi.org/10.5296/ijl.v4i4.2933.

Hong S., Kwon K., Jeon H. (2014). Children's attitudes towards peers with disabilities: associations with personal and parental factors. *Infant and Child Development 23*(2), 170-193. https://doi.org/10.1002/icd.1826.

Hovhannisyan, A. (2020). Preventing the birth of 'inferior offspring': eugenic sterilizations in postwar Japan. *Japan Forum*, 33, 383-401. https://doi.org/10.1080/09555803.2020.1731570.

Hughes, B. (2000). Medicine and the Aesthetic Invalidation of Disabled People. *Disability & Society, 15*(4), 555-68. http://dx.doi.org/10.1080/09687590050058170.

Human Rights Watch. (2020). *World report.* World Report 2020 Book with cover (hrw.org).

Instituto Nacional de Estatística. (2021). *CENSOS 2021 – Indicadores/Bases de dados* [CENSUS 2021 – Indicators/Databases]. https://tabulador.ine.pt/.

Instituto Nacional de Estatística. (2022). *O que nos dizem os Censos sobre as dificuldades sentidas pelas pessoas com incapacidades – 2021* [What the Censuses tell us about the difficulties experienced by people with disabilities – 2021]. https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_publicacoes&PUBLICACOESpub_boui=66200373&PUBLICACOESmodo=2.

Jamwal, R., Jarman, H., Roseingrave, E., Douglas, J., & Winkler, D. (2020). Smart home and communication technology for people with disability: a scoping review. *Disability and Rehabilitation: Assistive Technology*, 17, 624-644. https://doi.org/10.1080/17483107.2020.1818138.

Jenkins, R., & Davies, R. (2006). Neglect of people with intellectual disabilities: a failure to act? *Journal of intellectual disabilities. JOID*, *10*(1), 35-45. https://doi.org/10.1177/1744629506062273.

Kamenetsky, S. B., & Sadowski, A. S. (2020). Does Language Type Affect Perceptions of Disability Images? An Experimental Study. *Journal of Education Teaching and Social Studies 2*(4),75. http://dx.doi.org/10.22158/jetss.v2n4p75.

Kanade, T. (2012). Quality of Life Technology. *Proc. IEEE*, 100, 2394-2396. https://doi.org/10.1109/JPROC.2012.2200555.

Kapsalis, E., Jaeger, N., & Hale, J. (2022). Disabled-by-design: effects of inaccessible urban public spaces on users of mobility assistive devices - a systematic review. *Disability* *and rehabilitation. Assistive technology*, 1-19. https://doi.org/10.1080/17483107.2022.2111723.

Kasser, S. L., & Lytle, R. K. (2005). *Inclusive Physical Activity: A Lifetime of Opportunities*. Champaign, IL: Human Kinetics.

Keller, R. M., & Galgay, C. E. (2010). Microaggressive experiences of people with disabilities. In D. W. Sue (Ed.), *Microaggressions and marginality: Manifestation, dynamics, and impact* (pp. 241-267). Wiley.

Kenny L, Hattersley C, Molins B, Buckley C, Povey C, & Pellicano E. (2016). Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism: the international journal of research and practice, 20*(4), 442-462. https://doi.org/10.1177/1362361315588200.

Lindsay, S., Fuentes, K., Ragunathan, S., Lamaj, L., & Dyson, J. (2022). Ableism within health care professions: a systematic review of the experiences and impact of discrimination against health care providers with disabilities. *Disability and Rehabilitation*, 45, 2715-2731. https://doi.org/10.1080/09638288.2022.2107086.

Linton, S. (1998). *Claiming disability, knowledge and identity*. University Press.

Liu, T. T., & Shibata, T. (2021). Automatically Neutralizing Ableist Language in Text. web.stanford.edu/class/archive/cs/cs224n/cs224n.1214/reports/final_reports/report079.pdf.

Llewellyn, A., Agu, L. & Mercer, D. (2008). *Sociology for social workers*. Cambridge, UK.

Lynch, R. T., Thuli, K., & Groombridge, L. (1994). Person-first disability language: A pilot analysis of public perceptions. *Journal of Rehabilitation, 60*(2), 18-22. https://link.gale.com/apps/doc/A16514166/HRCA?u=anon~a738e87&sid=googleScholar&xid=bb33135f.

Mackelprang, R. W., & Salsgiver, R. O. (2009). *Disability: A Diversity Model Approach in Human Service Practice.* Chicago: Lyceum Books.

Marks, D. (1999). *Disability: Controversial debates and psychosocial perspectives*. Taylor & Francis/Routledge.

Marôco, J. (2021). *Análise Estatística com o SPSS Statistics* [Statistical Analysis with SPSS Statistics] (8th ed.). ReportNumber.

Mathers, N., Fox, N. F., & Hunn, A. (2000). Research Approaches in Primary Care. In A. Wilson, M. Williams & B. Hancock (Eds.), *Using Interviews in a Research Project* (pp.113-134). Radcliffe Medical Press/Trent Focus. https://www.researchgate.net/publication/253117832_Using_Interviews_in_a_Research_Project.

McClure, J. (2007). *Preaching words*. Westminster John Knox Press.

Mcmahon, B., & Shaw, L. (2005). Workplace Discrimination and Disability. *Journal of Vocational Rehabilitation*, 23, 137-143. https://doi.org/10.1177/003435521141070.

Mello, N., Pereira, V., Pereira, É., & Santos, L. (2020). Violence against disabled persons: Brazilian's Health Service's Notifications, 2011 to 2017. *European Journal of Public Health*. https://doi.org/10.1093/eurpub/ckaa166.1184.

Mirić, F., & Nikolajević, A. (2022). VIOLENCE AGAINST PERSONS WITH DISABILITIES: THE "DARK NUMBER" OF CRIME. *Facta Universitatis, Series: Law and Politics*. https://doi.org/10.22190/fulp2102111m.

Mogendroff, K. (2016). Mens sana. Rethinking the role of emotions. In R. K. Bako, G. Horvath (Eds.). *Pity, fear and 'admiration' for disabled people. The role and function of emotions in encounters between disabled people and non-disabled people* (pp.111-129). Partium Press, Debrecen University Press.

Morgan, J. N. (2019). Reflections on Representing Incarcerated People with Disabilities: Ableism in Prison Reform Litigation. https://doi.org/10.2139/ssrn.3424341.

