WHAT DO I DO WITH WHAT THEY DID OF ME? THE IDENTITY OF UNIVERSITY STUDENTS WITH DISABILITIES

O QUE FAÇO COM O QUE FIZERAM DE MIM? A IDENTIDADE DE UNIVERSITÁRIOS COM DEFICIÊNCIA

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ABSTRACT: This article, a qualitative report, seeks to analyze the construction of the identity process of students self-declared as people with disabilities, shedding light on how they perceive their condition and their experiences in the university context. Twenty-one students from two universities, one in Brazil and one in Portugal, were interviewed. Their life trajectories were examined by the Significance Core. Based on the analysis of eight indicators, facts, events, material and human absences/presences that have positively or negatively impacted the construction of their identities were observed. Aspects of biological, social, and religious nature that permeate the acceptance of disability are highlighted. The need to see disability as a human characteristic and to value the presence of students with disabilities in Higher Education is emphasized. It is intended that the study contribute to ensuring the recognition of rights and differentiated opportunities in various social settings for students with disabilities, and that their identities are increasingly valued.

KEYWORDS: Disability. Higher Education. Identity. Psychology. University Students.

***RESUMO**: Este artigo, relato qualitativo, procura analisar a construção do processo de identidade de estudantes autodeclarados como pessoas com deficiência, iluminando como percebem sua condição e suas experiências no contexto universitário. Foram entrevistados 21 estudantes de duas universidades, do Brasil e de Portugal. Os seus relatos sobre as trajetórias de vida foram examinados pelo Núcleo de Significação. A partir da análise de oito indicadores, observou-se fatos, acontecimentos, ausências/presenças materiais e humanas que têm impactado positivamente ou negativamente a construção das suas identidades. Destacam-se aspectos de natureza biológica, social e religiosa que permeiam a aceitação da deficiência. Ressalta-se a necessidade de enxergar a deficiência como uma característica do ser humano e valorizar a presença dos estudantes com deficiência no Ensino Superior. Pretende-se que o estudo contribua para garantir o reconhecimento de direitos e oportunidades diferenciadas nos diversos meios sociais aos estudantes com deficiência e que suas identidades sejam cada vez mais valorizadas.*

***PALAVRAS-CHAVE**: Deficiência. Ensino Superior. Identidade. Psicologia. Universitários.*

***RESUMEN**: Este artículo, un informe cualitativo, busca analizar la construcción del proceso de identidad de estudiantes autodeclarados como personas con discapacidad, iluminando cómo perciben su condición y sus experiencias en el contexto universitario. Se entrevistaron a 21 estudiantes de dos universidades, una en Brasil y otra en Portugal. Sus relatos sobre las trayectorias de vida fueron examinados por el Núcleo de Significación. A partir del análisis de ocho indicadores, se observaron hechos, eventos, ausencias/presencias materiales y humanas que han impactado positiva o negativamente en la construcción de sus identidades. Se destacan aspectos de naturaleza biológica, social y religiosa que impregnan la aceptación de la discapacidad. Se enfatiza la necesidad de ver la discapacidad como una característica humana y valorar la presencia de estudiantes con discapacidad en la Educación Superior. Se pretende que el estudio contribuya a garantizar el reconocimiento de derechos y oportunidades diferenciadas en diversos ámbitos sociales para los estudiantes con discapacidad, y que sus identidades sean cada vez más valoradas.*

***PALABRAS CLAVE**: Deficiencia. Enseñanza Superior. Identidad. Psicología. Estudiantes Universitarios.*

Introduction

“University students with disabilities”, this has been an identity denied for a long time, and, both in Brazil and in Portugal, recently, there has been a greater investment by Higher Education Institutions towards students with disabilities. But doesn't this identity continue to be implicitly denied by our society? For our universities? Does the university not maintain and reproduce an identity of inferiority and segregation towards this student population? And, if so, what are the consequences of this process regarding your life trajectory and your academic trajectory?

Starting from such questions, when we look at the concept of identity, understood as a conception of oneself, composed of values, beliefs and goals to which the individual is committed (Erikson, 1972), it is important to point out that, from birth, is the “other” who names us, identifies us, welcomes us, feeds us, provides care, inserts us into our culture, our values, our customs and tells us who we are. However, little by little, as we develop, socializing with the historically and socially constructed world, with culture, objectifying and subjectifying we become singular, unique beings, in a dialectical and relational movement between singular-particular-universal (Vygotski, 2000).

