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REFLECTION ARTICLE

People with disabilities and social representations: a reflective study

Personas con discapacidad y representaciones sociales: un estudio reflexivo

Pessoas com deficiência e as representações sociais: um estudo reflexivo

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Abstract

The aim was to reflect on disability in light of social representations, as a proposition for healthcare for people with disabilities. This is a theoretical-reflective study based on the Theory of Social Representations, which critically analyzes the contributions of the Human and Social Sciences applied to Health in the context of disability. The research was based on scientific evidence obtained through a systematic search in the BVS (Virtual Health Library), in the SciELO, LILACS, and MEDLINE databases, between 2015 and 2025. The selected articles were analyzed comprehensively and interpretively, considering the assumptions of the TRS (Theory of Social Representations). The social representations that emerge from the analyzed articles are supported by a normalizing view of bodies, where the problem falls on the subject, considered deviant from pre-determined patterns in society. A representation of social exclusion is not only the physical barriers, but also the cultural and social difficulties encountered by these people, considered barriers of a social order. Disability is addressed as a social phenomenon that is still a challenge to be faced today. It is concluded that healthcare professionals need to understand how these representations can influence the way people with disabilities act and think, reflecting in their behavior when faced with the difficulties and challenges they encounter in their lives.

Descriptors: Nursing; Social Inclusion; Disabled Persons; Social Representation; Collective Health.

Resumén

El objetivo fue reflexionar sobre la discapacidad a la luz de las representaciones sociales, como propuesta para la atención sanitaria de las personas con discapacidad. Se trata de un estudio teórico-reflexivo basado en la Teoría de las Representaciones Sociales, que analiza críticamente las contribuciones de las Ciencias Humanas y Sociales aplicadas a la salud en el contexto de la discapacidad. La investigación se fundamentó en evidencia científica obtenida mediante una búsqueda sistemática en la Biblioteca Virtual en Salud (BVS), en las bases de datos SciELO, LILACS y MEDLINE, entre 2015 y 2025. Los artículos seleccionados se analizaron de forma exhaustiva e interpretativa, a la luz de los postulados de la TRS (Teoría de las Representaciones Sociales). Las representaciones sociales que emergen de los artículos analizados se sustentan en una visión normalizadora del cuerpo, donde el problema recae en el sujeto, considerado desviado de los patrones predeterminados en la sociedad. Una representación de la exclusión social no se limita a las barreras físicas, sino que también abarca las dificultades culturales y sociales que enfrentan estas personas, consideradas barreras del orden social. La discapacidad se aborda como un fenómeno social que sigue siendo un desafío por afrontar en la actualidad. Se concluye que los profesionales de la salud necesitan comprender cómo estas representaciones pueden influir en la forma en que las personas con discapacidad actúan y piensan, reflejándose en su comportamiento cuando se enfrentan a las dificultades y desafíos que encuentran en sus vidas.

Descriptores: Enfermería; Inclusión Social; Personas com Discacapacidad; Representación Social; Salud Pública.

Resumo

Objetivou-se refletir a deficiência à luz das representações sociais, como proposição ao cuidado em saúde para pessoas com deficiência. Trata-se de um estudo teórico-reflexivo fundamentado na Teoria das Representações Sociais, que analisa criticamente as contribuições das Ciências Humanas e Sociais aplicadas à Saúde no contexto da deficiência. A pesquisa baseou-se em evidências científicas obtidas por busca sistematizada na BVS, nas bases SciELO, LILACS e MEDLINE, entre 2015 e 2025. Os artigos selecionados foram analisados de forma compreensiva e interpretativa, à luz dos pressupostos da TRS. As representações sociais que emergem dos artigos analisados são apoiadas em uma visão normatizadora dos corpos, onde o problema recai no sujeito, considerado desviante de padrões pré-determinados na sociedade. Uma representação de exclusão social não são apenas as barreiras físicas, mas também as dificuldades culturais e sociais encontradas por essas pessoas, consideradas barreiras de ordem social. A deficiência é abordada como fenômeno social que ainda hoje é um desafio a ser enfrentado. Conclui-se que os profissionais da saúde precisam compreender como essas representações podem influenciar a forma de agir e pensar das pessoas com deficiência, refletindo em seu comportamento diante das dificuldades e desafios encontrados em sua vida.