Morris, J. (1991). *Pride against prejudice: Transforming attitudes to disability*. London: Women's Press.

National Federation of the Blind. (1993). Resolution 93–01. NFB-resolution.pdf (mit.edu).

Neisser, U. (1967). *Cognitive Psychology*. Appleton Crofts.

Nikitchenko, A., Yakovenko, N., Sribna, I., & Kondratenko, N. (2021). Impact of information technology on the lives of people with disabilities. *Connectivity*. https://doi.org/10.31673/2412-9070.2021.015961.

Oliver, M. (1983). *Social Work with Disabled People*. Red Globe Press.

Oliver, M. (1989). Disability and Dependency: A Creation of Industrial Societies? In L. Barton (Ed.), *Disability and Dependency,* (pp. 7-22). Falmer Press.

Oliver, M. (1990). *The Individual and Social Models of Disability* [Paper Presentation]. Joint Workshop of the Living Options Group and the Research Unit of the Royal College of Physicians on People with Established Locomotor Disabilities in Hospitals. https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/Oliver-in-soc-dis.pdf.

Oliver, M. (1994). Capitalism, disability and ideology: A materialist critique of the normalization principle. http://www.leeds.ac.uk/disability-studies/archiveuk.

Oliver, M. (1996). Defining impairment and disability: Issues at stake. In C. Barnes and G. Mercer (Eds.), *Exploring the divide: Illness and disability* (pp. 39-53). The Disability Press.

Oliver, M. (2004). The Social Model in Action: If I Had a Hammer. In C. Barnes and G. Mercer, *Implementing the Social Model of Disability: Theory and Research*, 18-31. The Disability Press.

Oliver, M. (2009). *Understanding Disability: From Theory to Practice* (2nd ed.). Red Globe Press.

Olkin, R. (1999). *What psychotherapists should know about disability*. Guilford Press.

Olkin, R. (2017). *Disability-affirmative therapy: A case formulation template for clients with disabilities*. Oxford University Press.

Olkin, R., & Pledger, C. (2003). Can disability studies and psychology join hands? *American Psychologist, 58*, 296–304. http://dx.doi.org/ 10.1037/0003-066X.58.4.296.

Pakenham, K. I. (2008). Making sense of illness or disability. *Journal of Health Psychology, 13*(1), 93-105. https://doi.org/10.1177/1359105307084315.

Park, J., & Chowdhury, S. (2018). Investigating the barriers in a typical journey by public transport users with disabilities. *Journal of Transport & Health*. https://doi.org/10.1016/J.JTH.2018.05.008.

Pineo, E. (2022). “But the Bumpies Hurt!”: Autism and the Importance of Identity-first Language. *Including Disability*. https://doi.org/10.51357/id.vi2.194.

Pinto, P. C., Bento, S., Pinto, T. J., & Neca, P. (2023). *Pessoas com deficiência em Portugal: Indicadores de Direitos Humanos 2023* [People with disabilities in Portugal: Human Rights Indicators 2023]. Edições ISCSP- Instituto Superior de Ciências Sociais e Políticas. https://pessoas2030.gov.pt/wp-content/uploads/sites/19/2023/12/RELATORIO_ODDH2023-14dez.pdf.

Platteel, A. (2003). *Margeting: Inventing a different marketing language*. Episode Publishers.

Potter J. (2012). Discourse analysis and discursive psychology. In H. Cooper (Ed.), *APA Handbook of Research Methods in Psychology: Quantitative, Qualitative, Neuropsychological, and Biological*, (pp. 111-130). American Psychological Association.

Potter, J., & Wetherell, M. (1987). *Discourse and Social Psychology*. Sage.

Rathod, S., Irfan, M., Bhargava, R., Pinninti, N., Scott, J., Mohammad Algahtani, H., Guo, Z., Gupta, R., Nadkarni, P., Naeem, F., Howells, F., Sorsdahi, K., Thorne, K., Osman-Hicks, V., Pallikadavath, S., Phiri, P., Carr, H., Graves, L., & Kingdon, D. (2018). Multinational comparative cross-sectional survey of views of medical students about acceptable terminology and subgroups in schizophrenia. *BMJ Open, 8*(6), e021461. https://doi.org/10.1136/bmjopen-2017-021461.

Reinholz, D. L., & Ridgway, S. W. (2021). Access Needs: Centering Students and Disrupting Ableist Norms in STEM. *CBE—Life Sciences Education, 20*(3), es8. https://doi.org/10.1187/cbe.21-01-0017.

Roosen, K. M. (2009). FROM TRAGEDY TO ‘CRIP’ TO HUMAN: THE NEED FOR MULTIPLE UNDERSTANDINGS OF DISABILITY IN PSYCHOTHERAPY. *Critical Disability Discourses*, *1*. https://cdd.journals.yorku.ca/index.php/cdd/article/view/23382.

Rostker, D. B. (2013). Providing for the casualties of war: The American Experience Through World War II. Rand National Defense Research Institute. https://www.rand.org/content/dam/rand/pubs/monographs/MG1100/MG1164/RAND_MG1164.pdf.

Rottenstein, A. (2014). Survey on disability (Unpublished raw data). University of Michigan, AnnArbor.

Sacks, H. (1992). *Lectures on Conversation*. Blackwell.

Shakes, P., & Cashin, A. (2020). An Analysis of Twitter Discourse Regarding Identifying Language for People on the Autism Spectrum. *Issues in Mental Health Nursing*, 41, 221-228. https://doi.org/10.1080/01612840.2019.1648617.

Shakespeare, T. (1994). Cultural Representation of Disabled People: Dustbins for Disavowal? *Disability and Society 9*(3), 283-299. https://doi.org/10.1080/09687599466780341.

Shakespeare, T. (1997). Cultural representation of disabled people: Dustbins for disavowal? In L. Barton & M. Oliver (Eds.), *Disability studies: Past present and future* (pp. 217-233). The Disability Press.

Shakespeare, T. (1999). What is a disabled person? In M. Jones, & L. A. Basser Marks (Eds.), *Disability, divers-ability and legal change* (pp. 25-35). Kluwer Law.

Shakespeare, T. (2013). The Social Model of Disability. In, L. J. Davis (Ed.), *The Disability Studies Reader* (pp. 215-221). Routledge.

