



SOCIAL MODEL OR MEDICAL MODEL OF DISABILITY: INCLUSIVE EDUCATORS' THINKING STYLE ABOUT FLECK'S PERSPECTIVE

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ABSTRACT

This research aimed to investigate the inclusive educators' thinking styles from Fleck's perspective. It was intended to deepen the theme through a qualitative, exploratory and field approach. The study included 80 inclusive educators from the 36 municipal schools in a city in the Vale do Itajaí Region that answered a questionnaire with opened questions. Inclusive educators stand out in the predominance of being female, 67 educators already have experience in this area of inclusive education and revealed a style and a collective of thought strongly articulated with the biomedical model of the deficiency and with the school integration. Even though there are inclusive public policies, the way of seeing, thinking and doing remains in rehabilitation, disability and the body. Therefore, it is necessary and urgent to establish a new style of thinking, the social.

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INTRODUCTION

Historically, deficiency is strongly seen as a body phenomenon, in which the absence of functional parts or limitations are the defining elements. This perspective is reinforced by the definition of deficiency advocated by the World Health Organization (WHO), which defines and understands physical deficiency as the loss or abnormality of a structure or function of the body. It may be because of a congenital condition, which is when the child is born with a disability or an acquired condition, which is when the person develops a disability at some stage of his/her life (World Health Organization [WHO], 2011). This definition is strongly articulated with the Medical Model of deficiency, widespread worldwide and in Brazil. This model advocates that the cause a disability lies in the individual, still hegemonic, and addresses disability through a set of health care theories and practices

that presuppose a causal relationship between the injury or illness and the disability experience. Disability, in this model, is the expression of one's body limitation to interact socially, therefore, they suffer several restrictions daily and are, to a large extent, marginally inserted into society. Marginally inserted because they face countless barriers to make choices and to live with the least amount of impediments as possible (Bampi, Guilherm & Alves, 2010). This barriers cause social injustice, vulnerability, lower expectations about family, school, work, sport and leisure, and put them in a disadvantaged position. (Mantoan, 2017). In 1977, in the United Kingdom, and from the initiative of disabled people who gathered together at the Social Disability Movement, an alternative model of understanding the disability, the Social Model, emerged. The Social Model originates from the need to criticize the majority's understanding of disability, the Medical Model, which is understood as universal and neutral, individualistic, restricted to the body and which labels the limitations, ignoring the social factors that are obstacles to social participation. Therefore, the social model aims to foster

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the emancipation of disabled people, so that they can critically perceive their place in society (France, 2013). The main assumptions that are present in this model are that disability is a situation, and something happens during social interaction; people with disabilities must take control of their own lives; professionals and specialists must commit themselves to the idea of these people's independence. Therefore, the Social Model is a political instrument for social transformation (France, 2013). The Social Model is an approach which is not based on the identification codes for diseases, physical, intellectual, sensorial limitations and psychiatric infirmities that affect a minority and that provoke inequalities of all levels, ignoring the social factor, the role of the in all its expressions (physical, communicational, attitudinal and other (Mantoan, 2017). For Bampi, Guilherm and Alves (2010), between the social model and the medical model there is a difference in the logic of causality of the disability. For the Social Model, its cause is in the social structure. For the Medical Model, the cause is in the individual. In summary, the basic idea of the Social Model is that disability should be understood as a matter of life in society and should not be understood as an individual problem, and considers a disability of society to predict and adjust to diversity the responsibility for one's body limitations. In addition, diseases, causality and injuries are not synonymous of or all related to the disability. In fact, there are people with disabilities who have injuries and are not shown to have disabilities, and others who have the expectation that their injuries are possible to be overcome.

Given this scenario, we can see that there are two ways of seeing and thinking about disability, the Medical Model and the Social Model. So we can understand that there are two styles of thoughts on disability and its cause, the medical thinking style and Social thinking style. Fleck (2010) made evident the concepts of style of thought and collective thinking in the 1930s. A thinking style is an instance that is at the same time cognitive, psychological and sociological and guides and restricts the thinking process, the perceptions, the practices, the theories, the inquiries and the answers of the members of a group that share it. Cutolo (2001) characterizes the style of thought as: way of seeing, understanding, conceiving; it is procedural, dynamic, leading to a set of knowledge and practices. The construction of knowledge and its respective practices go through the definition of thinking style and collective thinking in a determined historical moment, investigating its characteristics of tendency to the persistence and inter-collective circulation of ideas. In this context, the following research question emerged: what are the inclusive educators' thinking styles about Fleck's perspective? This study aims to investigate the thinking styles of inclusive educators about Fleck's perspective.