According to Vygotski (2000, p. 33), each person is “an aggregate of social relations incarnated in the individual”, therefore, we constitute ourselves in the dialectical relationship I-other, in which the recognition of the other (other person’s self) leads to knowledge of the self (self-knowledge), as the subject is a multiple unit. This relationship is mediated by language, by the word/sign.

To understand the synthesis of multiple determinations, present in the construction of identity, it is necessary to look at the three relational dimensions (singular-particular-universal), paying attention to their particular determinations (students with disabilities, enrolled in certain public universities, in Brazil or Portugal, of a certain gender, ethnicity, etc.) and universal (enrolled in Higher Education, living in a capitalist, unequal society, etc.).

In this sense, it is still necessary to look at the historicity, temporality, and the life trajectory of the group in focus, in order to understand it in movement, in light of the context in which it is inserted and constitutes it, as Ciampa advises us (2001) when announcing that identity is concreteness, determined in and by material and individual socio-historical conjunctures, based on temporality.

In summary, when we analyze the historical evolution of care provided to people with disabilities, we can see different approaches. During the Middle Ages, the Christian religion played a central role, and in this moral/religious model, disability is conceptualized as a consequence of a sin, a burden to be carried and, therefore, the subject does not have autonomy over their life, requiring of the charity of the other. Or even, as a blessing, with the family being graced with his arrival. Even though it has been widely criticized for its intolerance and prejudice, this metaphysical model still remains prevalent in some contexts (Retief; Letšosa, 2018).

With the advancement of capitalism and the reorganization of society, the medical/biological model emerged, in which disability is explained through organic causes. Thus, the subject with disabilities is understood as guilty for their condition, leading to the creation of special institutions, considered as places of "healing" to correct this "abnormal" body, contributing to the segregation and dehumanization of these subjects (Bock; Nuernberg, 2018).

After criticism of the concept of normalization of people with disabilities, from the 1960s onwards, the social model of disability emerged, which began to understand it as a social phenomenon, that is, it is considered as resulting from social, political, economic relations and personal relationships that society establishes with these people. From this perspective, it is up to society to promote changes and offer the necessary conditions so that people with disabilities can enjoy spaces and means common to all (Bock; Nuernberg, 2018).

Currently, a biopsychosocial model of disability has been advocated, in which disability is understood as a result of the mutual influence of different factors such as body functions and structures, exclusion and lack of social interaction, in addition to contextual factors, that is, this it arises from the interaction between personal and environmental factors (Pinto, 2018; Hughes; Paterson, 2006).

In this context, the social and educational inclusion of people with disabilities and their participation in Higher Education are currently being advocated. However, it is not surprising that adjectives and nouns of inferiority and charity are still present in the polyphony of circulating voices, perpetuating the maintenance of stigmas, prejudices and stereotypes in the different social contexts in which these subjects are inserted. These are universal “marks”, “stigmas” of inferiority that influence the formation of the singular identity of these subjects and, consequently, their life trajectories.

Remember that for Ciampa (1985), identity is a process in constant transformation (metamorphosis), in which all the specific characteristics of the human being, biological, psychological and social, are involved. These changes that occur throughout each individual's life constitute a singularity that identifies and differentiates itself in relation to itself at different times, as well as approaching and distancing itself from others.

However, minority groups, such as people with disabilities, face the crystallization of the identity presupposed by society (subjectively represented by the denial of the conditions for their social participation) as opposed to the identity in metamorphosis (in which a change in this understanding is understood) (Ciampa, 2001; Satow, 1995).

Thus, the importance of breaking crystallized identities can be seen, fighting for differentiated rights and opportunities to be guaranteed in different social environments, strengthening and creating networks that provide social support, emotional, material, affective, cognitive support, so that these people can be heard, welcomed, accepted, understood and met with their specific needs.

Based on the above, the text on screen aims to understand and analyze the life and academic trajectory of students with disabilities enrolled in universities in Brazil and Portugal, relating the meanings associated with disability, academic experiences and the social support network.

Methodological Path

The present study is part of the thematic qualitative design (Braun; Clarke, 2006). To achieve this, semi-structured interviews were carried out with 21 students with disabilities from two university institutions, 9 from one located in Brazil (in a unit in the center-west of the State of São Paulo) and 12 from another in Portugal (District of Faro, South of the country). As an inclusion criterion, students must have a disability and be enrolled in a university course, details of which are in the table below.