Shakespeare, T. (2018). *Disabilty: the basics*. Routledge.

Shakespeare, T., & Watson, N. (2001). The Social Model of Disability: An Outdated Ideology? *Research in Social Science and Disability 2*, 9–28. Emerald Group Publishing Limited. https://doi.org/10.1016/S1479-3547(01)80018-X.

Shapiro, J. P. (1993). *No Pity: People with Disabilities Forging a New Civil Rights Movement*. New York Times Books.

Sharif, A., McCall, A. L., & Bolante, K. R. (2022). Should I Say "Disabled People" or "People with Disabilities"? Language Preferences of Disabled People Between Identity- and Person-First Language. ASSETS '22: Proceedings of the 24th International ACM SIGACCESS Conference on Computers and Accessibility, 10, 1-18. https://doi.org/10.1145/3517428.3544813.

Siegel, C., & Dorner, T. (2017). Information technologies for active and assisted living - Influences to the quality of life of an ageing society. *International journal of medical informatics*, 100, 32-45. https://doi.org/10.1016/j.ijmedinf.2017.01.012.

Silvers, A. (1998). A Fatal Attraction to Normalizing: Treating Disabilities as Deviation from "Species-Typical" Functioning. In P. Erik (Ed.), *Enhancing Human Traits: Ethical and Social Implications*. Georgetown University Press.

Singer, J. (2012). Disability and the social body. *Postmedieval: A Journal of Medieval Cultural Studies*, *3*, 135-141. https://doi.org/10.1057/pmed.2012.15.

Smart, J. F. & Smart, D. (2006). Models of Disability: Implications for the Counseling. *Profession. Journal of Counseling and Development, 84*(1), 29-40. https://doi.org/10.1002/j.1556-6678.2006.tb00377.x.

Smart, J. F. (2004). Handbook of Rehabilitation Counseling. In T. F. Rigger and D. R. Maki (Eds.), *Models of Disability: The Juxtaposition of Biology and Social Construction*, (pp. 25-49). New york: Springer Publishing Company.

Smart, J. F. (2009). The Power of Models of Disability. *Journal of Rehabilitation, 75*(2), 3-11. https://aac.matrix.msu.edu/wp-content/uploads/2019/08/The-Power-of-Models-of-Disability.pdf.

Smedema, S., Ebener, D., & Grist-Gordon, V. (2012). The impact of humorous media on attitudes toward persons with disabilities. *Disability and Rehabilitation*, 34, 1431-1437. https://doi.org/10.3109/09638288.2011.645109.

Solomon, A. (2012). *Far from the tree: Parents, children, and the search for identity*. Scribner.

St. Pierre, J., & Peers, D. (2016). Telling Ourselves Sideways, Crooked and Crip: An Introduction. *Canadian Journal of Disability Studies*, *5*(3), 1-11. https://doi.org/10.15353/cjds.v5i3.293.

Stavrianos, I., Kaimakamis, V., Tsimaras, V., & Anastasiou, A. (2018). Perceptions and attitudes concerning individuals with disabilities in ancient Greece: Physical exercise as a means of prevention and treatment of health-related problems. *Exercise and Quality of Life Journal, 10*(2), 47–53. https://doi.org/10.31382/eqol.181206.

Stewart, W. F., Ricci, J. A., Chee, E., Hahn, S. R., & Morganstein, D. (2003). Cost of lost productive work time among US workers with depression. *JAMA, 289*(23), 3135-3144. https://doi.org/10.1001/jama.289.23.3135.

Streeter, L. E. (2010). The continuing saga of people-first language. *Braille Monitor, 53*(5). https://nfb.org/images/nfb/publications/bm/bm10/bm1005/bm100509.htm.

Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice* (3rd ed.). John Wiley.

Taboas, A., Doepke, K., & Zimmerman, C. (2022). Preferences for identity-first versus person-first language in a US sample of autism stakeholders. *Autism*, 27, 565-570. https://doi.org/10.1177/13623613221130845.

Taylor, S. (2017). *Beasts of Burden: Animal and Disability Liberation.* The New Press.

Thomas, D. & Woods, H. (2003). *Working with people with learning disabilities*. Jessica Kingsley Publishers.

Timmons, S., McGinnity, F., & Carroll, E. (2023). Ableism differs by disability, gender and social context: Evidence from vignette experiments. *British Journal of Social Psychology*. https://doi.org/10.1111/bjso.12696.

Titchkosky, T. (2001). Disability: A rose by any other name? “People-First” language in Canadian society. *The Canadian Review of Sociology and Anthropology, 38*(2), 125. https://doi.org/10.1111/j.1755-618X.2001. tb00967.x.

Trentin, L. (2011). Deformity in the Roman Imperial Court. *Greece and Rome*, *58*(2), 195–208. https://doi.org/10.1017/S0017383511000143.

Tyler, R. S. (1993). Cochlear implants and the deaf culture. *American Journal of Audiology, 2*, 26-32. https://doi.org/10.1044/1059-0889.0201.26.

Umucu, E., & Lee, B. (2020). Examining the impact of COVID-19 on stress and coping strategies in individuals with disabilities and chronic conditions. *Rehabilitation psychology*. https://doi.org/10.1037/rep0000328.

Union of the Physically Impaired Against Segregation. (1975). *Fundamental Principles of Disability*. 001-FundamentalPrinciplesOfDisability-UPIAS-DA-22Nov1975.pdf (disabledpeoplesarchive.com).

van Dam, K., Gielissen, M., Bles, R., van der Poel, A., & Boon, B. (2023). The impact of assistive living technology on perceived independence of people with a physical disability in executing daily activities: a systematic literature review. *Disability and*

Rehabilitation: Assistive Technology, *19*(4), 1262-1271. https://doi.org/10.1080/17483107.2022.2162614.

Venkatesan, S. (2022). HUMOR IN DISABILITIES AND IMPAIRMENTS. *PARIPEX INDIAN JOURNAL OF RESEARCH*. https://doi.org/10.36106/paripex/4905721.

Vivanti G. (2020). Ask the Editor: What is the Most Appropriate Way to Talk About Individuals with a Diagnosis of Autism? *Journal of autism and developmental disorders, 50*(2), 691–693. https://doi.org/10.1007/s10803-019-04280-x.

