BEYOND THE MODEL: RETHINKING EDUCATION IN THE FACE OF DISABILITY PROTOTYPES

PARA ALÉM DO MODELO: REPENSANDO A EDUCAÇÃO EM FACE AOS PROTÓTIPOS DA DEFICIÊNCIA

MÁS ALLÁ DEL MODELO: REPENSANDO LA EDUCACIÓN ANTE LOS PROTOTIPOS DE DISCAPACIDAD

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ABSTRACT

This paper conducts a historical and social analysis of models of understanding disability and their relationship to the schooling process of the target audience for special education. Based on a literature review, we discuss the evolution of paradigms that have shaped social, medical, religious, and legal conceptions of disability. Our work explores the four main theoretical models of disability—religious, medical, social, and finally, biopsychosocial—evidencing how each influences educational practices and public policies aimed at people with disabilities (Oliveira, 2022). It is noteworthy that despite advances in legislation and fundamental rights, the realization of full inclusion still faces structural, attitudinal, and pedagogical barriers. Thus, overcoming these challenges requires a broader understanding of disability, combined with intersectoral policies and, of course, teacher training committed to equity and diversity.

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Keywords: Inclusive Education. Theoretical Models of Disability. Social Rights. Paradigms of Inclusion.

RESUMO

O presente trabalho realiza uma análise histórica e social sobre os modelos de compreensão da deficiência e sua relação com o processo de escolarização do público alvo da educação especial. A partir de uma revisão bibliográfica, discutimos a evolução dos paradigmas que marcaram as concepções sociais, médicas, religiosas e legais da deficiência. Nosso trabalho explora os quatro principais modelos teóricos da deficiência - religioso, médico, social e, por fim, biopsicossocial - evidenciando como cada um influencia as práticas educativas e políticas públicas voltadas para as pessoas com deficiência (Oliveira, 2022). Destaca-se que apesar dos avanços na legislação e dos direitos fundamentais, a efetivação de uma inclusão plena ainda enfrenta barreiras estruturais, atitudinais e pedagógicas. Assim, a superação desses desafios exige uma concepção ampliada da deficiência, aliada a políticas intersetoriais e evidentemente uma formação docente comprometida com a equidade e a diversidade.

Palavras-chave: Educação Inclusiva. Modelos Teóricos da Deficiência. Direitos Sociais. Paradigmas da Inclusão.

RESUMEN

Este artículo realiza un análisis histórico y social de los modelos de comprensión de la discapacidad y su relación con el proceso de escolarización del público objetivo de la educación especial. A partir de una revisión bibliográfica, analizamos la evolución de los paradigmas que han moldeado las concepciones sociales, médicas, religiosas y jurídicas de la discapacidad. Nuestro trabajo explora los cuatro modelos teóricos principales de la discapacidad —religioso, médico, social y, finalmente, biopsicosocial—, evidenciando cómo cada uno influye en las prácticas educativas y las políticas públicas dirigidas a las personas con discapacidad (Oliveira, 2022). Cabe destacar que, a pesar de los avances en la legislación y los derechos fundamentales, el logro de la plena inclusión aún enfrenta barreras estructurales, actitudinales y pedagógicas. Por lo tanto, superar estos desafíos requiere una comprensión más amplia de la discapacidad, combinada con políticas intersectoriales y, por supuesto, una formación docente comprometida con la equidad y la diversidad.

Palabras clave: Educación Inclusiva. Modelos Teóricos de la Discapacidad. Derechos Sociales. Paradigmas de Inclusión.

1 INTRODUCTION

The right to schooling of people with disabilities in our country is a discussion that only gained notoriety at the end of the last century. The concept of "special education target audience" has had several phases throughout history. The recognition of the right of these individuals to attend public spaces, especially with regard to school spaces, was an acquisition resulting from vast movements of struggle. Currently, special education is defined and recognized by the Law of Guidelines and Bases as a transversal teaching modality, which crosses all levels and stages from basic education to higher education, being preferably offered in the regular network (Brasil, 2024).