Table 1 – Profile of Brazilian (B1 to B9) and Portuguese (P1 to P12) students.

Participant	Name[4]	Age	Course	Deficiency	Situation[5]
B1	Francisco	22	Mechanical Engineering	Physical disability	Registered
B2	Lolla	23	Psychology	Physical disability	Registered

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[4] The names are fictitious and were chosen by the participants themselves with the aim of promoting greater veracity, proximity and meaning to the subjects who exposed their lives to readers.

[5] Some students had just completed their studies and others had canceled their registration. However, it was considered fair to ensure that everyone had their right to voice respected, regardless of their academic situation.

B3	Pedro	35	Meteorology	Low vision	Canceled
B4	Catharina	23	Physical	Intellectual disability	Canceled
B5	Izabel	25	Social communication: radio broadcasting	Physical disability	Concluded
B6	Jorge	29	biological Sciences	Physical disability	Registered
B7	Roberto	28	Design	Physical disability	Canceled
B8	Gabriel	19	civil Engineering	Autism Spectrum Disorder	Registered
B9	Carla	22	Social communication Journalism	Multiple disabilities	Concluded
P1	Yasmin	21	Management	Low Vision	Registered
P2	Tiago	21	pharmaceutical Sciences	Hearing deficiency	Registered
P3	Ana	31	Sport	Deafness	Registered
P4	Tatiana	25	Management	Hearing deficiency	Registered
P5	Matilde	19	Social Education	Hearing deficiency	Registered
P6	Papoila	20	Orthoprosthesis	Physical disability	Registered
P7	Camila	26	Psychology	Physical disability	Registered
P8	Miguel	19	Languages and Communication	Physical disability (cerebral palsy)	Registered
P9	Natasha	22	Languages, Literatures and Cultures	Autism Spectrum Disorder	Registered
P10	Tomás	21	Tourism	Autism Spectrum Disorder	Registered
P11	Emma	21	Psychology	Physical disability (cerebral palsy)	Registered
P12	Kátia	20	Computer Science and engineering	Hearing deficiency	Registered

Source: Prepared by the authors based on research data.

Data collection procedure and instrument

At the Brazilian university, an invitation was sent to 11 students (*email*, *WhatsApp* and/or Messenger), of which 9 agreed to participate. After consent from the participants, the interviews were scheduled and took place in person, at the University's Applied Psychology Center (CPA) and *online*, using the Google Meet resource, lasting around one hour.

At the Portuguese university, following data provided by the Student Support Office with Special Educational Needs (GAENEE), 18 students were contacted by telephone, of which

12 agreed to participate. After the students' consent, the interviews were scheduled and took place in person in the GAENEE room and lasted from 30 to 60 minutes.

In both places, an open individual interview was used, through which students were invited to tell their life stories in a fluid way and in their own way. The guiding focus was history in the university space, covering personal, emotional and family aspects, educational trajectory, support and support networks, as well as aspects related to accessibility and barriers experienced, whether related to disability or not. Participants were asked if they needed any accessibility features to carry out the interview, but none requested them.

Data analysis procedure

Supported by the theoretical-methodological precepts of Historical-Cultural Psychology, which seeks to understand the phenomenon historically in process, searching for its essence and carrying out an explanatory analysis to reconstruct the history of its origin and development, the study used the Meaning Core for the analysis of interview reports. It is a method that seeks to understand higher psychic processes, based on the interpretation of the senses and meanings attributed by the participants. It seeks to understand thought through the word with meaning, in which meanings represent the units of analysis of discourse, capable of exposing the properties of the whole, in its genesis and determination, and are configured in historical and social productions that allow communication and the socialization of experiences, with their analysis being the starting point for the interpretation of the discourse. (Aguiar; Ozella, 2006)

To this end, following the guidelines of Aguiar and Ozella (2013), data analysis was carried out in three stages: floating reading, organization of the material and selection of pre-indicators (which are configured in words, absences or incompleteness, selected with a focus on the topic of identity); agglutination of the pre-indicators (through similarity, complementarity or opposition, forming the indicators) and from the articulation and organization of the indicators, the essence of the content expressed by the participants is reached, that is, the cores of meaning. The centers must reveal the fundamental aspects of the subject, taking into account the singular-particular-universal relationship that constitutes it – in this case, the trajectory of the student with disabilities in the respective universities. Elaboration through the interpretative act involves the researcher's criticism of the social, political and economic reality of which the subject is a part.