Vuong, V., & Palmer, M. (2024). Love Thy Neighbour? Social Attitudes Towards Persons With Disabilities. *World Development,* 174. https://doi.org/10.1016/j.worlddev.2023.106464.

Wang, Z., Xu, X., Han, Q., Chen, Y., Jiang, J., & Ni, G. X. (2021). Factors associated with public attitudes towards persons with disabilities: a systematic review. *BMC public health, 21*(1), 1058. https://doi.org/10.1186/s12889-021-11139-3.

Williams, G. (2001). Theorizing Disability. An Institutional History of Disability. In G. L. Albrecht, K. D. Seelman, & M. Bury (Eds.), *Handbook of Disability Studies*, (pp. 123-144). Sage Publications.

Winzer, M. A. (1997). Disability and Society Before the Eighteenth Century. In L. J. Davis (Ed.), *The Disability Studies Reader* (pp. 75-109). Routledge.

Wise, P. (2012). Emerging Technologies and Their Impact on Disability. *The Future of Children*, 22, 169-191. https://doi.org/10.1353/FOC.2012.0002.

Wolbring, G. (2004). Solutions Follow Perceptions: NBIC and the concept of health, medicine, disability and disease. *Health Law, 12*(3), 41-46.

Wolbring, G. (2005). The triangle of enhancement medicine, disabled people, and the concept of health: a new challenge for HTA, health research, and health policy. https://doi.org/10.7939/R3H41K206.

Wolbring, G. (2008). The politics of Ableism. *Development, 51*(2), 252-258. https://doi.org/10.1057/dev.2008.17.

Workforce Innovation and Opportunity Act. (2014). *P.L. 113–128*. https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf.

World Bank Group. (2023, April 3). *Disability Inclusion.* https://www.worldbank.org/en/topic/disability.

World Health Organization. (1980, May). *International Classification of Impairments, Disabilities, and Handicaps: A manual of classification relating to the consequences of disease*. https://iris.who.int/bitstream/handle/10665/41003/9241541261_eng.pdf;jsessionid=96F11CF89C23AB633CF3B910B877F29A?sequence=1.

World Health Organization. (2001, May). *International Classification of Functioning, Disability and Health*. https://iris.who.int/bitstream/handle/10665/42407/9241545429-eng.pdf.

Wright, B. A. (1983). *Physical disability: A psychosocial approach*. Harper & Row. http://dx.doi.org/10.1037/10589-000.

Wright, B. A. (1991). Labeling: The need for greater person-environment individuation. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 469-487). Pergamon Press.

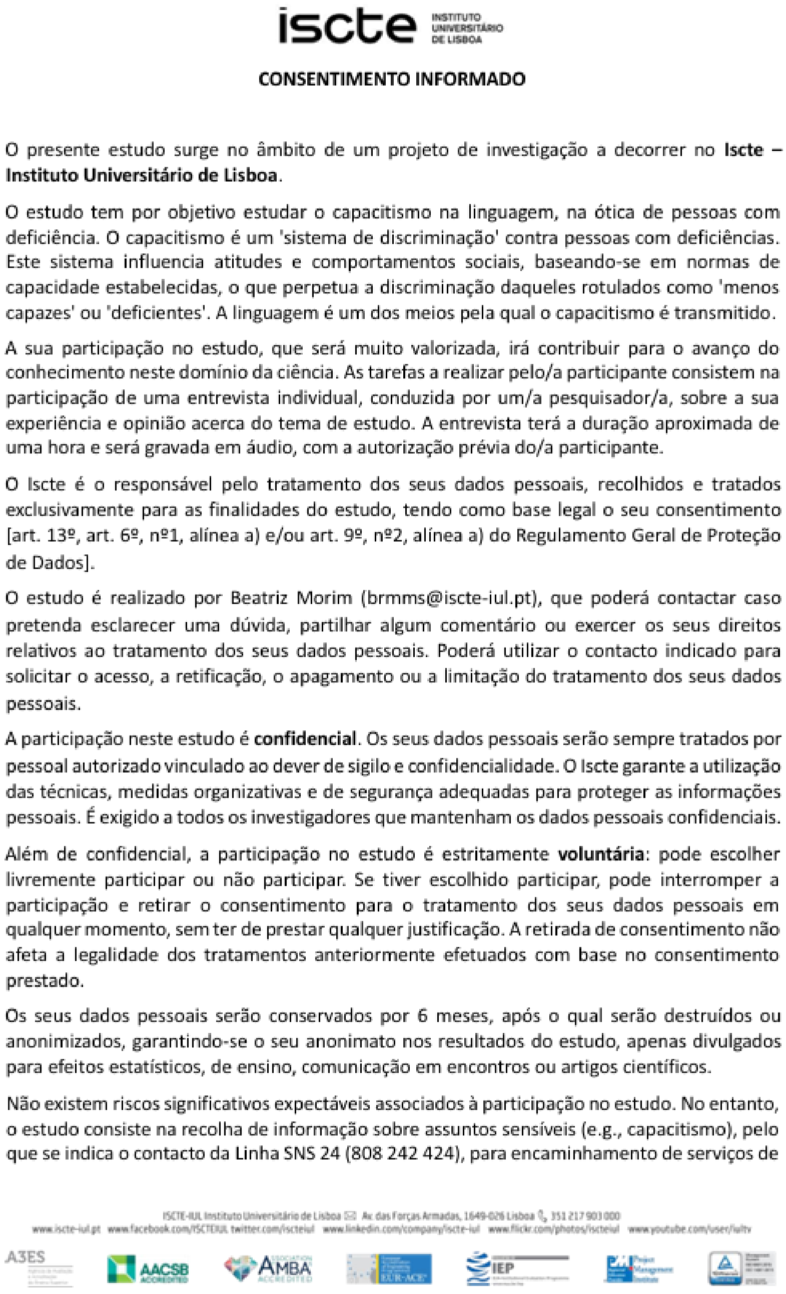
Wu, C., & James, J. C. (2006). Editors' Introduction: Race, Ethnicity, Disability, and Literature. *MELUS, 31*(3), 3-13.

Yazbeck, M., Mcvilly, K., & Parmenter, T. (2004). Attitudes Toward People with Intellectual Disabilities. *Journal of Disability Policy Studies*, 15, 111-97. https://doi.org/10.1177/10442073040150020401.