Today, it is notorious that groups of people with disabilities live and have faced numerous architectural and social barriers. Since the first forms of cultural organization, as we will see later, these groups have been marginalized and segregated from living with their peers. Furthermore, even with the numerous steps and legislative advances taken towards a more inclusive world, it is still common for people with disabilities to witness the use of ableist terms that can be understood as "actions, expressions, and experiences that imply exclusion, discrimination, and denial of the right to people with disabilities" (Oliveira, 2022).

This type of behavior/practice extends to the most varied social spheres, even reaching the school environment. In this context, it is possible to find education professionals who still conceive children with disabilities as incapable of learning, incapable of developing their autonomy, which is configured in a relationship of eternal dependence on parents and educators (Oliveira; Gomes, 2023)

Therefore, it is up to us to inquire why and how these discriminatory conceptions have been constructed over the years. What actions, facts, studies and struggles made possible the evolution in the conception of special education, which over the years has gone through the paths of exclusion, segregation, institutionalization, integration and, finally, inclusion. Thus, it is necessary to investigate the practices directed to people with disabilities in a historical context, as well as the way society conceived them.

Fundamentally, people with disabilities experienced four major periods in terms of the schooling stage, which permeate the contexts of exclusion, institutionalization and, finally, inclusion. In view of this panorama, this work addressed the historical-cultural path of the models of understanding disability: the religious model, the medical model, the social model and, finally, the biopsychosocial model (Oliveira, 2022).

In addition, we also analyzed how the historically constructed disability prototypes directly interfered in the schooling process of this public. The research used a qualitative approach to weave a literature review, through authors who work and research on disability models.

1.1 RELIGIOUS MODEL

To carry out this study, we will take as a basis the beginning of the fifteenth century, which configures the beginning of the Middle Ages in Western Europe. In this temporal scenario, people with disabilities witnessed one of the cruelest phases in terms of social perception of them. Unfortunately, this public experienced a period of total social exclusion, being segregated and annihilated from social life.

Due to the strong influence of the Church, people with some disability, deformity and/or injury would have somehow displeased God, and due to this they carried the 'stigma' of not being blessed with the "normal or standardized" form appropriate to society (Ribeiro; Silva, 2017).

The concept of stigma, understood as a term in which a mark, imperfection and moral inferiority are imposed, is the result of the social interaction between the "normal" and the "abnormal", showing that bodies are thought of as spaces marked by signs that predict the roles that should be played by individuals. In this sense, a set of symbolic values would be linked to these signs, by giving dimension to the definition that is attributed to each person (Ribeiro; Silva, 2017, p. 353).

Some scholars of disabilities (Oliveira, 2022; Brook; Silva, 2017) conceptualize the religious model as the one that guides the conceptions of disability in medieval times. In this historical period, treatments were based on dogmas and medicine was still taking short steps in terms of the expansion of its discoveries and studies, presenting itself as precarious and rudimentary. Therefore, healing was practically impossible, resulting in segregation and isolation of people with disabilities, both from families and institutions.

There is a paucity of literature that portrays the forms of treatment given to people with disabilities in the most ancient civilizations. According to Oliveira (2022), within the historical records there are three common points that must be considered to characterize the excluding practices of this time: helplessness, iniquity, and religious fanaticism.

In a brief discussion from a historical point of view, the first cultures on record, such as the Hebrew, Egyptian, and Mesopotamian civilizations, people who had difficulties or needs to perform specific tasks were discarded, abandoned, excluded, and, in some cases, exterminated, regardless of their age group (Penrose, 2015). In his work, Oliveira (2022) also highlights the fact that, in some social groups, the practices of helplessness were even more severe and intense. For example, in nomadic groups - which need to be constantly on the move - the presence of individuals with disabilities was seen as an "obstacle", since locomotion could become slower or more difficult, requiring additional support so that this public could move from one house to another.