Descritores: Enfermagem; Inclusão Social; Pessoas com Deficiência; Representação Social; Saúde Coletiva.

Introduction

Social representations are forms of knowledge and constitute a theoretical branch of Social Psychology. Their insertion is more specifically within the field of common-sense knowledge, breaking with the classical approaches to theories of knowledge. Social representations seek to overcome the division between science and common sense, understanding that both are social constructs subject to the social and historical modifications of each era[1].

The concept and Theory of Social Representations (TSR) were formally presented in 1961 in Europe, in the work of Serge Moscovici, "La psychanalyse, son et image et son public," in which psychoanalysis gained a new meaning in various public sectors in Paris[2-4]. Psychoanalytic knowledge emerges from the scientific community and permeates the social structure, migrating beyond its original context of production[5].

Social representations are defined by Moscovici as:

> *"[...] A set of concepts, propositions, and explanations originating in everyday life during interpersonal communication. They are the equivalent, in our society, of the myths and belief systems of traditional societies; they can also be seen as the contemporary version of common sense"*[6:181].

The connection between the theory of social representations and the daily lives of people with disabilities can occupy a fundamental place in the conceptual architecture developed by Moscovici, as it constitutes essential elements for the analysis of multifaceted phenomena such as disability. It can be understood as a tool capable of elucidating the social construction of these individuals, based on their historicity and social structures[7].

In the field of scientific knowledge, the concern about how a person with a disability perceives the world and how the world perceives them is still not widely understood, and it has a direct relationship with the changes and limitations that occur in their body[8]. When faced with disability, its understanding is articulated with epistemological/conceptual explanatory models, which are directly linked. The medical model refers to the biological dimension of the individual, while the social model understands disability as a particular form of oppression[9].

Understanding the representations of disability in various contexts and their contributions to the establishment of inclusive and exclusive practices can point to important paths for maintaining, modifying, or replacing these current representations with new ways of thinking. In this sense, this article aims to reflect on disability considering social representations, as a proposition for healthcare for people with disabilities.

Methodology

This is a theoretical-reflective study, originating from a process of discussion and critical analysis of the contributions of the Human and Social Sciences applied to Health. The theoretical-methodological framework that guided the construction of the study is based on the Theory of Social Representations (TSR), proposed by Serge Moscovici, which makes it possible to understand the ways in which subjects construct and share meanings about social reality, influencing practices and relationships in the context of disability.

The study was based on scientific evidence regarding the social representations of people with disabilities. To this end, a systematic search was conducted in September 2025 in the Virtual Health Library (VHL), encompassing the indexed databases SciELO, LILACS, and MEDLINE. The Health Sciences Descriptors (DeCS) used were: "social representation" AND "people with disabilities", filtered for the Portuguese language and with a time frame between 2015 and 2025.

Original articles addressing disability from the perspective of social representations, published in Brazilian scientific journals and available in full text, were included. Duplicate studies, literature reviews, technical reports, and publications not directly related to the subject of investigation were excluded.

The identified studies were subjected to analytical and interpretative reading, with the purpose of understanding the thematic axes related to the social representations of disability. The analysis was guided by the theoretical-epistemological assumptions of Social Representations Theory (SRT), favoring a comprehensive and interpretative approach, focused on critical reflection on the discourses and practices that emerge in recent scientific production.

Results and Discussion

The search resulted in 95 publications, from which 11 original articles were selected that explicitly addressed the Theory of Social Representations (TSR) applied to the context of people with disabilities. The analyzed productions highlighted different theoretical and empirical perspectives on the social construction of disability, revealing how the meanings attributed to this phenomenon are shaped by cultural values, beliefs, and social practices. The following are the thematic axes that emerged from the analysis, which synthesize the main social representations identified in the scientific productions examined.