Zapata M. A. (2022). Group identity in blindness groups predicts life satisfaction and lower anxiety and depression. *Rehabilitation psychology*, *67*(1), 42-52. https://doi.org/10.1037/rep0000432.

Annexes

Annex A: Informed Consent



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CONSENTIMENTO INFORMADO

O presente estudo surge no âmbito de um projeto de investigação a decorrer no **Iscte – Instituto Universitário de Lisboa**.

O estudo tem por objetivo estudar o capacitismo na linguagem, na ótica de pessoas com deficiência. O capacitismo é um 'sistema de discriminação' contra pessoas com deficiências. Este sistema influencia atitudes e comportamentos sociais, baseando-se em normas de capacidade estabelecidas, o que perpetua a discriminação daqueles rotulados como 'menos capazes' ou 'deficientes'. A linguagem é um dos meios pela qual o capacitismo é transmitido.

A sua participação no estudo, que será muito valorizada, irá contribuir para o avanço do conhecimento neste domínio da ciência. As tarefas a realizar pelo/a participante consistem na participação de uma entrevista individual, conduzida por um/a pesquisador/a, sobre a sua experiência e opinião acerca do tema de estudo. A entrevista terá a duração aproximada de uma hora e será gravada em áudio, com a autorização prévia do/a participante.

O Iscte é o responsável pelo tratamento dos seus dados pessoais, recolhidos e tratados exclusivamente para as finalidades do estudo, tendo como base legal o seu consentimento [art. 13º, art. 6º, nº1, alínea a) e/ou art. 9º, nº2, alínea a) do Regulamento Geral de Proteção de Dados].

O estudo é realizado por Beatriz Morim (brmms@iscte-iul.pt), que poderá contactar caso pretenda esclarecer uma dúvida, partilhar algum comentário ou exercer os seus direitos relativos ao tratamento dos seus dados pessoais. Poderá utilizar o contacto indicado para solicitar o acesso, a retificação, o apagamento ou a limitação do tratamento dos seus dados pessoais.

A participação neste estudo é **confidencial**. Os seus dados pessoais serão sempre tratados por pessoal autorizado vinculado ao dever de sigilo e confidencialidade. O Iscte garante a utilização das técnicas, medidas organizativas e de segurança adequadas para proteger as informações pessoais. É exigido a todos os investigadores que mantenham os dados pessoais confidenciais.

Além de confidencial, a participação no estudo é estritamente **voluntária**: pode escolher livremente participar ou não participar. Se tiver escolhido participar, pode interromper a participação e retirar o consentimento para o tratamento dos seus dados pessoais em qualquer momento, sem ter de prestar qualquer justificação. A retirada de consentimento não afeta a legalidade dos tratamentos anteriormente efetuados com base no consentimento prestado.

Os seus dados pessoais serão conservados por 6 meses, após o qual serão destruídos ou anonimizados, garantindo-se o seu anonimato nos resultados do estudo, apenas divulgados para efeitos estatísticos, de ensino, comunicação em encontros ou artigos científicos.

Não existem riscos significativos expectáveis associados à participação no estudo. No entanto, o estudo consiste na recolha de informação sobre assuntos sensíveis (e.g., capacitismo), pelo que se indica o contacto da Linha SNS 24 (808 242 424), para encaminhamento de serviços de

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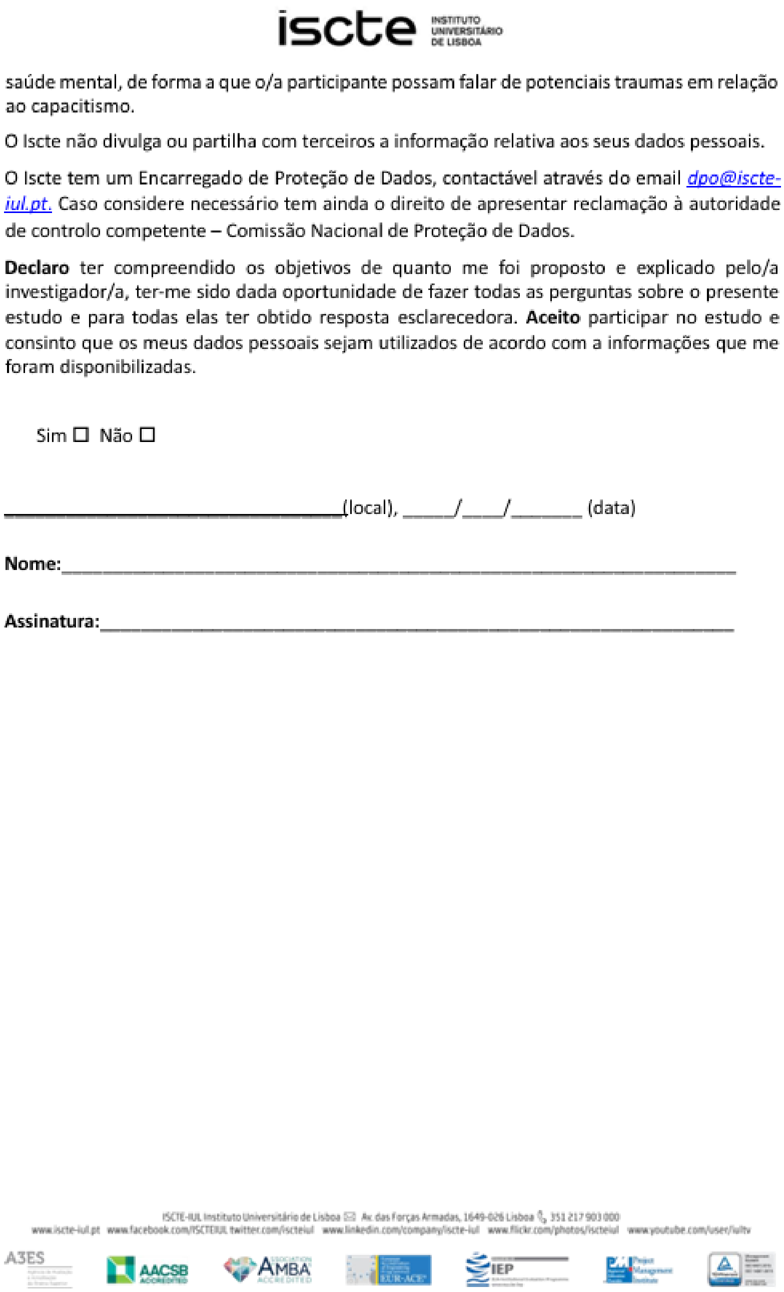
www.iscte-iul.pt www.facebook.com/ISCTEIUL twitter.com/iscteiul www.linkedin.com/company/iscte-iul www.flickr.com/photos/iscteiul www.youtube.com/user/iultv



saúde mental, de forma a que o/a participante possam falar de potenciais traumas em relação ao capacitismo.