Already in Greco-Roman times, there are numerous reports that help us understand this theme, especially in relation to Sparta, Rome and Athens. Numerous historical records denounce the sacrifice of people who had some special need. In the case of Sparta and Rome, whose form of organization was strongly marked by militarism and the cult of body perfection, only those who were beautiful and strong were valued and respected, excluding and despising those who did not fit this standard (Penrose, 2015).

The Greek term ἀδύνατος does not mean "disabled", but should be translated as "incapable"[...] Although these terms and categories are not employed by the ancient Greeks and Romans, they do capture something of the Greco-Roman notion that physically extraordinary individuals fell short of bodily or aesthetic ideals (Penrose, 2015, p.15).

In Athens, although its population adopted milder practices - since extermination in this culture was quite low - it was still not perceived the respect and acceptance of people with disabilities, nor the fulfillment of their needs; on the contrary, they were placed on the margins of society, living a totally miserable, segregated and abandoned life (Penrose, 2015).

It is known that the peoples of classical antiquity adopted such practices due to the influence of other civilizations, which believed that disability was a kind of mark instituted on the body of a human being by some type of mystical being, to punish or physically affect him, due to an original sin or action that has displeased the gods (Garland, 2005).

In classical antiquity, as in later times, the social response to disability was in part determined by religion, since beauty and integrity were considered a mark of divine favor, while ugliness and deformation were interpreted as signs of the opposite. It also made a difference whether a disability was congenital or acquired later through illness, accident, war, or debauchery (Garland, 2005, p. 65).

In the transition from the Ancient period to the Middle Ages, there was a strong influence and dissemination of Christian doctrine, so the connotation of the term punishment for sin was still quite evident, despite the fact that, in this period, we had a small advance in terms of respect for people with disabilities. The fact that the Christian doctrine takes for itself all creatures as children of God, loved by the sovereign father, mitigated part of the discrimination and contempt for this public. However, as previously mentioned, disability continued to be conceptualized and seen as a sin arising from some sinful action. This fact meant that the destiny of these people was the famous *Inquisition*, which aimed to purify and sanctify people from the sin they carried. Thus, many children with disabilities and their mothers were burned at the stakes held in public places (Oliveira, 2022).

It was only with the beginning of the Crusades (holy wars in which men left to fight in the name of God) that the Catholic Church began to serve these people with philanthropic actions and the public with disabilities began to be seen in a more lenient way. This is due to the fact that many soldiers, when returning to their homes after the wars, found themselves blind, with severed limbs and often mutilated. In this way, the church began to modify its discourse, arguing that the disability acquired by these warriors registered the mark of divine forgiveness, as they had performed an admirable and honorable mission in the eyes of God. Thus, the religious institution began to welcome these people, however, still in a segregated and caricatured way (Oliveira, 2022).

The Crusades lasted about 200 years and, even with a timid progress in the way of conceiving people with disabilities, it was not possible to perceive significant changes in relation to the conception of disability, as these people continued to be separated from social life. However, the reception of soldiers in the post-war period minimally reduced the dichotomy between disability and sin, which led to the emergence of the first charitable institutions, which are perpetuated to the present day (Oliveira, 2022).

Figure 1

Social Perception of Disability from Antiquity to the Middle Ages

Source: Prepared by the authors (2025).

2 MEDICAL MODEL

As we have seen before, during the Middle Ages there was a strong influence of the power of religion on the conceptions of disability, imputing religious mysticism to it. It was only after the beginning of the Modern Age that questions arose about the way the Church had built the image of the world, based only on the will of God. Undoubtedly, the great turning point for a welfare vision for people with disabilities was given by medicine, which, even though it did not have enough technologies and knowledge to treat the emerging diseases of the time, began to turn its gaze to people with disabilities, who were previously attributed only to a divine or demonic character (Pádua, 2005).