Fundamentals of social representations and their application in disability studies

Social representation can be defined as a functional and normative view of the world that allows individuals and groups to understand reality from their own frames of reference, giving norms, meaning, and control to their conduct. It is recognized as a system of interpretation where the relationship with others and with the world organizes and guides social communication. The unfamiliar becomes familiar through social and cognitive processes, allowing the incorporation of the new and the transformation of the known[10-12].

"Representations are, above all, systems that allow for the understanding and interpretation of the social environment"[13]. According to these authors, simplification allows the environment to become more familiar and predictable. This occurs through reconstruction, a constantly repeated process. An individual's worldview and their ability to perceive their surroundings are shaped by school, family, institutions, and media. Representation can be considered social because it possesses the individual's social characteristics and is shared by other individuals who have the same characteristics or belong to the same group, among other dimensions that could be mentioned.

There are four specific roles of representation: organization (interaction between elements); sharing (shared by members of a specific social group); collective production (exchanges between individuals and exposure to mass communication); and social utility (related to its purposes)[13].

For a representation to exist, there needs to be someone (a subject, a group, a population, a social set) and something (an object, a social environment, material, ideal/abstract) to be represented, interpreted, and symbolized[4]. Social representation is defined as a form of practical knowledge that links a subject to an object. The characteristics of the subject and the object are manifested in the representations, which are constituted by the subject's construction and expression[11].

People have always learned from one another through their narratives, language, or the objects they use. Knowledge is linked to collective practices and originates from a mutual relationship. However, the content and meanings represented can vary within the same society, within the same culture, according to the principles of different rationalities[10].

Individuals possess many ways of thinking, understanding, and representing the same representational field, a phenomenon known as cognitive polyphasia, which is of great practical importance for communication and adaptation to changing social needs[10]. The social expressiveness of representational fields, the flexibility and plasticity of human psychological structures constitute the sociogenesis of new representations[7].

The social representation of wheelchairs for users with physical disabilities is characterized by a profound duality. On one hand, the device is perceived positively as an assistive technology that restores dignity and acts as an extension of the body, being crucial for increasing functionality, locomotion, and autonomy in various activities of daily living. It is an essential instrument of freedom and social participation, enabling the exercise of autonomy and citizenship[14].

On the other hand, the wheelchair carries a strong social stigma, presenting itself as an object of mandatory visibility that symbolizes disability. This negative perception reinforces the idea of functional dependence and can lead the user to feel devalued and labeled by lost functions, which contributes to a feeling of social exclusion. The constant association of the wheelchair with pathology and dependence, along with architectural and social barriers, causes users to see it, paradoxically, as a factor that limits them more than the paralysis itself[14].

The social representation of a person with a disability who uses a wheelchair to get around is the lens through which that individual will be seen and will perceive the world. Understanding independence or dependence in the use of wheelchairs goes beyond constructing meanings that give sense to life. It consists of a reorganization of one's worldview and that of society, because human beings have the capacity to interpret events and thereby revise their conceptions[8].

The study of social representations is an attempt to encompass the "framework of the representational game," not limiting itself to simply listing the meanings verbalized about the object[15]. Through understanding this representational game lie "the diverse knowledge that constitutes the polyphony of symbolic fields, the identities and interests of the actors, the communication processes between collective and/or individual actors, and the historically consolidated representations”[15].

Moscovici distinguishes three dimensions of the social context through which social representations must pass to be constructed: information, the field of representations, and attitude. The informational dimension of a representation would be the organization of the information that a social group has about an object. The image that the group constructs of this object is the representational field. Attitude would be the action, that is, the stance taken in relation to the object of representation[16].

