Do we provide opportunities or only value productivity?

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SUMMARY

With a view to improving the quality of life of persons living with disabilities without direct intervention but in the context of action at the level of their personal development, and with the institutional support of the University of the Balearic Islands and funding from 'SA Nostra' Caixa de Balears, we decided to develop, implement and evaluate a training programme aimed to generate a change in attitudes towards people with mental disabilities. The programme is targeted to professionals who have an impact on personal development.

On the basis of the experience of one of the businessmen in the group of professionals that was set up for the purpose of our experiment, we seek to highlight the possibility of inducing change, from an initial attitude focused on the productivity of the enterprise to one based on the principles of normalisation and equality of opportunities; the latter is more conducive to mentally disabled people achieving social and occupational integration.

Introduction

According to Schalock (1995, 1999, 2003), quality of life has multiple dimensions; professional action addressed to the disabled population must include: *'emotional well-being, interpersonal relations, material well-being, personal development, physical well-being, self-determination, social inclusion and rights.'*

Including these dimensions leads to a change in action undertaken and to a restructuring of services and current social policies.

Power (economic, political or social), intelligence, beauty, prestige, etc. are at the top of our scale of values. We become socialised into these values and accept them as valid without reflecting on how they affect the ability of persons starting from a position of inequality to take on a social

Table 1. **Balearic Islands. Distribution according to age and type of disability (absolute data and horizontal percentages)**

Type of disability	Age 0- 14	Age 15-29
Mental retardation	1 118	1 363
Mental illness	59	352
Total (mental)	**1 177**	**1 715**
Visual	90	222
Hearing	114	196
Total (sensory)	**204**	**418**
Osteoarticular	100	359
Nervous and muscular	263	584
Expressive	41	41
Chronic diseases	156	336
Unspecified	63	96
Total (physical)	**623**	**1 416**
TOTAL	**2 004**	**3 549**

role. We act from a perspective of superiority, on the basis of implicit attitudes of 'pity' or 'charity', or, at worst, rejection, closing the doors to the capacities of this group.

We have created a social structure in which there is no room for less advantaged groups, and do not act to move towards greater tolerance and acceptance.

In J. Rosselló's analysis of the situation in the Autonomous Community of the Balearic Islands (1999), the data broken down according to type of disability shows that for the 14 to 29 age bracket, mental disability is more prevalent.

Relevance and rationale of the study

Persons living with disabilities are confronted with numerous, severe obstacles in the course of their lives. They face deficits at various levels: in the prevention of genetic anomalies, in family counselling, in educational and careers guidance, in educational, occupational and social inclusion, in accessibility to different environments, etc.

Based on the researchers' analysis of the situation, we created a process targeted at professionals who are able to help persons living with disabilities. The underlying assumption was that the quality of life of this group depends also on what these professionals do. The selected professionals worked in the following fields: health (e.g. doctors, nurses, dieticians), education (e.g. teachers, psychologists, educational psychologists, trainers), industry (e.g. entrepreneurs, workplace trainers), guidance and counselling (e.g. lawyers, social workers), etc. These were the occupational groups targeted by our attitude training programme.

To deal with an issue of this kind we felt it is necessary for the different professionals to apply the same approach. Setting up an interdisciplinary group is therefore not simply an interesting exercise but indispensable if we are to move towards a more open society, one that is capable of understanding and accepting personal differences.

Concepts

The approach of our training programme followed the new definition of mental disability (AARM, 1992) which attaches importance to all dimensions of the person, with diagnosis taken into account only for the purpose of planning the appropriate support. According to this definition, mental retardation is

'*a disability that results from the interaction between limitations in capacity (intelligence and adaptation abilities) and the demands of the environment*' ([1]).

If we accept this definition, programmes solely designed to mitigate the limitations of retarded persons are inadequate. Instead, what matters is to create a personal support system taking account of clients' abilities as well as their limits.

A full-scale *bibliographical* search based on an entire series of descriptors (e.g. programme, professional attitudes, social inclusion, mental retardation, intellectual disabilities) and various databases (Eric, Francis, British Education Index, Dissertation Abstracts International, Social Scisearch, PsycINFO, Sociological Abstracts, Teseo, Redinet, etc.) failed to come up with any *attitude training programme* for the identified occupational groups in relation to the mentally disabled.