Thus, the paradigm shift and the break with religious beliefs about the reasons that led a person to be born with a disability, science and medicine began to turn to scientific truth, which caused profound changes in the way people with disabilities began to be treated. However, the medical model, which began to permeate that time and that context, began to attribute disability only to the biological issue, attached to the ideals of rationality constructed at the time by Western society, which placed scientific facts as the light of reason (Piccolo, 2012).

Thus, the conception that guided the Modern Age on the concept of disability was the medical model, which consisted of the definition of disability as a disease or injury that caused a deviation considered abnormal or outside the biophysiological standards. Thus, people with disabilities began to be seen as someone incomplete, limited, incapable, and then the image of the abnormal subject emerged (Piccolo, 2012).

People with disabilities continued to suffer from segregation, discrimination, and prejudice, as the Church had previously considered them sinful or people who provoked the wrath of God. At another time, they began to be conceived as beings who had pathologies or physiological limitations, creating a view for this public as "the abnormal" (Foucault, 2000).

Thus, at the same time, a concern began to emerge about people able to act in the labor market and in the production process, because the capitalist system, which was consolidating and growing, was looking for space. This system did not allow failures, nor people with limiting capabilities that did not bring the expected productivity to generate profitability. The capitalist system has ingrained the concept of productive or unproductive, increasingly demanding from people a standard of normality so that they could generate the largest possible number of production and, consequently, increase the process of profitability. This fact is a major setback for people with disabilities, who have had their space narrowed even more and have become, once again, discarded by society (Harlos, 2012).

Thus, the concept of normal and abnormal had as its guiding point their adaptation or inadaptation to the demands of society. For this reason, those who deviated from the norm automatically found themselves inserted in a context of cultural, social, economic and psychological disadvantage, automatically delegating to medicine the responsibility of repairing or medicating this "defect". It was only from this conception that the concept of disability came to light in modern society, which saw it as a problem of the individual's nature and responsibility, thus being able to be "fixed" through doctors and therapies (Piccolo, 2012).

From the eighteenth century, through the Industrial Revolution, the dissemination of schools began to be expanded, considering that previously only a small portion of the population of the countries had some level of schooling in Europe. The situation only changed after the bourgeois claims propagated by the ideals of liberty, equality and fraternity of the French Revolution, which destructured the privileges of the clergy and nobility. In this scenario, people who had some disability began to receive a little visibility in the concept of school education, as the number of the population grew day after day, so did the number of people who were not able to perform social functions because they did not fit the profile considered normal for that form of society (Tezzari, 2009). But this does not mean that these people had their rights to education fully acquired, discrimination and prejudice still persisted, since the causes of the anomaly were attributed only to a biophysical damage, based on natural causes of fetal malformation.

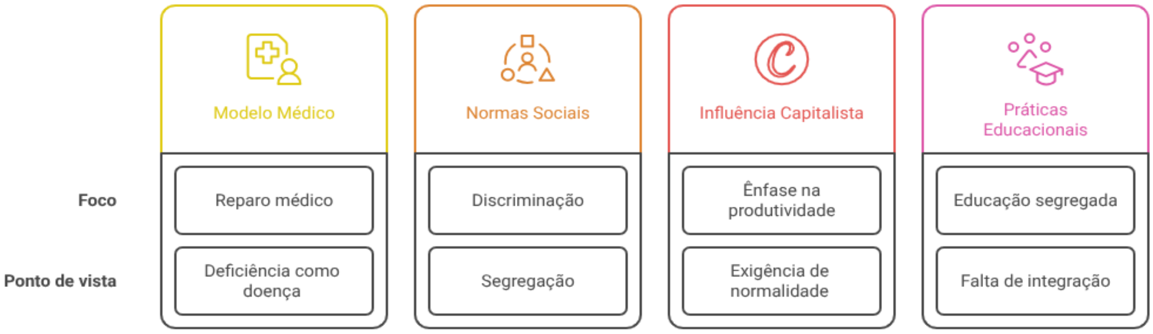
Nevertheless, as previously mentioned, the Industrial Revolution gained its space in society, as well as the pharmaceutical industry, initiating a period of medicalization through medical treatments, always seeking to repair the anomaly caused. It is important to emphasize that no social or educational action was aimed at this public. The emphasis on their disability was attributed only to factors that could be "fixed" or "medicated" by health professionals (Padilha, 2014).