Results and discussion

By combining the pre-indicators, eight indicators emerged, which made up the core of meaning: *Disability as a prominent element in the constitution of the identity of students with disabilities*. It should be noted that the nucleus was formed to cover elements that constitute and influence the identity of students with disabilities, being discussed in a dialectical way, valuing the movements, tensions, correlations, contradictions present in the phenomenon.

Table 2 - Core of Meaning.

Meaning Core	Indicators that make it up
Disability as a prominent element in the constitution of the identity of students with disabilities	Indicator 1: Difficulties related to disability Indicator 2: Difficulties when acquiring a disability Indicator 3: Concept of disability Indicator 4: Ways of dealing (coping/defending) with disability Indicator 5: Reactions to diagnosis/disability Indicator 6: Reactions to future diagnosis Indicator 7: Attitudinal barriers experienced Indicator 8: Support and support networks

Source: Prepared by the authors based on research data.

Regarding *difficulties related to disability*, it was found that disability and the relationships that involve it (difficulties, conceptions, reactions, attitudes, barriers, support) influence the constitution of their identities and, consequently, their academic trajectories. Disability, in itself, brings biological damage due to the malfunction or absence of an organ, limb, or psychic function, causing different difficulties, limitations and barriers felt by the person with a disability. However, the way in which society deals with this difference, stigmatizing it or not, promoting or hindering the participation and development of subjects, creating compensatory and accessible support or not, can reduce or even end these difficulties and limitations (Vygotsky, 1997). These difficulties arising from disability are present in the statements of these students, permeating their experiences from childhood to adulthood, being factors that influenced their way of being and acting. We can cite as examples of students' difficulties: making and maintaining friendships; perform self-care; carry out some academic activities; routine changes; finish the test on time; deal with your disability; depend on another; do two things at the same time; stay in noisy environments; trust the other; deal with challenges; read lips all the time; read texts at the right time; pronounce words correctly; to hear; to walk; go to university; find a home with physical adaptations; deal with body scars; organization and routine; keep focus; be forgetful (not remembering something); feed yourself, etc.

It is worth mentioning that some of these difficulties were resolved in childhood and adolescence, through the support of family, friends and the effort and will of the subject himself, but some persist today. In fact, most of these barriers could be resolved if they were offered access conditions in different social spaces, already provided for in regulations in both countries and which are theirs by right (Brazil, 2015; Portugal, 2007). The presence of these difficulties and their non-resolution often result in feelings of dissatisfaction, frustration, anger, disappointment, sadness, revolt, indignation, insecurity, distrust and low self-esteem, interfering with their experiences, interpersonal relationships, life trajectories, as can be seen in the report:

> *I think I had countless challenges, because in general every phase of life has its complexity, and in my case, fortunately or unfortunately, I have a somewhat different physical condition, this voice, which limits me in many ways. And so throughout my life, it limited a lot of my experiences, but that's it, it's natural or not, but life is how it is* (Emma, P11, our translation).

Regarding the *difficulties in acquiring the disability*, Jorge and Lolla, Brazilian students, report that this occurred in adulthood, which meant that they had to adapt to the new condition. Camila, a student from Portugal, reports a similar condition (P7). *"[...] I had a road accident in which I was almost killed, I had trauma, I had a spinal cord injury, I had a complicated situation, but I managed to overcome it [...]".* According to Satow, (1995, p. 32) "the person who acquires a disability in adulthood will have to rethink their entire personal and social identity, as they no longer belong to the "normal" group, in addition to having to face all the barriers that society places on the lives of people with disabilities" [sic], something that happened to some students, facing this stage in different ways. Jorge (B6), also, despite reporting having felt a lot of pain and having to face several changes in his routine, ended up dealing positively with the new situation, using the support measures to which he was entitled, in addition to practicing Paralympic swimming " *[...]* a door that opened" after acquiring the disability, adding that *"[...] it wasn't easy, but it was a lot easier than I imagined it would be, you know. In a week like this, I was almost, I don't know, without the crutch, you know, but it was painful, it was quite [...]".* With great willpower, he adds *"Ah, I wanted to try everything I had available, right, I managed to go on leave and receive accident benefit, I think that's it, so I went after everything, the prosthesis, the courses, everything, because it's right, right [...]"* (Jorge, P6). Complementary is the report of Lolla (B2), who before having the accident, had never paid attention to the presence of people with disabilities; however, today, he identifies with the theme, including studying Psychology,