The articles corresponding to the key words tended to be descriptive or psychometric studies pointing to differences in attitude among professionals, without however including a programme to improve these attitudes.

Method of compiling and analysing information

'Why is the investigative perspective so different for each type of disability? Is it not possible to complement research on each pathology or disorder with research on the various syndromes? Would it not be possible to achieve much more progress by integrating the different investigative perspectives and approaching different scientific fields focused on persons living with a disability?' (Verdugo 1997, 123).

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[1] For a deeper insight into the concept of mental retardation, cf. Luckasson, R., Schalock, R.L., Snell, M.E., Spitalnik, D.M. (1996, August). The 1992 AAMR definition and preschool children - Response from the Committee on terminology and classification. Mental Retardation. 247-253.

Taking these questions into account, we came to believe that our research had to be based on:

- a concept of disability centred on the interaction between individual and environment
- a perspective centred on quality of life rather than just efficacy of services;
- a method which does not limit research to the researchers but also allows for the needs of the professionals, the disabled and those relating to them.

A qualitative method permits research to be based on experience, on reflection upon our own practice.

We believe that to generate critical knowledge as a fundamental part of our attitudes it is important to experience the situation under investigation, to compare it with the participation of a team of researchers, and to generate multiple methods, allowing us to consider:

- that a method should be adapted to the object of research and not the other way around;
- that what is important is not what can be substantiated by theory, but whether we can create meanings and/or attitudes in the subjects; theories are simply tools to analyse a given reality;
- that in implementation we should never adopt a normative approach but retain a hypothesis that allows us to reflect on the player's own processes and which is thus converted into critical knowledge.

Without departing from the critical paradigm, we entered into action-related research in order to highlight the concrete frame of reference for the type of research conducted. Smith (1993, p. 88) refers to action-related research as studying a social situation in order to try to improve the quality of the action itself. According to Pérez Serrano (1990, p. 58), this and numerous other definitions have a number of characteristics in common, which can be considered as the fundamentals of action-related research:

- practice: start out from practical problems, take on commitments, create a new form of practice, involve the participants, and improve practice;
- reflection: knowledge and intervention, thought and action, reflection and action, self-critical reflection;
- improvement: self-criticism, promotion of social and personal change, attitude change, understanding the situation, combining research, action and training.

Objective of the training programme

All in all we see that conducting action-related research leads directly to the responsibility of the participants to reflect on their own practice. This is the real objective of the programme and the research presented in this re-

port: to encourage each of the participants to reflect on their occupational practice. The maxim guiding the research (the decision to opt for this type of method was no doubt also influenced by the researcher's training and her previous research experience carried out on the basis of a qualitative paradigm ([2])) was the following:

Reflection on one's own practice is the basis for improving the real situation being researched, and is also the first step towards attitudinal change.

The areas required for an individual's development (health; social, educational and occupational integration; rights and obligations; quality of life; family, social and sexual relations, etc.) were analysed during the group sessions. Here, the aim was to put forward proposals for professional action based on the principle of normalisation, as redefined by Wolfenbenger in 1972:

'Using culturally normative means (familiar and valued techniques, instruments, methods etc.) to improve the living conditions of a person (income, shelter, health services) at least to the level of those open to the average citizen, and to improve or support in the best way possible the person's conduct (abilities, skills), appearance (clothing, grooming etc), experiences (adaptation, feelings, etc), status and reputation (labels, attitudes etc).' (Muntaner 2001, pp. 21-22)

The information obtained from the initial interviews, training sessions, personal diaries and final interviews allowed us to establish the categories which helped us analyse the data; these were entered and indexed by means of the NUDIST (non-numerical unstructured data, indexing, searching and theorising) software system.

The following section shows, once again, that the individual finds him/herself in a constant process of change, as demonstrated by the experience of one of the entrepreneur members of the interdisciplinary group.

Selection criteria for setting up an interdisciplinary group

Setting up an interdisciplinary group representing all the occupational fields mentioned above proved to be an arduous task, which caused a certain degree of concern and anxiety.

One of the selection criteria for the creation of this group was initial training. Within these profiles we excluded professionals who had already received some form of related training (i.e. concerning disabled persons). These included teachers, specialists in educational therapy and educational psychologists.