MATERIALS AND METHODS

The research has qualitative, exploratory and field character. The study was funded by the Foundation for Scientific and Technological Research Support of the State of Santa Catarina (FAPESC) and the Institutional Scholarship Program (ProBIC). The field of study was a city in the region of the Itajaí Valley in Santa Catarina. The municipality was chosen for having a Municipal Education Department concerned and involved with inclusive educators. The scenario chosen for the survey was the schools of the municipal school system which comprises 113 schools, 7 full-time educational centers, 66 pre-school centers, 3 educational centers, 28 basic schools, 5

isolated schools and 4 school groups. The schools selected for the survey were those where students with special educational needs (SEN) were regularly enrolled in elementary education. The participants of this study were part of an intentional sample, with them being the educators included in the multifunctional resource rooms, sign language interpreters and special education agents (SEA) of students with disabilities in the municipal network of the Vale do Itajaí / SC. The inclusion criteria were: being teachers of multifunctional resource rooms, sign language interpreters and special education agents (SEA) of the municipal education network that work with inclusive education with students who have some kind of disability. And the exclusion criteria were: teachers who are not from the municipal network of Itajaí and do not have students with disabilities in their classrooms, regular teachers and those who did not accept to participate in the research and did not sign the Free Prior Informed consent Term (FPIC). To collect the data, a questionnaire with opened questions was used. The first part of the questionnaire was about identification information and about education level. The second part of the questionnaire included semistructured questions about the kind of disability the professional works with (physical, intellectual disability or both) and about his or her perception about the disability. The data collection only began after the approval of the Committee of Ethics and Research (CEP) of the University - UNIVALI.

After approval by the CEP and the consent by the Municipal Secretary of Education, the project was presented to the supervisor of special education. The supervisor forwarded us a list of all the county's schools that are enrolled students with disabilities. After the preparation of a list of schools and the educators available to participate in the study done by the supervisor, the first contact with the Principal of the chosen school took place. Firstly, personal contact was made with the educators where they were interviewed about the research and asked for their participation and signature for the FPIC term, and then the application of the questionnaire was scheduled with each participant. Therefore, the questionnaires happened at a pre-established time by the participants in a private room at the school where only the researcher and the participant were present. Data from the questionnaires were examined through the analysis of content method described by Bardin (2011). Content analysis method is a suitable approach for the evaluating the information gathered by the ability to promote multidimensionality of phenomena, through the interviews and speeches produced by the authors, allowing a critical unraveling. The conceptualization of content analysis method can be conceived in different ways, taking into account the theoretical aspect and the intentionality of the responsible researcher, whether by adopting concepts related to the statistical semantics of the discourse, or, by aiming at the inference through the objective identification of characteristics of the messages (Bardin, 2011). This process of analysis contributed to understanding the process of school inclusion from the perspective of inclusive educators who work with disabled kids. All the ethical issues contained in Resolution No. 466 of December 12th, 2012, from the National Health Council, which establishes guidelines and norms regulating research with human beings, were observed. The project related to this study was enrolled in the National System of Ethics in Research (SISNEP) and approved by the Committee of Ethics and Research of UNIVALI according to number 11.34.168. The participants that agreed with participating in the study signed the FPIC term spontaneously, authorizing the

publication of their testimonies, recording and photos. In order to maintain the participants anonymous, they received a codename "educator" followed by numerals in order. The risks associated with the research were considered minimal. However, it was considered possible to cause privacy invasion, and damages to the psychic, intellectual and social dimension due to interviews. To minimize these risks, the issues were reviewed by the researchers, every cultural, social, moral, religious, ethical value and habit was also respected. Still, the investigator made every effort to ensure that all data was confidential and did not cause any harm since the study participants were listed according to the chosen order of interviews. The researcher guaranteed measures to minimize discomforts, such as reserved space and freedom not to answer any question they would feel embarrassed to do so.