O Iscte não divulga ou partilha com terceiros a informação relativa aos seus dados pessoais.

O Iscte tem um Encarregado de Proteção de Dados, contactável através do email *dpo@iscte-iul.pt.* Caso considere necessário tem ainda o direito de apresentar reclamação à autoridade de controlo competente – Comissão Nacional de Proteção de Dados.

Declaro ter compreendido os objetivos de quanto me foi proposto e explicado pelo/a investigador/a, ter-me sido dada oportunidade de fazer todas as perguntas sobre o presente estudo e para todas elas ter obtido resposta esclarecedora. **Aceito** participar no estudo e consinto que os meus dados pessoais sejam utilizados de acordo com a informações que me foram disponibilizadas.

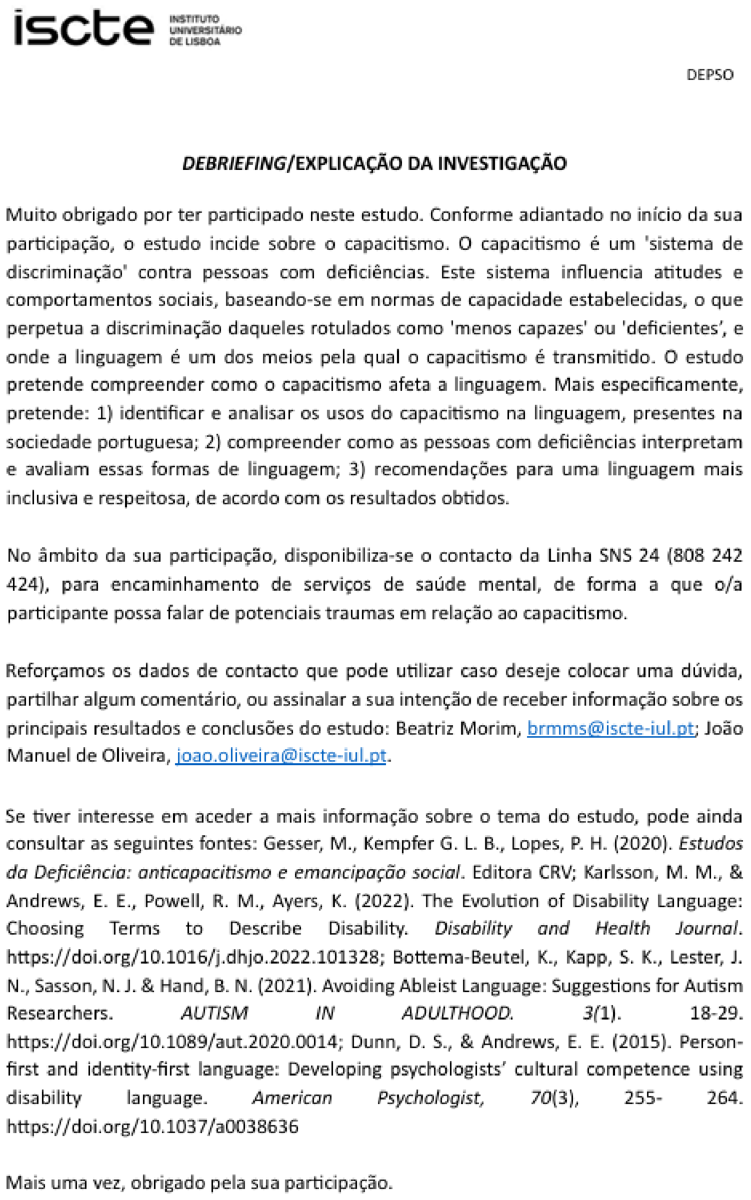
Sim ☐ Não ☐

________________________________(local), _____/____/_______ (data)

Nome:____

Assinatura:____

Annex B: Debriefing



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DEPSO

DEBRIEFING/EXPLICAÇÃO DA INVESTIGAÇÃO

Muito obrigado por ter participado neste estudo. Conforme adiantado no início da sua participação, o estudo incide sobre o capacitismo. O capacitismo é um 'sistema de discriminação' contra pessoas com deficiências. Este sistema influencia atitudes e comportamentos sociais, baseando-se em normas de capacidade estabelecidas, o que perpetua a discriminação daqueles rotulados como 'menos capazes' ou 'deficientes', e onde a linguagem é um dos meios pela qual o capacitismo é transmitido. O estudo pretende compreender como o capacitismo afeta a linguagem. Mais especificamente, pretende: 1) identificar e analisar os usos do capacitismo na linguagem, presentes na sociedade portuguesa; 2) compreender como as pessoas com deficiências interpretam e avaliam essas formas de linguagem; 3) recomendações para uma linguagem mais inclusiva e respeitosa, de acordo com os resultados obtidos.