([2]) Rosselló Ramon, MR. (1996). Investigació i dissenys en teoria del currículum. Palma de Mallorca: Universitat de les Illes Balears.
Muntaner, J.J. (1998). Estrategias de intervención del profesor de apoyo en el proceso de atención a la diversidad en centros de educación primaria. Unpublished research paper.

Secondly, it was decided to limit the target group to the mentally disabled. Here we drew on the extensive experience of Díaz Aguado (1995, 18):

'... *the most serious problems of rejection are to be found in the case of mental disability and cerebral paralysis. These are followed by sensory (hearing and visual) deficiencies, along with speech disorders and epilepsy. Finally, motor disabilities appear to cause the least rejection'.*

Assuming that attitude guides action (Smith and Mackie, 1994), we applied the premise that changing the attitude towards the mentally disabled would be the most likely to bring about a changed attitude toward the disabled population as a whole.

Consolidating the group of professionals

With a letter in which we explained the objectives of the training programme, we contacted doctors (gynaecologists and paediatricians), lawyers, nurses, entrepreneurs, educators (specialists in pedagogy and educational organisation), clinical psychologists and social workers – in other words, professionals matching our selection criteria who are involved in helping the mentally disabled, but who lack training related to the subject of our study.

Politicians, specialised agencies, NGOs, etc. were ruled out because persons in these occupational groups do not receive the same initial training and accordingly belong to different professional associations. This makes it very difficult to apply established selection criteria and contact mechanisms to form a random sample.

The letter was sent out to the various professionals in the relevant professional associations and as the replies came in, an initial interview was organised to agree on participation in our experiment. In this interview, we tried to identify the practitioner's ideas, concepts, feelings and behaviour towards the mentally disabled, i.e. to identify the initial attitude which was the starting point of the experiment.

On the basis of the research contract presented to the participants during the initial interview, we concluded the agreement on participation in the programme and called in the members of the group to begin the training sessions.

The interdisciplinary group finally comprised 13 members: two entrepreneurs, a lawyer, three social workers, four nurses, a dietician, a psychologist and an educator. The only professionals originally earmarked that were not finally represented in the group were doctors, unable to participate because of their working hours.

A total of ten training sessions were organised. Individual contacts were also maintained on an ongoing basis to compare and follow up the objectives at a more individualised level. In the course of these sessions and contacts, the participants experienced numerous and significant changes, both at a professional and a personal level.

In this report we have decided to present the process as seen through the eyes of one of the entrepreneurs in the group. This businessman experienced change: whereas he initially considered disabled persons only in terms of their limitations, he begins through the programme to understand their abilities.

Towards a more favourable attitude: from productivity to opportunity

'From the cultural point of view, the first point to be emphasised is the low average level of education of persons living with a disability, principally the mentally disabled … Finally, precariousness is an element which defines the economic situation of the disabled population, triggered by their low level of occupational activity and a high percentage of inactivity'. (Rosselló 2000, 119)

We present here the case of a 30-year-old entrepreneur who runs a gardening business in Palma de Mallorca. He was contacted through the employers' association of which he is a member and asked if he would be interested in joining the interdisciplinary group that was aiming to induce favourable attitudes towards the mentally disabled. With no particular reason or preconceived idea, merely on impulse and out of curiosity, he decided to set aside two hours a week at the end of his working day to reflect upon his own attitude towards the mentally disabled.

His initial attitude may be defined by terms such as pity and ignorance, aspects which condition an attitude based on inequality, i.e. on the entrepreneur's superiority vis-à-vis the mentally disabled – an attitude which is experienced by the disabled as overprotection and negation of their abilities.

Following reflection on this point during the sessions, the entrepreneur began to lose this attitude of superiority toward the mentally disabled. This allowed him to stand up for their rights and at the same time demand that they fulfil their obligations. This is how he put it in the final interview:

'The change I went through was a change of feeling. I don't feel sorry for them any more because I see myself as being their equal, on the same level. I now think that if I were to take on disabled persons in my business who were not up to the job, I would have no hesitation in telling them that they weren't suitable and taking on someone else' (final interview, p. 251). ([3])

But the entrepreneur was as yet unaware that his professional situation allowed him to improve the quality of life of disabled persons. It was in

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([3]) The numbers at the end of each paragraph correspond to the page numbering in the annexes to the research report: De la Iglesia Mayol, B. (2002). De les Dificultats d'aprenentatge a les Dificulttas en el Procés d'Ensenyament-Aprenentatge. Palma de Mallorca. Universitat de les Illes Balears. Unpublished thesis.

the course of one of the training sessions, following reflection and the comments from his peers, that he realised how an employer can take action to further an individual's development:

'If you offer them an opportunity to work, that is the beginning of a solution to many things. You're giving them everything! Security, stability ... AND, if you don't give them just a job but also training and assistance, you can offer them emotional well-being and personal success as well' (6th session, p. 202).