> *Well, before I had the accident I didn't even know, like, what a disability was, you know, I had never stopped to study, to think about it and so on, and now it's a topic that comes up a lot for me, the all the time, because it's something that I experience in my daily life, all the time, in the smallest details (LOLLA, B2, our translation).*

Lolla, when comparing herself to other people with disabilities, considers that her disability is less of an impediment and, therefore, that she is closer to what would be considered "normal", adding: "I managed to live alone, you know, so I always feel that I am almost, almost normal or almost deficient [...]" (Lolla, B2).

Goffman (1988) states that when acquiring a disability, a radical reorganization of oneself is required, as the subject grew up hearing about what it is to be normal and stigmatized, and may have difficulty identifying themselves and self-censoring. This occurs because having prejudice already introjected into them through the socialization they had with their parents and family, through the school and social environments of which they were a part, the individual, "even without being aware of this fact, becomes the object of prejudice and discrimination, only for others, as for oneself" (Satow, 1995, p. 32). This seems to be happening to Yasmin (P1) *"[...] my parents don't accept that I'm going to go blind, [...] but I prefer to believe that one day I'm going to go blind and I know that the day I go blind blind, I won't react well, I'll have a huge shock, but until then I'll enjoy life as if every day were my last day [...]"*. Added to this is the fear of the challenges, changes and adaptations that will be needed, of the greater dependence, of the barriers, stigmas and prejudices that they will suffer, because they believe that Portugal is not prepared to meet the needs of blind people *(reactions to future diagnosis).*

Gabriel (B8) and Kátia (P12) were diagnosed in adolescence, and also had difficulty accepting their condition, *"Yeah, and after the diagnosis I didn't accept it at the time, I didn't want to believe that I had a disability [...]"* (Gabriel, B8). In contrast, Tomás (P10) and Catharina (B4), diagnosed in adolescence and adulthood respectively, report having started to understand themselves better, despite the feeling of frustration *"[...] I felt frustrated, you know, if I had discovered this Before, I think I would treat it and it would be easier to work with, you know [...]"* (Catharina, B4).

Acceptance of disability seems to be something that has not yet been resolved for the majority of these students, as they still alternate between acceptance and denial, showing the contradictions and ambivalences present in the constitution of their identities. For example, Roberto (B7) and Miguel (P8) do not see themselves represented and with the same rights as people with disabilities, believing that their needs are lesser than others,

> *[...] I passed two public exams, I always went after a job, a public exam and I never used my disability, even though I knew that if I did, I would have an advantage, for example, because I think that the My disability is very small compared to many people I know and I see that they have a much more restrictive disability and that they deserve to use this advantage, which I don't know if it is a proper advantage.* (Roberto, B7, our translation)

For Goffman (1988, p. 17), "the stigmatized individual tends to have the same beliefs about identity that we have", that is, they aim to be a "normal person." In fact, *conceptions of disability*, norms and expectations are dictated by dominant society, establishing common and natural categories and attributes for each category. In this way, there is a polarization between people considered "normal" or "deviant", due to their differences and attributes. In the case of people with disabilities, negative and discrediting attributes (defect, weakness, disadvantage, disability) were imposed on them, making them a stigmatized category. It is understood, therefore, the desire of individuals with disabilities to become a "normal" person, because in this stigmatized position they feel threatened, inferior, unworthy and incomplete, presenting different reactions to deal with and accept their disability, which it shapes your identity, as this student says:

> *In fact, I didn't consider myself disabled, I think, not directly, you know, I saw myself as a normal person, who even wanted to play volleyball, I wanted to do everything, but sometimes I couldn't, playing the flute in elementary school, I had art class and there was flute time and my fingers don't move, right (laughs)* (Roberto, B7, our translation)