RESULTS AND DISCUSSION

The study included 80 inclusive educators from thirty-six municipal schools of a city in the Itajaí Valley Region, including six integrated educational centers (CEI), 28 elementary schools and two full-time education centers (CEDIN). The inclusive educators were predominantly female. According to Vasconcelos and Felix (2013), the Law from 1827 made it possible for women, both students and educators, to participate in schools and to access the educational system, based on the rules described in this article. These women would leave the private space for the public, only to return to their house (private), a little more specialized. Vianna (2013) points out the absolute majority of women in pre-school education with 97.9% of women (97.9% for day-care centers and 96.1% for pre-schools). Elementary School still indicates the majority presence of women, being 82.2% of educators women, but with more significant distinctions regarding the initial years (90.8%) and final years (73.5%). As far as their academic experience, 55 educators are graduated in the area, 5 have a teaching degree, 18 complete high school, 1 incomplete secondary school and 1 did not respond. In Special Education, the debates about the academic experience and training of the teacher responsible for the educational service of students with special needs range from pedagogical meetings held in the school units to the decision and debates about public education policies, through theoretical reflections and academic propositions. Cruz, Schneckenberg, Tassa and Chaves (2011) report that when they look at the qualification of teachers in an inclusive educational perspective, they signal the importance of the daily exchange of professional experiences in their practice.

As for the experience in special education, 67 educators reported already having experience in this area, 11 reported not having experience in this area and only 2 did not answer this question. According to Sampaio (2015), all teacher training courses, from teaching to undergraduate degrees, should give them the necessary awareness and preparation to receive students with and without special educational needs in their classrooms, among them students with disabilities. In addition, these professionals should be prepared to provide specialized educational services in either common schools or specialized institutions, involving knowledge such as Braille code, sign language, techniques that facilitate the accessibility to general education, and others with the same goal.

The interviews could capture that the thinking style of the educators is strongly related to the Medical Model and its style of thinking:

A person or a group of people with an abnormality, or loss of a psychological structure or function (educator 5).

Deficiency is when a person has a difficulty in his or her daily life, a limitation (educator 14).

It is the struggle the student presents when performing an activity or action, showing a mild, severe or total dependence (educator 28).

Deficiency is a biological and/or social condition that can cause physical or intellectual difficulties, difficulties to carry their lives on independently (educator 38).

It is an organic limitation that can complicate and harm some of their abilities, like visual, motor, hearing or intellectual limitations. (educator 52).

Serial It is a difficulty or disability in a determined area - physical or intellectual - to develop other abilities, like motor, cognitive abilities, among others (educator 66).

Deficiency is the lack or insufficiency of a motor, intellectual or psychic function (educator 80).

Deficiency has been understood predominantly from the medical model perspective, since the need to relate the student to a "limitation", "insufficiency," "impairment," "difficulty," "abnormality" reveals a biological conception of disability, something that can not be modified and which, therefore, limits the true inclusion and strengthens the discrimination

For Mantoan (2017) the medical model establishes the abilities that people with disabilities can acquire in school, defines levels, degrees of disability, in social life as a whole, unaware of the decision-making right that disabled people have, which constitutes a genuine discriminatory act of differentiation by disability. In this model, the disabled person still appears much more as an object of evaluations and interventions than as a subject in their singularity and power of action, which, instead of seeking to modify his or her social context by providing accessibility for the social participation of people with disabilities, focuses its actions predominantly on the rehabilitation of the body so that it adapts to the oppressive social context (Gesser, 2012). For Barros (2005), inclusion in regular education was taken as a policy that exemplifies the premises of the social model. According to the discourse of the social model, there would be no people with disabilities, but a deficient society, in the sense of an excluding society, in the consideration of multiple degrees of needs. If disabilities exist, we would be disabled, to some extent. In this way, what can be bad about a disabled person's life is not the deficiency, but the society in which they live. The inclusive school, the one that would put together, in the same classrooms, children with disabilities and children without disabilities reaffirms, thus, the neutrality in the condition of the deficient, because it presupposes an adjusted learning environment, similar to the society that advocates the social model. Fumegali (2012) states that the medical model of disability relates to school integration; and the social model of disability relates to school inclusion. Therefore, the medical thinking style of disability ideologically supports the integration paradigm; on the other

hand, the style of social thought of disability supports inclusion. For Mantoan (2017) school integration is the insertion of a student in the school according to his or her ability to adapt to the options of the school system, its integration, whether in a regular classroom, a special class, or even in specialized institutions. Inclusion is the total insertion of a student, regardless of their ability. The goal of inclusion is, from the very beginning, not to leave anyone outside the school system, the school will have to adapt to the particularities of all students to achieve their metaphor.