We can see the changes this businessman experienced in analysing the occupational integration of the mentally disabled. These changes have brought highly significant consequences for his own occupational practice.

The change is evident when we consider how at the beginning of the sessions the entrepreneur defends his own approach from a business point of view, i.e. exclusively in terms of business productivity.

'As a businessman, I would ask myself: what is more profitable for me? We have to be realistic. I would hesitate to take on mentally disabled workers in my business, if only for reasons of productivity' (initial interview, p. 47/48).

This means that the employer would only ask an applicant what type of disability they have – without taking into account that in a job interview applicants do not tend to refer to what they *cannot* do, but try to portray and emphasise the abilities they have, i.e. what they *can* do. A further and more important consequence of this attitude is that only persons whose job application/CV does not specify a certain percentage of disability will be short-listed for an interview. This already rules out the possibility of disabled persons working in an ordinary working environment.

'I wouldn't interview every applicant, only those I'm interested in, I can't afford to waste time. I would ask them what disability they have and then I would decide to interview them or not, depending on whether or not I am interested in them' (fourth session, p. 191).

Here we can also observe the businessman's attitude that he has to control the type of disability the workers have and that *they* are the ones who have to adapt to the workplace.

This initial idea was called into question by the other professionals in the group session. Following group reflection and personal analysis, the entrepreneur decided to provide his work premises with the necessary infrastructure to cater for a mentally disabled worker. This is how he put it during the sixth session:

'The business has to be prepared to take on a person living with a disability and we have to have the infrastructure to be able to deliver training' (sixth session, p. 204).

Once he became aware that his own feelings, behaviours and ideas were not conducive to the development of mentally disabled persons, and with the input of the ideas of the other professionals, the entrepreneur made a commitment to adapt the structure of his business to be able to take on a mentally disabled person. It should be pointed out that this decision was

not motivated by financial reward but by the idea that to change and cater for people who are different enriches the entire workforce.

Before concluding our report, we would like to give a brief summary of the changes the businessman began to introduce at the end of the ten training sessions originally scheduled. In keeping with his commitment, he called a meeting of the group to analyse his plans for the extension of his business, wishing to determine whether his proposals were based on the principle of integration or, on the contrary, segregation. As this exercise required more than one session, two further reflection sessions were held before the final presentation of the business extension project. Without any financial compensation or assistance from the public institutions of our region, the entrepreneur decided to undertake this project on his own. Despite many obstacles during the recruitment process, which caused him considerable concern, he had – and still has – every cause for satisfaction.

'What struck me most was to see that as employers we are not prepared to take on persons with disabilities. I have to add that we actually get very little help for this. Any business initiative is complicated by definition, so just imagine how complicated this one is. You're not even informed by employers' associations of your obligations towards this group' (final interview, p. 251).

The voice of the participants

Finally, as we consider this process to be the most significant of the entire exercise, we asked the protagonists of the attitude change programme to summarise what they had learned in a few words.

Lawyer:
'... today I wouldn't defend the fact that the mentally disabled can draw benefits, as I would first of all try to adopt measures to enable them to work. I no longer solely see working in terms of the money you earn and the security it gives you, but also in terms of the personal satisfaction that having a job implies' (final interview, 232).
'(The research) helped me to open up to this world, broaden my views and understand just how painful it can be to be faced with the impossibility of social integration.
Cooperating with other professionals showed me how they approach the problem and act towards disabled people from their professional perspective' (final interview, 232).

Dietician:

'I didn't realise that there were so many obstacles in their way ... They have the right to happiness just like anyone else' (final interview, 235). 'I am now more aware of the situation of the mentally disabled and so now you fight and defend your ideas more. I think it is fundamentally important to argue they are people who deserve the same respect as everybody else. All human beings think and that's enough in itself (final interview, 235).'