Among the reactions of the stigmatized person is shame, which arises when "the individual realizes that one of his own attributes is impure and can imagine himself as a non-bearer of it" (Gofmann, 1988, p. 17), and can lead him to make self-demands and a state of self-depreciation, seeking to correct this situation when possible (plastic surgery, for example), taking advantage of "victimization" to obtain secondary gains (such as excuses for the failure he reached due to other reasons), see the situation suffered as a secret blessing (as a form of teaching others about life) and try to correct their condition indirectly, through efforts in areas denied by society due to physical reasons (a person with a physical disability who can swim, for example). It should be noted what happened to Pedro (B3), who, since childhood, suffered many attitudinal barriers from strangers, colleagues and even family members, sometimes being seen as incapable, sought to prove his ability to himself and others when carrying out activities that are not common for a person with low vision, *"[...] I took part in the city hall competition, to be a dengue endemic control agent, a person with vision problems, looking for larvae* *(laughs), it's very awkward. Damn (laughs), I took the exam, passed and worked like that for a year [...].* A similar situation is mentioned by Francisco (B1), who challenged himself, showing his potential and capabilities, *[...] I never stopped doing something without trying, right… and I had difficulty with certain people when I decided to play football, because I wanted to play in goal, to be a goalkeeper, but then I heard once "how can you be a goalkeeper if you only have one hand?"*. Pedro (B3), in his despair and denial, after losing much of his vision as a teenager, rebelled and thought about committing suicide, but when he repented, he found strength in the church and in faith to accept his disability as a divine will,

> *[...] I usually say, that God made time, man-made haste, everything has its time, God is not to be understood, it is only to be accepted, accepting God's will is the greatest good in life, because today, people ask me, "do you miss your childhood?", "no", "so would you like to be someone else if you went back to earth?", "no either", because if it were for me, I would only come back as someone else if I were the same way I am today, if it wasn't meant to be like that, it's not worth the sacrifice I went through, because if I am who I am today, it was thanks to the past that I had [...]* (Pedro, B3, our translation).

For Pedro, a metaphysical model is very present in his speech, in which disability is seen as something that transcends the human condition, linked to spiritual and/or religious causes or supernatural factors that depend little on man's actions (Leite *et al.*, 2023), which contributed to accepting his suffering. However, Pedro understands the problem only in himself (like when he dropped out of university), and at other times he announces the importance of people with disabilities knowing their rights and fighting for them, not being victims of what happened to them,

> *[...] a friend of mine [...] jokes with me, is, "you should do Law, because you know a lot, especially about rights and duties, you know a lot", added to the fact that I am disabled and don't get stop and pursue my rights, right [...] (Pedro, B3, our translation).*

Other students also demonstrated that they sought solutions on their own to resolve or reduce their difficulties. However, they demand accessibility from society and the university, so that their needs are met. Izabel (B5) stands out, who always sought her freedom and independence, felt obliged to produce as her final course work a documentary that amplified the voice and protagonism of people with disabilities, choosing the issue of sexuality,

> *[...] the barrier for me wasn't so much architectural issues, it never was, it was more social issues, how people treat you, how people treat you, and also this issue that is something that has always bothered me a lot, is that people believe that because people have disabilities, you are a holy person, that you will never have a sin, that you will not do anything wrong, that you have a*

> *pure heart, and that is something that always reminds me It bothered me a lot, and I always hear that from a million people (laughs). So, I wanted to talk about a subject that people believed did not exist in our lives, that when I started dating I felt this a lot, people came to me and asked me, "wow, but do you date?", "how did you find a boyfriend?" and "how do you feel about this?" and I said, "people, just like everyone else [...]* (Izabel, B5, our translation).

Lolla (B2), Carla (B9) and Emma (P1), due to their experiences, demonstrate greater knowledge about the topic and their rights, claiming them in society, at the university, demonstrating greater empathy and engagement for the cause.

Returning to the indicators, *the way of dealing with disability* draws attention in Emma's speech (P11) since the possibility of entering university and studying Psychology was the way she found to compensate for the barriers and challenges experienced, of having a life goal and a new identity. However, she is afraid of not being able to practice her profession in the future and be accepted as a psychologist,

> *[...] I consider myself very well resolved and quite calm, because after all I managed to make a considerable journey within my means, I aspire to have a profession, do something with my life, feeling useful, helping others and helping them through others, me too, because only then, psychologist, do I feel that life is worth living* (Emma, P11, our translation).