It was only at the end of the eighteenth century that the first steps towards the provision of educational institutions to people with anomalies began to take place. However, it should be noted that these schooling institutions were strictly aimed at this public, being completely excluded and segregated from the so-called regular schools.

Tezzari (2009) points out that medical science in the Modern Age was very lacking in clinical and scientific knowledge (Figure 2). The categorization of disabilities consisted of performing a generic conceptualization of a given pathology and this was attributed to clinical conditions that resembled each other, all guided by symptoms. The author explains that many physicians turned their interest to the investigation of disability that we now know as intellectual at the time called mental retardation, however, they were not successful in their investigations on cause and prevention. Therefore, the answers they found were not capable of scientifically obtaining any conclusion or evolution regarding the discovery of the deficiency.

Figure 2

Historical and Social Factors of the Exclusion of People with Disabilities in the Modern Age



	Modelo Médico	Normas Sociais	Influência Capitalista	Práticas Educacionais
Foco	Reparo médico	Discriminação	Ênfase na produtividade	Educação segregada
Ponto de vista	Deficiência como doença	Segregação	Exigência de normalidade	Falta de integração

Source: Prepared by the authors (2025).

The view of disability attributed to people with disabilities was the result of the medical model, which advocated the framing (or not) of social behaviors due to physiological disadvantages. Piccolo (2012) states that the segregation and exclusion of these individuals, as well as the responsibility for their pathology, further deliberated the concept of abnormality in society.

However, in the nineteenth century, with the views of industrialization and capitalism expanding more and more, the institutionalization of people with disabilities became even greater, due to the demand for productivity imposed on the population. In this aspect, the worker needed to be fast, shrewd and productive, being subjected to very low and inhumane wages. Such a scenario meant that all the people who made up the family needed to work to ensure their livelihood (Piccolo, 2012).

In this way, the people who were responsible for taking care of children with disabilities, mostly women, had to move away from their maternal activity and started working in factories, causing these children to be sent to internment and isolation institutions (Bonfim, 2009).

Aranha (2001) states that the sending of people with disabilities to institutions, asylums or special schools characterized the beginning of the institutionalization of education, whether as protection, treatment or educational process.

3 SOCIAL MODEL

After the two great World Wars, the concept of disability underwent major changes, mainly because many soldiers who left in combat returned with some fracture or injury, requiring special care to be included again in the social environment. From then on, the first mobilizations about the struggle for social rights began to emerge, such as the Universal

Declaration of Human Rights (1948), which fought for the rights of freedom and equality, including the right to free and compulsory schooling (Padilha, 2014).

Nevertheless, in 1960 the Declaration of the Rights of Persons with Disabilities was promulgated, which also fought for the deinstitutionalization of these people, as well as for their integration into society. This fight aimed to help people with special needs to be inserted into society in the most peaceful and normal way possible. Thus, the movement for deinstitutionalization and against special schools reaffirmed the distancing of these people from these institutions, as well as stimulated their insertion in society and fought for the provision of the services necessary to meet their needs (Aranha, 2001).

Thus, the social model began to gain visibility, mainly from the intervention of sociologists and anthropologists who contested the medical agendas, which held the individual responsible only for his physical or mental impairment. This mode of conception defined the medical model of disability as outdated, as it was attached only to the biological and psychological aspects, institutionalizing schools and segregating this public.

For this reason, it was possible to see, from 1960 onwards, major world capitals embracing social movements that fought for the rights of groups that were on the margins of society. And among these were people with disabilities (Harlos, 2012).