In this case, it is important to reflect on what information regarding disability has been contributing to the construction of society's image and positioning in relation to this representational field. The representational aspects of physical disability identified in a nationally circulated print media outlet were associated with information about new technologies and scientific discoveries for the rehabilitation and improvement of the body, contributing to the social representation of disability anchored in illness[17].

This way of perceiving disability positions people with disabilities as victims of an injury or accident, disregarding the diversity of human bodies and their capacity to live fully in society. Thus, it restricts the possibilities of existence and coexistence, both socially and individually. The media plays a central role in this process, continuously reinforcing, through news, scientific discourse, and advertising, the valorization of standardized bodies and the exaltation of surgical and aesthetic interventions as synonymous with health. This logic renders invisible the singularities, lifestyles, and social and economic contexts of each person, contributing to individuals with disabilities feeling less included and less valued socially[17].

Due to a predominance of the biomedical perspective, most studies on disability in Brazil have difficulty distinguishing between disability and disease[18]. This anchoring is directly related to the biomedical model, where disability is seen because of a disease that leads to various social disadvantages. Because it is identified as organic, eliminating it is necessary to promote better functioning of the body through interventions[19]. The emergence of the social model of disability is a counterpoint to the biomedical model, as it seeks to view disability beyond the physical body. Disability is now considered a structural and social "problem" arising from the interaction of the individual with their social and environmental surroundings[18].

Social representations are generated by two processes: anchoring and objectification. These socio-cognitive processes of formation are complementary to each other and subordinate to the concept of familiarization[16]. In anchoring, through a pre-existing thought, the process transforms a strange object into something familiar. In objectification, the process materializes a concept and makes concrete what is abstract[10-12].

The anchoring process can be understood from the study with fishermen who suffered spinal cord injuries from diving accidents, where the authors show that it was through their life experiences, adopted lifestyle, relationships with family and peers, vocabularies, treatment demands, self-perceptions, the before and after of the disability, and physical changes in body image that social representations were developed[20].

In the study conducted with blind and visually impaired individuals, the representation of "blind" appears strongly anchored in prejudice and the objectification of the cane, while "low vision" is more commonly associated with difficulty. However, no element of objectification was identified in relation to the group of people with low vision[21]. The social representations identified in another study with the same social group focusing on education were anchored in different ways: in the representation of accessibility (or lack thereof), resulting from contact with the school environment; in the representation of dependence, linked to family overprotection; and in the representation of limitation, which seems to emerge from interaction with the social environment[22].

In another study that investigated the social inclusion of visually impaired people, the representations were constructed from expressions that reveal multiple barriers, such as the inadequacy of the school's physical environment, difficulties with urban accessibility, the unpreparedness of the educational staff to deal with diversity, and the gap between what is stipulated by law and its effective application. The lack of awareness of social rights was also highlighted, evidencing a reality marked by the dialectic between inclusion and exclusion, present in the different dimensions that make up this complex process[23].

For people with physical disabilities, sexuality has been anchored in social prejudice, which they experience through similar personal experiences, as well as in the emotions aroused by photos and nudity, and in the social pressure regarding aesthetic body standards. For people without disabilities, initially, they anchored disability to the idea of limitation. Their sexuality was anchored in the myth of the heredity of disability, in marriage to overcome limitations, and in questioning the exercise of sexual and reproductive rights by people with disabilities[24].

Social representations of disability: body, identity, and society

Acquired disability in adulthood represents a transformative event that demands a complex restructuring of life and identity from individuals. This experience is defined by a dual concern: bodily functionality and aesthetic conformity. The injured body is immediately perceived for what it can no longer do, leading to a struggle to maintain autonomy and vitality, essential for self-esteem and the ability to be an active agent. Simultaneously, the individual needs to renegotiate their social image, since disability becomes the main marker of difference in a world that idolizes physical integrity[23].

This negotiation is deeply influenced by gender norms, where women tend to worry about the impact on their femininity and capacity for family care, and men are distressed by the loss of their virility and role as provider. Thus, acquired disability is a psychosocial phenomenon that forces the adult into a constant reconstruction of themselves and their relationships, under the weight of social expectations and functional challenges[24].