As *a reaction to diagnosis and disability*, other ways of dealing, accepting or even facing shame and fear of the inferior judgment of others, we find humor. Some students make jokes about their characteristics, for example Francisco (B1) who says, " *I've never had problems with my close friends [...], I'm going to make fun of myself first so that no one makes fun of me later. I made the first joke (laughs).*"

However, the fear and shame of being treated differently, unequally, inferiorly, charitably (by family, friends/colleagues and university professors) and not being able to carry out activities in an effective and expected way also appeared in the discourse of several students, who prefer try to hide your disability from others, *"Because I didn't want to be different from other people, I didn't want other people to treat me like that, in a different way [...]"* (Gabriel, B8); "*No, because no one knew I had it, or rather, no one knows, in general, that I have Asperguer.*" (Tomás, P10). Thus, we see how much society's perspective and other people's reactions to disability interfere with feelings, identifications, social relationships and identities.

The denial of disability by the "other" occurred since birth for Francisco (B1), then by the doctor, *"[...] it's kind of funny, my mother told me that when I was born the doctor hid me from her... He didn't show it, because there are mothers who react badly when their child is* *born with a disability."* (Francisco, B1). According to Branco and Ciantelli (2017, p. 152), "health professionals, especially doctors, are not prepared, technically or emotionally, to deal with the situation, feeling anxious, uncomfortable, lacking sensitivity and even when they are powerless when they have to communicate the news about the diagnosis to their parents".

Regarding the attitudinal barriers experienced, the inhumane, stigmatized and prejudiced treatment of doctors was highlighted by some students, which affected not only the students themselves in their way of being and the way they reacted to the disability, but also the reaction of their families, which may influence the treatment given to their children.

> *[...] I can say that I have seen at least fifteen different doctors and if I was treated as a person by two, it was a lot [...] I had face to face with my doctor in Portugal and in the end my mother asked a question: "Doctor, what can I do to help my daughter?" [...]She will go to university." And he asked me "What course do you want to enroll in? And I said, "I want to go into management," and he turns to my mom and says, "Are you crazy?" And my mother: "Ah, why ? " No able-bodied person would employ a disabled person" and I touched my mother and said "let's go and this is the last time I come to the doctor* (Yasmin, P1, our translation).

The look of strangeness, rejection, repulsion and denial still occurs today in the lives of many students, especially when they are in public places in the city. Francisco (B1), Papoila (P6) and Emma (P11), with their more visible disabilities, reported that children are more curious and often ask about their disability; on the other hand, they report that it is often the parents who do not know how to deal with the situation, looking at them strangely and moving them away from them. These situations demonstrate how much non-acceptance of disability and misinformation still exist in society, generating attitudinal barriers. Isolation, teasing, lack of friends, *bullying* by classmates were also more present during school for these students (Pedro, B3; Carla, B9; Kátia, P12).

However, the opposite situation is reported by the majority of students when they entered university, feeling more welcomed, with more friends, claiming that in this environment people are more open-minded and accept differences better, *"[...] I have friends, I had difficulty making friends, but now I don't [...]* (Natasha, P9); *"[...] after I entered college, it was easy, it was calm, getting to know people [...] here I found people with more open minds."* (Gabriel, B8). However, in smaller numbers, some students reported suffering stigma, stereotypes and prejudice from university colleagues, *"[...] there is always one or the other who sometimes, that's it, always continues to enjoy [...]"* (Matilde, P5).

The stereotype of the hero, the "extraordinary being", the "superhuman" was present among colleagues, *"[...] and then I went to tie my sneakers and everyone stopped to watch me tie my sneakers* (laughs) *and I noticed that everyone was staring at me and they started applauding me, it was funny [...]* (Francisco, B1). Sign up, however, these reactions of astonishment, surprise and admiration on the part of others seem to demonstrate the impotence, fragility, and incapacity that they expect people with disabilities to present, reflecting ableist attitudes. The stereotype of "victim", often attributed to individuals with disabilities, the role of poor, disabled, powerless person occurred with Jorge (B6), and, after the accident, some classmates and acquaintances came close to him and cried.

According to the reports, it is also clear that acceptance of the disability and the support received by parents were perceived as fundamental by these students, "[...] I think I was lucky because they accepted my condition [...]" (Emma, P11), working as support for them to believe in their potential and be able to reach Higher Education, according to Miguel (P8). The reaction of other people, friends, colleagues, teachers and society itself must be taken into account, understanding that these relationships with "others" influence their identity and the way in which they will deal with their disability and the obstacles in their lives. In this sense, students also reported, in addition to their parents, some friends and colleagues, other *support and support networks* – other family members, such as siblings, cousins and grandparents, as well as lovers, volunteers, university support staff and other health professionals. According to respondents, these relationships contributed to the constitution and transformation of their identities, contributing to experiences, permanence, human development and their inclusion in the university.