The first cause for which the social movement fought and demanded changes concerned the fact that, in the medical model, people with disabilities were held responsible for their own condition. The conception of disability as an individual problem imputes to medicine the role of the sole savior of the "tragedy" that affects these people. Thus, medical knowledge was considered the only remedy in the treatment of people with disabilities, proposing that they should be rehabilitated to perform their activities normally in a conventional way (Piccolo, 2012).

By demanding the overcoming of the model of personal responsibility (which attributed to the individual his or her disability as inherent and pathological), social movements began to fight for the transfer of this stigma to society. They defended the construction of a new profile of society, which would assume the role of adapting to human differences and promote instruments to overcome the barriers faced by people with disabilities (Harlos, 2012).

In 1972, in the United States, the Independent Living Movement (ILM) began, which was implemented in several countries, including Brazil. This movement was characterized by offering a support system to people with disabilities, encouraging their autonomy and the right to live fully, like other people. In addition, ILM prioritized the right of these people to make important decisions about their own lives, recognizing their capacity for choice and self-determination.

For this reason, the movement proposed to ensure that all people with disabilities knew their rights, considering that many were deprived of education and basic rights essential to survival. This led to limited access to health services, security, education, and full participation in society (Harlos, 2012; Piccolo, 2012).

In 1976, the first political and social institution constituted and coordinated by people with disabilities was created, called the Union of the Physically Impaired Against Segregation (UPIAS). UPIAS questioned the fact that disability was conceived as an individual model and also imputed this responsibility to society. Thus, the responsibility for not understanding, accepting and adapting to human diversity was transferred to society (Diniz, 2007).

Figure 3

Evolution of the Social Model of Disability

Source: Prepared by the authors (2025).

4 BIOPSYCHOSOCIAL MOVEMENT

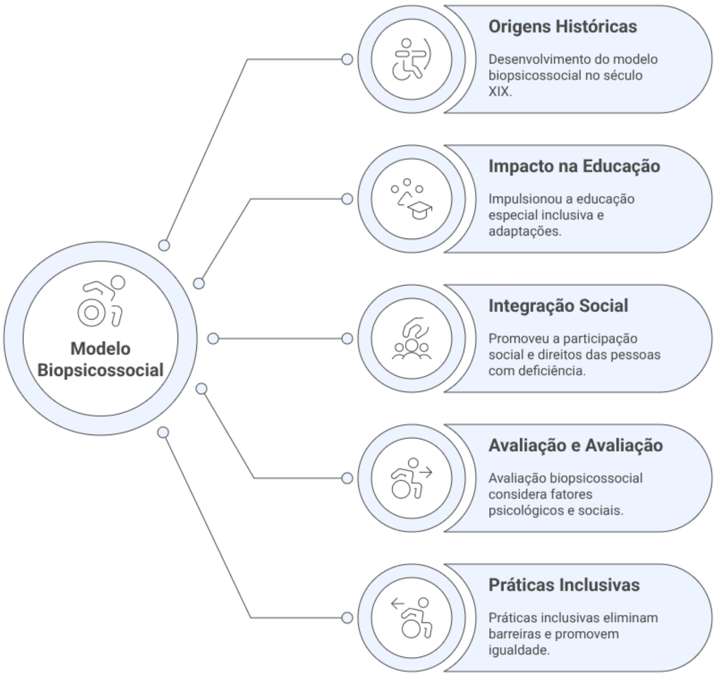
At the end of the nineteenth century and the beginning of the twentieth century, public health originated. In addition, both the UPIAS movement and the ILM movement have made progress towards inclusive special education, sharing the duty to adapt and to promote the necessary instruments and adaptations to welcome people with disabilities. This brought a new vision to the concept of disability. However, such movements inevitably managed to highlight the tightening between the ties between the medical model and the social model (Terazzi, 2009).