The social representation of disability in old age is structured around central elements that reflect the impact of the condition, but also the capacity for coping. The central core of this representation is dominated by notions of dependence, limitation, and difficulty, as disability is seen as a process that restricts the elderly person's ability to perform daily activities, such as leisure and work. This scenario generates profound emotional suffering, manifested by terms such as sadness, and, in less frequent cases, suffering, anger, and incapacity[25].

The body, when perceived as an object of shame and limitation, contributes to the construction of a negative self-image and the emergence of feelings such as worry, anguish, and fear. In the social context, disability in old age is marked by a double stigma, since both aging and disability are socially associated with frailty, incapacity, and unproductivity[25].

Thus, elderly people with disabilities often become targets of prejudice and segregation, being labeled as useless and dependent. This stigmatizing view, reinforced by the "bodily marks" that highlight the difference, can generate feelings of shame, inferiority, and social isolation. Faced with these adversities, social support, especially family care and assistance, is an essential resource for preserving the quality of life and subjective well-being of the elderly person[26].

The identified social representations indicate that aging with a disability is often perceived as an intensification of existing limitations. Family members associate advancing age with loss of autonomy, increased motor and cognitive difficulties, and a growing need for care. This view reinforces aging as a process of worsening restrictions imposed by disability, creating an image marked by vulnerability and dependence[26].

Regarding disability among young people, the difficulties and barriers faced in the field of intellectual disability (ID) can be highlighted, especially in the school context. This is a space where youth express themselves in multiple dynamic ways. Thinking about young people with ID in this environment implies recognizing the challenges of inclusion and sociability in relation to their peers[27].

Although the results suggest that the school dynamic is favorable to inclusion, with a central core of representations based on terms such as "important," "equal rights," and "respect," this favorable stance is motivated by young people's search for an identity compatible with social norms and legal principles that condemn prejudice. Consequently, inclusion is often felt as "normal" and "necessary," indicating a desire to normalize disability, which, in turn, may neglect the needs and identity of young people with intellectual disabilities when trying to fit them into a framework of normality[27].

This allows us to analyze that, regardless of the stage of life, disability is perceived through the word's incapacity, suffering, and pseudo-inclusion. The social representation of disability emerges from the content of the articles analyzed, supported by a normalizing view of bodies, where the problem falls on the individual, considered as deviating from pre-determined societal standards.

Thus, the appearance of this body as a social object serves to mediate social standing and the relationships established between people, providing a privileged context for studying the interaction between individual and collective aspects[28]. Representations of the body possess meanings that are constructed individually and socially, and these meanings can change over time. The way an individual perceives, uses, and transforms their body affects this process. This body is central to discourses about the sexuality of people with physical disabilities[29].

Regarding social identity, studies have identified greater identity cohesion in the self-declared blind group and greater fragmentation among people with low vision; that is, blind individuals seem to possess a relatively cohesive social identity by identifying themselves through their cane, Braille, and, naturally, the absence of sight[21].

Individuals with low vision seem to possess a somewhat fragmented social identity, failing to recognize themselves or be recognized as a group. A common point between the two groups is that they frequently take responsibility for their own inclusion process, which should occur in co-responsibility with other social actors[22].

Prejudices and stereotypes are not related to self-knowledge or knowledge of others but are related to social beliefs and memories. Common sense and science contribute equally to embedding representations of stereotypes and prejudices from scientific truths and the set of beliefs rooted in collective life[30].

Two approaches emerge from studies on social representations of the body: psychological and collective. The psychological approach, at a more subjective and individual level, would demonstrate a person's relationship with their own body (sensations, body image, and bodily practices). The collective approach refers to the dynamics of the social (social roles and categories), that is, the social representations that emerge from the media influence the subjective knowledge of the body. The body becomes a site of conflict between the individual and society[31].