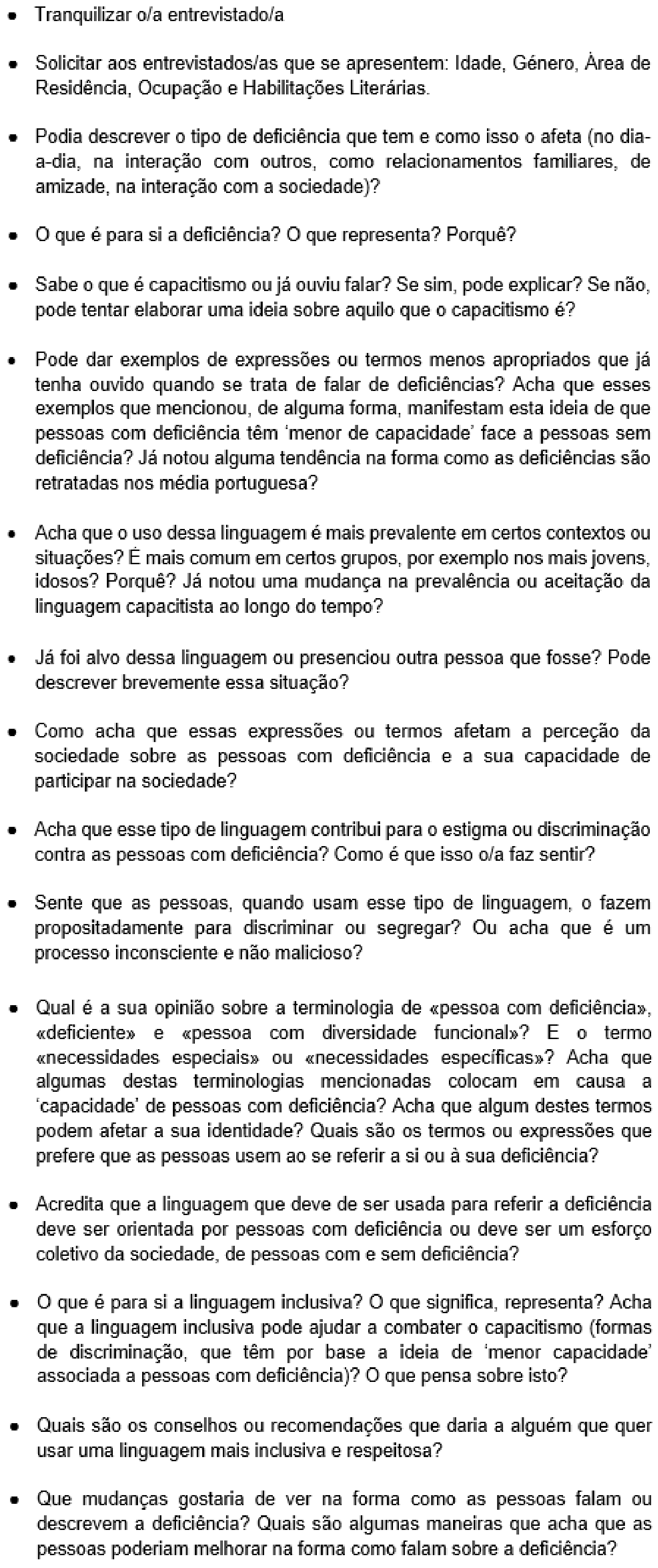
No âmbito da sua participação, disponibiliza-se o contacto da Linha SNS 24 (808 242 424), para encaminhamento de serviços de saúde mental, de forma a que o/a participante possa falar de potenciais traumas em relação ao capacitismo.

Reforçamos os dados de contacto que pode utilizar caso deseje colocar uma dúvida, partilhar algum comentário, ou assinalar a sua intenção de receber informação sobre os principais resultados e conclusões do estudo: Beatriz Morim, brmms@iscte-iul.pt; João Manuel de Oliveira, joao.oliveira@iscte-iul.pt.

Se tiver interesse em aceder a mais informação sobre o tema do estudo, pode ainda consultar as seguintes fontes: Gesser, M., Kempfer G. L. B., Lopes, P. H. (2020). *Estudos da Deficiência: anticapacitismo e emancipação social*. Editora CRV; Karlsson, M. M., & Andrews, E. E., Powell, R. M., Ayers, K. (2022). The Evolution of Disability Language: Choosing Terms to Describe Disability. *Disability and Health Journal*. https://doi.org/10.1016/j.dhjo.2022.101328; Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J. & Hand, B. N. (2021). Avoiding Ableist Language: Suggestions for Autism Researchers. *AUTISM IN ADULTHOOD. 3(*1). 18-29. https://doi.org/10.1089/aut.2020.0014; Dunn, D. S., & Andrews, E. E. (2015). Person-first and identity-first language: Developing psychologists' cultural competence using disability language. *American Psychologist, 70*(3), 255- 264. https://doi.org/10.1037/a0038636

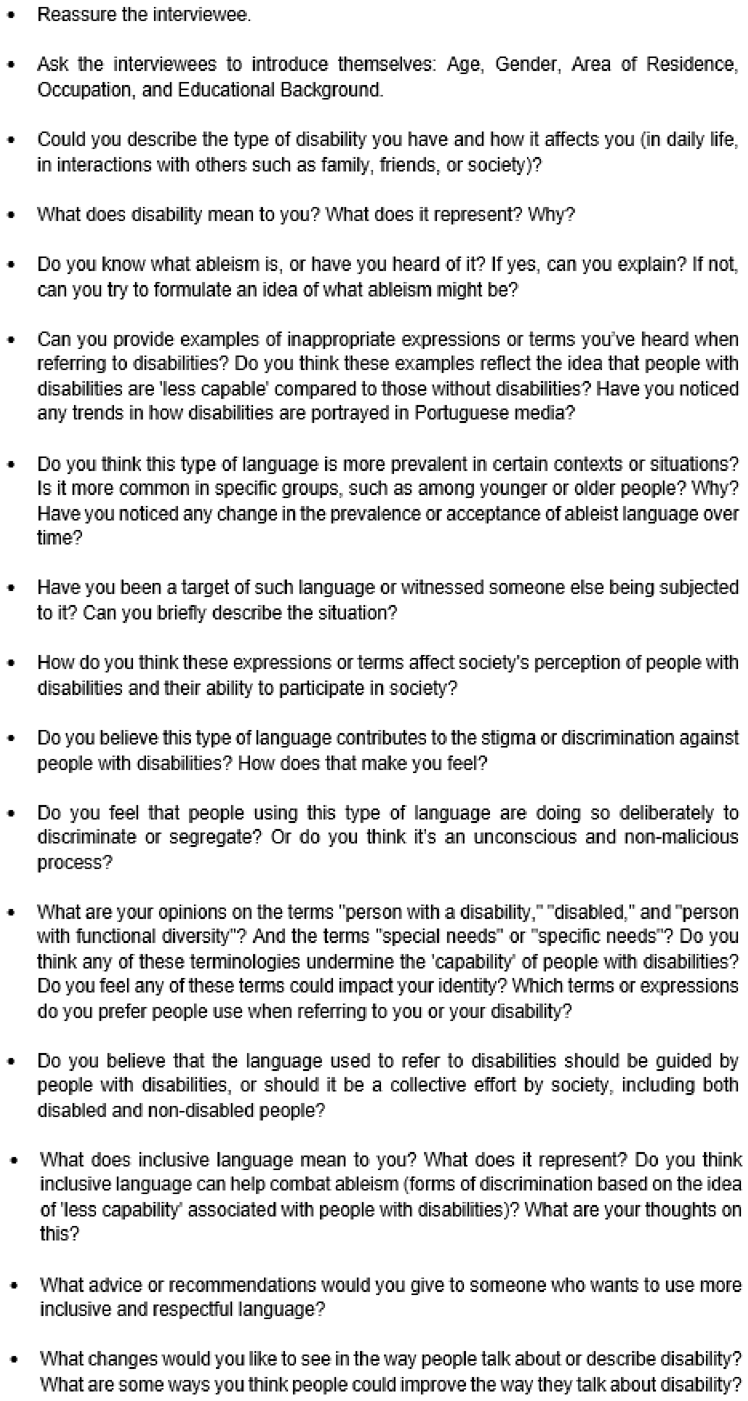
Mais uma vez, obrigado pela sua participação.