Lack of knowledge about the disability was reported by the students: *"Ah, I want to say that once in anatomy class, the teacher was giving a moral lesson in the room and said 'Nobody here is missing a foot, hand or arm and I don't know what and then he didn't even notice that I was like that, right."* (Jorge, B6). On the other hand, some students mentioned that the support they received from teachers during their school and academic career were fundamental for them to feel capable, welcomed and included (Carla, B9; Tiago, P2; Emma, P11). In fact, affection, attention, involvement and collaboration on the part of teachers, the existence of a positive relationship with students, together with accessible methodologies, are highlighted in the literature as important factors for the academic success of students with disabilities (Berggren *et al.*, 2016; Accardo, *et al*, 2019; Ciantelli; Leite, 2022; Moriña; Biagotti, 2021).

Conclusion

Taking into account that man is a social being and that “the image he sees of himself is the one reflected by the man-mirrors that surround him” (Glat, 1989, p. 15), that is, that his identity is constituted and developed largely by the perception and representation of others, a perception shaped by a normalizing standard of an ideal man, the identity of people with disabilities still often continues to be oppressed, denied and stigmatized in our society.

Given the voices of students with disabilities and the sharing of their life and academic trajectories, it is possible to learn a little about their experiences, conceptions, support networks and the connections that these elements have in the constitution of the identity of students with disabilities, in order to point out ways that encourage disability to acquire other meanings. Through their stories, it was possible to verify the issue of disability as a central element in the constitution of these students' identities. It was observed that the difficulties arising from the disability itself, in biological and social terms, were shaping and influencing the way of being and acting of the subjects who participated in the study, depending on the way in which each person and the people around them dealt with these challenges. It was also possible to verify that the way in which these students deal with their disability is closely related to the conception that they themselves have of disability. Because they are part of a certain society and culture, they themselves ended up being influenced by the way this group has been treated throughout history, that is, still perceived as a “deviant”, “sick”, “poor” group, “ disabled”, “abnormal”, as “inferior and stigmatized” beings. Self-acceptance of disability seems to be something that has not yet been fully resolved for most of these students. It was possible to observe contradictions in their identities, as at sometimes they accept it (such as to receive social benefits and educational support) and at others they deny it (such as avoiding telling others about their disability and being exposed). Fear and shame for having a disability were often present in their lives, mainly due to disbelief, stigma and stereotype on the part of social voices that saw them as inferior, and significant people (parents, family members, boyfriends, friends, colleagues, teachers) who overprotected them, making them seek the approximation of normality. However, the presence of students who are better resolved with their disability, more aware, more critical, more empowered, who, defending a social conception of disability, carry out actions that seek to value the visibility and voice of their group and demystify the disability, raising awareness in society.

It should also be noted that the acceptance of disability by people significant to these subjects, even if only partially, made them feel accepted, welcomed, and belonging to different spaces. The availability, during their life trajectories, of support networks and practical and emotional support contributed to these students developing personally, socially and academically, with a more positive self-esteem, more confident, independent and autonomous, factors that may have even favored their entry and stay in Higher Education.

Inclusion in Higher Education for these students continues, however, to present them with several attitudinal and accessibility barriers, interfering in the construction of their identities as people and social groups, but also in their life and academic trajectories. The presence of barriers, especially attitudinal ones, demonstrate that the university has not yet assimilated that difference is what characterizes the human being, which is why it is necessary for Psychology to act in accepting the other for the identity of the student with disabilities and for the deconstruction of prejudices, stigmas and stereotypes, through conversation circles, events, awareness raising, campaigns, to change this reality and favor the experiences and inclusion of these students in this space. This important contribution will enable crystallized identities to be broken, giving way to identities in movement, in transformation, in metamorphosis, and thus favoring the inclusion of these subjects in the academic space. Conscious, reflective and critical, it is expected that both individuals with disabilities and society as a whole will begin to see disability as another inherent characteristic of the human being and that the identity of a student with a disability will be increasingly valued, respected and present in Higher Education.

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