It was then that the biopsychosocial movement emerged, which consisted of ideas that mixed the medical model with the social model, considering that it did not discard the importance of the advancement of science and medicine with regard to meeting the needs of the population with disabilities, but also did not fail to recognize and respect the most different levels of support for the elimination of barriers that prevented the social participation of this public.

For this reason, the biopsychosocial model conceived that the best way to serve people with disabilities was through changes in the structures of society, combined with medical and scientific knowledge, so that the rights of people with disabilities were ensured and they had effective participation in the society in which they were inserted. This model showed the importance of evaluating the activities and participation of individuals in the most different spheres of human life, with the objective of understanding the phenomenon of disability, integrating it with medical science as an auxiliary support in overcoming barriers (Diniz, 2007).

Figure 4

Revealing the Biopsychosocial Model in Inclusion



Source: Prepared by the authors (2025).

The biopsychosocial model had its genesis with the promulgation of the International Classification of Functioning (ICF), which took into account the psychological, cultural and bodily spheres, in an attempt to reevaluate the two models that preceded it. From then on, the evaluation of a person with disabilities began to be made according to the aspects of the medical model and social aspects, thus having an interaction between these aspects and environmental factors.

In this way, the ideals of standardization and integration began to be seen with different eyes, giving rise to discussions that defended people with disabilities as ordinary citizens, with the same rights and who could have and enjoy the same opportunities as other members of society. It would therefore be up to society to organize itself to ensure access to services for all, regardless of the degree of disability, starting the social inclusion movement.

From this new conception of disability, new proposals for inclusive practices began to emerge that aimed to eliminate the barriers that excluded people with disabilities and segregated them from social life. With regard to education, projects began to be created for schools to be restructured, both in their physical space and in their teaching staff, with a view to meeting the needs of people with special needs. In addition, a movement of reflection on methodologies and didactics that would promote the learning of students with learning difficulties was initiated (Diniz; Santos, 2009).

Thus, by rescuing the theoretical models of disability and evidencing how historical conceptions carry prejudices, exclusions and inequalities, it becomes essential to reflect on the impacts of these models on teaching practice, especially in the final years of Elementary School. Specific areas of knowledge, such as Science, Arts, Religious Education and Mathematics (among others), face the challenge of articulating their contents with pedagogical strategies that recognize the singularities of each disability, overcoming approaches that reduce the student to physical or cognitive limitation. The legal framework of disabilities, although it represents an advance, still lacks sensitivity to the specificities of each condition, requiring educators to take a close look at equity and the real support necessary for learning. Thus, deeply understanding the concepts of disability and their practical implications is essential to build truly inclusive educational environments, where respect for diversity and the adoption of accessible methodologies are not exceptions, but structuring principles of the teaching-learning process (Crociari et al., 2023).

5 FINAL CONSIDERATIONS

The present study sought to understand the endings of disability from a theoretical rescue of the models of conception of disability. In recent decades, we have experienced a change in the theoretical models of conception, social, cultural and political analysis of disability. We can clearly identify paradigms that have underpinned the ideas and actions of researchers and practitioners throughout history. To this end, understanding the different conceptual models and the words used to refer to this group is essential for changing paradigms and breaking prejudices.

The concepts arising from historical moments demonstrate in a rooted way the prejudice, inequalities and paradigms that generate exclusion. Therefore, it is necessary to understand the real dimensions of the concepts of disability, without attributing it to disability and physical limitations, so that it can be developed and implemented public policies for these subjects.

Finally, in our work we dissect the importance of the social inclusion of children and young people in the historical, social and educational context. It is important to note that the concept of inclusion has undergone changes over time. Today, supported by law, people with some kind of specificity are assisted by the State. However, framing all the different types of disability in a common law makes it clear how far we are from real inclusion. Each disability is marked by distinct and singular characteristics, which must be respected and legitimized. Soon, the social view of these individuals should change, which should be focused on equity, providing adequate support for their specificities, respecting them and adopting strategies in order to overcome, totally or in part, their deficiencies.

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