Annex C: Interview Guide- Portuguese Version



- Tranquilizar o/a entrevistado/a
- Solicitar aos entrevistados/as que se apresentem: Idade, Género, Àrea de Residência, Ocupação e Habilitações Literárias.
- Podia descrever o tipo de deficiência que tem e como isso o afeta (no dia-a-dia, na interação com outros, como relacionamentos familiares, de amizade, na interação com a sociedade)?
- O que é para si a deficiência? O que representa? Porquê?
- Sabe o que é capacitismo ou já ouviu falar? Se sim, pode explicar? Se não, pode tentar elaborar uma ideia sobre aquilo que o capacitismo é?
- Pode dar exemplos de expressões ou termos menos apropriados que já tenha ouvido quando se trata de falar de deficiências? Acha que esses exemplos que mencionou, de alguma forma, manifestam esta ideia de que pessoas com deficiência têm 'menor de capacidade' face a pessoas sem deficiência? Já notou alguma tendência na forma como as deficiências são retratadas nos média portuguesa?
- Acha que o uso dessa linguagem é mais prevalente em certos contextos ou situações? É mais comum em certos grupos, por exemplo nos mais jovens, idosos? Porquê? Já notou uma mudança na prevalência ou aceitação da linguagem capacitista ao longo do tempo?
- Já foi alvo dessa linguagem ou presenciou outra pessoa que fosse? Pode descrever brevemente essa situação?
- Como acha que essas expressões ou termos afetam a perceção da sociedade sobre as pessoas com deficiência e a sua capacidade de participar na sociedade?
- Acha que esse tipo de linguagem contribui para o estigma ou discriminação contra as pessoas com deficiência? Como é que isso o/a faz sentir?
- Sente que as pessoas, quando usam esse tipo de linguagem, o fazem propositadamente para discriminar ou segregar? Ou acha que é um processo inconsciente e não malicioso?
- Qual é a sua opinião sobre a terminologia de «pessoa com deficiência», «deficiente» e «pessoa com diversidade funcional»? E o termo «necessidades especiais» ou «necessidades específicas»? Acha que algumas destas terminologias mencionadas colocam em causa a 'capacidade' de pessoas com deficiência? Acha que algum destes termos podem afetar a sua identidade? Quais são os termos ou expressões que prefere que as pessoas usem ao se referir a si ou à sua deficiência?
- Acredita que a linguagem que deve de ser usada para referir a deficiência deve ser orientada por pessoas com deficiência ou deve ser um esforço coletivo da sociedade, de pessoas com e sem deficiência?
- O que é para si a linguagem inclusiva? O que significa, representa? Acha que a linguagem inclusiva pode ajudar a combater o capacitismo (formas de discriminação, que têm por base a ideia de 'menor capacidade' associada a pessoas com deficiência)? O que pensa sobre isto?
- Quais são os conselhos ou recomendações que daria a alguém que quer usar uma linguagem mais inclusiva e respeitosa?
- Que mudanças gostaria de ver na forma como as pessoas falam ou descrevem a deficiência? Quais são algumas maneiras que acha que as pessoas poderiam melhorar na forma como falam sobre a deficiência?

Annex D: Interview Guide- English Version



- Reassure the interviewee.
- Ask the interviewees to introduce themselves: Age, Gender, Area of Residence, Occupation, and Educational Background.
- Could you describe the type of disability you have and how it affects you (in daily life, in interactions with others such as family, friends, or society)?
- What does disability mean to you? What does it represent? Why?
- Do you know what ableism is, or have you heard of it? If yes, can you explain? If not, can you try to formulate an idea of what ableism might be?
- Can you provide examples of inappropriate expressions or terms you've heard when referring to disabilities? Do you think these examples reflect the idea that people with disabilities are 'less capable' compared to those without disabilities? Have you noticed any trends in how disabilities are portrayed in Portuguese media?
- Do you think this type of language is more prevalent in certain contexts or situations? Is it more common in specific groups, such as among younger or older people? Why? Have you noticed any change in the prevalence or acceptance of ableist language over time?
- Have you been a target of such language or witnessed someone else being subjected to it? Can you briefly describe the situation?
- How do you think these expressions or terms affect society's perception of people with disabilities and their ability to participate in society?
- Do you believe this type of language contributes to the stigma or discrimination against people with disabilities? How does that make you feel?
- Do you feel that people using this type of language are doing so deliberately to discriminate or segregate? Or do you think it's an unconscious and non-malicious process?
- What are your opinions on the terms "person with a disability," "disabled," and "person with functional diversity"? And the terms "special needs" or "specific needs"? Do you think any of these terminologies undermine the 'capability' of people with disabilities? Do you feel any of these terms could impact your identity? Which terms or expressions do you prefer people use when referring to you or your disability?
- Do you believe that the language used to refer to disabilities should be guided by people with disabilities, or should it be a collective effort by society, including both disabled and non-disabled people?
- What does inclusive language mean to you? What does it represent? Do you think inclusive language can help combat ableism (forms of discrimination based on the idea of 'less capability' associated with people with disabilities)? What are your thoughts on this?
- What advice or recommendations would you give to someone who wants to use more inclusive and respectful language?
- What changes would you like to see in the way people talk about or describe disability? What are some ways you think people could improve the way they talk about disability?