A study presents elements that reference the psychological aspect: the first moments of contact with this body after the injury, hospitalization, and pain. The collective aspect is found in the statements evoked by the participants of the study: the body is an individual object, but the environment surrounding it interacts with the new corporeality, reflecting in their bodily experiences. From this, the authors affirm that they reconstruct a new corporeality, a new vision of themselves, and new skills through new knowledge about their bodies[32].

Spaces are built for a standard body, depriving people with disabilities of their rights as citizens. These people experience a "coming out," an expression that describes the transition from a negative to a positive identity linked to a collective and political vision and a de-individualization of disability. This transition occurs when a person with a disability interacts with public space and enjoys their rights like any other citizen[33].

Representations of the body and identity of university students with physical disabilities were initially associated with feelings of shame, conflict, and exclusion, but, with self-knowledge, transformed into perceptions of acceptance, desire, and pleasure. Identity construction was linked to empowerment and the fight for sexual and reproductive rights, highlighting protagonism and the demand for equality. Thus, the representations reveal two main perspectives, subjective and social, that intertwine: on the one hand, the recognition of sexuality as part of individuality and, on the other, the obstacles imposed by social stigmas and stereotypes[29].

Physical limitations acquire meaning from experiences of social interaction that guarantee, or lack thereof, equal rights between people with and without disabilities, going beyond the provision of biomedical services[34]. The authors reflected on the approach to acquire physical disability proposed by a soap opera that focuses on a scene on a beach. This scene shows possibilities for adapting to an environment considered inhospitable for those with physical disabilities through the care given to the character's body. However, there is an idealized and hidden interpretation of the experience of disability[33].

Reflecting on the impact of media on the lives of people with disabilities is relevant because it affects inclusion practices through the dissemination of information that reinforces prejudices and stereotypes[17]. This space should be a stage for discussions and reflections to contribute to social change by eliminating the barriers that affect the inclusion of people with disabilities in society.

A representation of social exclusion encompasses not only physical barriers, but also the cultural and social difficulties faced by these individuals, considered as social barriers. There must be a redefinition of these physical and social barriers through their recognition and increased independence and autonomy for people with disabilities[14].

Furthermore, there is the social stigma that disability is something that needs to be overcome, something that limits one's ability to live, and even the illusion that all people with disabilities need unconditional love. These stereotypes only hinder a person's autonomy, infantilizing them, belittling their particularities, and forgetting that everyone should have the same rights before the law according to their specific needs. Therefore, for society to realize that change is necessary, more studies are needed on the social dynamics in which people with disabilities are involved, that is, in all contexts, from the family to the workplace. In-depth studies are crucial for the development of more cohesive public policies and for breaking down prejudices[35].

Therefore, discussions about disability in the context of health should not remain rooted in conceptions that view it as a pathological process focused on the rehabilitation of a body, but rather on the removal of social barriers. Thus, it becomes essential to broaden research in a multidisciplinary manner and to establish public policies that address the social rights of people with disabilities.

Conclusion

The dimensions of the social representation of disability need to be known, recognized, and, if possible, altered based on scientific, human, and social advancements. Discussions regarding the diverse meanings and core senses revealed in this study should guide healthcare. Healthcare professionals need to understand how these representations can influence the way people with disabilities act and think, reflecting in their behavior when faced with the difficulties and challenges encountered in their lives. The reflective and theoretical-conceptual nature of this study constitutes its main methodological limitation, as it did not involve the empirical collection of data. Although it was possible to articulate diverse perspectives and meanings considering the Theory of Social Representations, the findings are restricted to the interpretation of the literature and do not reflect the voice or core meaning of a specific social group of people with disabilities. Furthermore, the scope of analysis was limited to periodicals and works in Portuguese. It is therefore suggested that future studies seek empirical evidence through field research with specific groups, such as families of people with disabilities or healthcare professionals, to identify the core of their representations and test the hypotheses raised in this work.

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