The inclusive school recognizes in the student the being that is different and that constitutes difference, and that nothing is foreseen in the learning process. It is not, therefore, in this school, a model to be followed or reproduced. Teaching, in the perspective of difference in itself and as we understand it in an inclusive school, seeks to make available a wealth of knowledge, whether cultural, scientific, technological, artistic, philosophical or any other, with a view to fostering socialization, the expansion and, fundamentally, the recreation of this collection, in a free and authentic way, by both the learner and the teacher. Fumegali (2012) continues saying that in the social model or in school inclusion, the perception is that disability is always a collective construction between individuals and society, in which adopting the paradigm of the social model does not presuppose the abandonment of rehabilitation and medical treatments. It is intended to only provoke families, professionals, government, the media and all other sectors of society to understand that these treatments, although important, should not overlap with the guarantee of education, employment, culture, leisure and independent living for disabled people. Only when all these accesses are ensured is when there will be equitable distribution of opportunities.

The social model of disability, or the style of social thought, or even school inclusion meets the idea of the theoretical perspective of Fleck (2010). This perspective strongly refines the constructivist model, subtracts the neutrality of the subject, object and knowledge. Knowledge is articulated to social, historical, anthropological and cultural presuppositions and conditions, and as it is transformed it transforms reality. Then, the relations between subject and object occur historically and culturally mediated by the style and the collective of thought, which lend a special way of seeing the world, a kind of filter of the subject's gaze of reality, giving the subject a role active that introduces to the knowledge, a vision of socially transmitted reality. The view of inclusive educators about the reality of people with disabilities is through the medical model of disability, in which the vision of reality is individualized and of a body limitation of the individual.

For Fleck (2010), the production of scientific knowledge is understood according to the dynamics. When identifying unresolved problems, the complications, by a certain Style of Thought shared at a certain historical moment, there is the transformation of this style of thought after the solution of this complication. Therefore, the installation of the new style of thought begins. As this has new fans and shares it, causing it to expand and be disseminated. The dynamics of the production of knowledge goes through three phases: instituting, extending and transforming the style of thinking. In the stage of institution, there is initially a confused, underdeveloped and little articulated view of a new style of thinking. The introduction of a new style of thinking usually implies a loss of ability to observe certain aspects of the previous style. After the period of insight comes the period of extension of the new

style of thought, the harmony of illusions, where effective ideas provide an intrinsic harmony of the style of thought; for this harmony to occur properly a coercion of thought is necessary. Mantoan (2017, p.40) reports that "the Social Model has little repercussion in our education and health systems". It is believed that this occurs because this model is in the stage of instauration going to the extension phase of the production of scientific knowledge. The social model of disability arose because of the problems of discrimination and exclusion of persons with disabilities, determined by all the characteristics of the medical model's thinking style, historically shared by education, health, and public policy. Therefore, it was necessary a gentle coercion of thought so that the harmony of the illusions of the style of social thought is perpetuated by the different collectives of thought in the areas of education, health and public policy. Fleck (2010) further argues that all knowledge is socially constructed, but this does not mean denying the empirical. Thus, in the transformation of a style of thought and in the implantation of a new one, the role of the interaction between different groups is of fundamental importance. This implies not negating the pathological and rehabilitative vision, but implies seeing beyond disability, against the labels used to classify, hierarchize and diminish people with disabilities in social relations. When the person with disabilities tells their own story in cultural arrangements, they recognize their intrinsic value and claim the guarantee of human rights for their group. Each individual is a person and should be respected for what he is, and for the things he brings as a person (Mantoan, 2017).

Conclusion

In this study, the investigated statements of the inclusive educators revealed a style and a collective thinking process strongly articulated with the medical model of the deficiency and with the school integration. The inclusive educators' thinking style is characterized by having the historical, social, family, cultural and economic context of the human being neutral, and the social and the empowerment of disabled people are not perceived, only the "limitations and "abnormalities" are taken into consideration. It is necessary and urgent a soft coercion of thought for the social paradigm and consequently the instauration for a new style of thought, the Social one. It is necessary to advance in the recognition of the legitimate humanity of this social group, lost in the middle of its historical social identification.

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