University nursing graduate 1:

'Professionally [it has helped me] provide better care for my patients, I treat them better and understand them better ...on a personal level, it has made me think over things and change. Now I don't get out of their way as I did before, I want to approach them and get to know them as people. I'm no longer afraid of what a mentally disabled person may ask me. I have more resources for action' (final interview, 238).

University nursing graduate 2:

'Above all [the research] has helped me personally. I am more open-minded, I think about things more, I now tend to analyse things which in the past I just didn't bother about. I am more tolerant, I don't say 'no' so quickly. It has also helped me realise that there are other professionals out there and that we can handle the subject from different perspectives. Also, that we have to take action together and that we are not alone' (final interview, 242/243).

University nursing graduate 3:

'It helped me understand not only what I think but also what other people think and experience. It's much better this way, sharing other professional points of view. It would be terrible if we were only to focus on the health world. I was very pleased to see what the social workers do, and to see that there are also employers who are concerned about this issue … it rids you of your prejudices' (final interview, 246).

University nursing graduate 4:

'Before [the programme] I treated them well, but it's different now, I treat them more personally and I am more aware of what I am doing' (final interview, 250).

Entrepreneur 1:

'It's thanks to the experiment that I decided to recruit a mentally disabled person to work in my business' (final interview, 252).

'It was enriching since it helped me relate better to other professionals. It was interesting to see how they put into practice what we discussed in the sessions and what they thought about different issues on a professional level' (final interview, 253).

Entrepreneur 2:

'I volunteered to test their eyesight free of charge at certain institutions but there was no response. It's the parents who come to my surgery and I can see that they have very bad eyesight. This means that the institutions do not provide this kind of care' (session 4, 189).

Educator:

'Yes, I did benefit from the programme, I now think differently from the way I did before. I read education at university and I decided to opt for organisation and pedagogy, in part because I didn't like the area of disability, as I'd only had experience with the severely disabled. But now this has changed; I'd like to work in this field now' (final interview, 256).

Psychologist:

'In the sessions, I had the impression that I was waking up to the world. If I hadn't participated in the programme, I would have just continued going to work, going back home, closed up within my own four walls, in my own little world. Now, I have come into contact with lawyers, entrepreneurs, social workers … I have the feeling that I have opened up' (session 10, 227).

'I don't work as a psychologist now, but ever since we started the first session I felt I would like to work in this field. I try to influence the attitudes of people around me, although I would like to do something more' (session 10, 228/229).

Social worker 1:

'I didn't take the opinion of nurses into consideration before but now I do. I felt the need to collaborate closely with different professionals. In my work too there is a lack of weekly meetings to supervise our work together. It's fundamental' (final interview, 259).

Social worker 2:

'The commitment we can make is to cooperate more closely with institutions which do not belong to our organisation. There's a lack of coordination between institutions' (session 10, 229).

'I have changed my way of thinking and I see that it is necessary for all professionals to join forces. It's like flogging a dead horse if we don't' (final interview, 261).

'Now I focus the programme more on the users' capabilities rather than their disabilities. Moreover, I have managed to get a person of 15 out of the house for the first time' (final interview, 261).

Social worker 3:

'What I am determined to do is focus on what they feel and think. And give the mentally disabled people I deal with a better quality of life. Now I know I am better trained' (session 10, 230).

'Now I give them the opportunity to take their own decisions, I don't take decisions on their behalf any more' (final interview, 262).

'It has helped me relate better to people living with disabilities, because now I no longer see them or approach them from an attitude of compassion. I try to help them help themselves and get them to ask me for help. They are the ones who have got to know what they want. It will also help me a lot in my relations with other professionals' (final interview, 264).

Issues for further research

In the course of designing, implementing and evaluating the programme described above, we came across new interests, needs and issues, requiring further in-depth examination and research. This is a reflection of the constant restrictions and limitations of our research: limitations such as narrowing down the sample to specific professional roles, confining the research to the mentally disabled, not being able to carry out a follow-up in the various workplaces. These obstacles shall have to be overcome in later research. We would therefore like to put forward a series of issues for reflection which may be of use to others wishing to conduct research that aims to improve the quality of life of less advantaged persons and groups. The following is a list of issues which could be examined in greater depth by such a study:

- Determine how to move forward from the interdisciplinary group of professionals to inter-institutional coordination in the interests of action and the development of programmes and services.
- Analyse how to disseminate and promote respect for the rights and obligations of persons living with disabilities.
- Take action in terms of training for health professionals to cater for the needs of disabled persons and their families, especially when the diagnosis is given, as well as follow-up in coordinating with the other professionals intervening in the process of personal development.
- Deliver attitude change programmes to induce more favourable attitudes towards persons living with disabilities. These should be offered by the official institutions which deliver training to all relevant professionals who can play a role in developing social structures which cater for different needs.
- Make it a requirement for employers to recruit persons with disabilities.
- Seek to amend existing legislation to introduce measures to promote the social and occupational integration of the mentally disabled.
- Revise the criteria and the reasons for diagnosing and certifying a person as disabled.
- Foster favourable attitudes towards persons living with disabilities starting from initial vocational training.

- Revise the basic assumptions on which services and programmes for persons living with disabilities are based.

We should like to conclude our report by expressing the hope that answers will be found to some of the questions raised and moreover that there will always be professionals with the same degree of selflessness and commitment as those who were the main players of this programme. It should be added that the same dynamic of reflection and analysis is currently being developed with professionals in different educational institutions.

Finally, we should like to thank the professionals who are moving towards more favourable attitudes, towards the integration and development of the mentally disabled, and who are also enabling change and eliminating prejudices towards the occupational profile of the mentally disabled – prejudices which many of us display, before and during the implementation of programmes designed to improve the quality of life of persons living with disabilities. ■

Bibliography

American Association Mental Retardation: *Mental Retardation: definition, classification and systems of supports.* Washington, D.C., 1992.

Díaz Aguado, M. J. *Todos iguales, todos diferentes.* Madrid: ONCE, 1994

De la Iglesia Mayol, B. *De les Dificultat d'aprenentatge a les Dificultats en el Procés d'Ensenyament-Aprenentatge.* Palma de Mallorca. Universitat de les Illes Balears. Unpublished thesis, 2002.

Elliot, J. *El cambio educativo desde la investigación-acción.* Madrid: Ediciones Morata, 1993.

Eliot, R.; Smith, Diane; Mackie, M. *Psicología Social.* Madrid: Medica Panamericana, 1994.

Gil Flores, J. *Análisis de datos cualitativos. Aplicaciones a la investigación educativa.* Barcelona: PPU, 1994.

Pérez Serrano, G. *Investigación-acción: aplicación en el campo social y educativo.* Madrid: Dykinson, 1990.

Pérez Serrano, G. *Investigación cualitativa. Retos e interrogantes. I-Métodos.* Madrid: Muralla, 1994.

Rosselló, J. El Capital Humà i Social a les Illes Balears. In: Guillem López (dir): *Revista Econòmica de Catalunya. Serie monográficos de las Islas Baleares.* 1999.

Rosselló Ramon, M. R. *Investigació i dissenys en teoria del currículum.* Palma de Mallorca: Universitat de les Illes Balears, 1996.

Muntaner, J. J. *Estrategias de intervención del profesor de apoyo en el proceso de atención a la diversidad en centros de primaria.* Departamento Ciencias dla Educación. Universitat de les Illes Balears. Palma de Mallorca, September 1998

Muntaner, J. J *La persona con retraso mental. Bases para su inclusión social y educativa.* Málaga: Ediciones Aljibe, 2001.

Schalock, R. L. Implicaciones para la investigación de la definición, clasificación y sistemas de apoyos de la AAMR de 1992. *Siglo Cero*, 1995, *26* (1), 5-13.

Schalock, R. L. Hacia una nueva concepción de la discapacidad. En M.Á. Verdugo Alonso y F.B. Jordán de Urríes Vega, *Hacia una nueva concepción de la discapacidad.* Salamanca: Amarú, 1999, pp. 79-109.

Schalock, R.L.;Verdugo, M. Á. *Calidad de vida. Manual para profesionales de la educación, salud y servicios sociales.* Madrid: Alianza, 2003.

Verdugo, M. A. (Investigación en discapacidad: Prioridades del futuro inmediato. En *II Jornadas Científicas sobre personas con discapacidad. Salamanca.* Universidad de Salamanca, 1997.

Verdugo, M. A.; Jordán de Urríe Vega, F.de B. (Coord.) *Hacia una nueva concepción de la discapacidad.* Salamanca: AMARÚ, 1999.