

Ableism: perceptions of rehabilitation professionals in health, education, and social services

Capacitismo: percepção de profissionais da reabilitação nas áreas da saúde, educação e assistência social

Capacitismo: percepción de profesionales de la rehabilitación en las áreas de la salud, educación y asistencia social

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Abstract:

Objective: to understand the perceptions of professionals working in the fields of health, education, and social services regarding the concept of ableism. **Methods:** a qualitative, exploratory, and descriptive study was conducted between 2023 and 2024 using semi-structured interviews with habilitation and rehabilitation professionals. Data were organized using content analysis. **Results:** eight professionals participated. Four categories were elaborated: *Sources of knowledge about the concept of ableism; Depth of knowledge about the concept of ableism; Main types of examples related to the concept of ableism; and Preferred methods/means related to the dissemination of information about the concept of ableism.* Participants demonstrated limited knowledge of the term ableism, which was mainly acquired through undergraduate education and professional training. Benevolent and paternalistic ableism was reported. **Conclusion:** the study highlights the need for greater awareness about ableism among professionals, families, and society as a whole.

Keywords: Disability discrimination; Persons with disabilities; Prejudice; Health personnel.

Resumo:

Objetivo: compreender o entendimento de trabalhadores na área da saúde, educação e assistência social em relação ao conceito de capacitismo. **Método:** estudo qualitativo de caráter exploratório e descritivo, realizado entre 2023 e 2024, através de entrevista semiestruturada com profissionais de habilitação e reabilitação. Os dados foram organizados através da análise de conteúdo. **Resultados:** participaram oito profissionais. Foram construídas quatro categorias: *As fontes de conhecimento sobre o conceito de capacitismo; A profundidade do conhecimento sobre o conceito de capacitismo; Os principais tipos de exemplos ligados à conceitualização do capacitismo; e Os métodos/meios preferenciais ligados à disseminação de informação sobre o conceito de capacitismo.* Havia conhecimento sobre o termo capacitismo, porém mínimo e adquirido através da graduação e capacitações. Relatou-se capacitismo benevolente e paternalista. **Conclusão:** aponta-se a necessidade de esclarecimento acerca do capacitismo para profissionais, familiares e a sociedade em geral.

Palavras-chave: Capacitismo; Pessoas com deficiência; Preconceito; Pessoal de saúde.

Resumen:

Objetivo: comprender la comprensión de trabajadores del área de la salud, educación y asistencia social en relación con el concepto de capacitismo. **Método:** estudio cualitativo de carácter exploratorio y descriptivo, realizado entre 2023 y 2024, mediante entrevista semiestructurada con profesionales de habilitación y rehabilitación. Los datos fueron organizados mediante análisis de contenido. **Resultados:** participaron ocho profesionales. Se construyeron cuatro categorías: *Las fuentes de conocimiento sobre el concepto de capacitismo; La profundidad del conocimiento sobre el concepto de capacitismo; Los principales tipos de ejemplos vinculados a la conceptualización del capacitismo; y Los métodos/medios preferenciales vinculados a la difusión de información sobre el concepto de capacitismo.* Existía conocimiento sobre el término capacitismo, aunque mínimo y adquirido a través de la formación universitaria y capacitaciones. Se reportó capacitismo benevolente y paternalista. **Conclusión:** se señala la necesidad de esclarecimiento acerca del capacitismo para profesionales, familiares y la sociedad en general.

Palabras clave: Capacitismo; Personas con discapacidad; Prejuicio; Personal de salud.

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INTRODUCTION

Inclusion, as part of the relationship between society in general and people with disabilities, has developed differently throughout history, based on philosophical, religious, and other distinct theoretical assumptions¹.

Since ancient times, people with disabilities have been subjected to dynamics of exclusion. Historical records describe drastic practices such as eliminating and/or abandoning those considered defective or deformed¹. Exclusion and discrimination have persisted into the 19th and 20th centuries, when welfare institutions promoted the segregation of these people, distancing them from social interaction by confining them to specific spaces².

These exclusionary practices also permeated religious sects and beliefs, and eventually assumed a scientific character, with disability becoming understood as a medical rather than a religious issue. Within this medical-scientific perspective, rehabilitation practices emerged in an attempt to approximate people with disabilities to what was considered “normal”². Based on the ideology of normalization, efforts toward integration were promoted, namely:

This process was therefore based on the ideology of normalization, which represented the need to integrate people with disabilities into society, helping them to acquire the conditions and standards of daily life as close to normal as possible^{1:15}.

Subsequently, a transition towards the support paradigm occurs, favoring the development of the social inclusion perspective. Unlike the integration process, social inclusion is based on the understanding that the disability does not reside in the individual, but rather in the relationship between the person with a disability and society. Thus, people with disabilities express their needs and desires, while society adapts to provide a shared space free from segregation¹.

In Brazil, the transition from the biomedical model to the social model of disability only began in the 1960s, alongside a broader understanding of disability. During this period, advocacy for rights and recognition of the protagonism of people with disabilities in relation to their own lives gained strength³.

The achievement of rights for people with disabilities was a long process and occurred through the struggle of people with disabilities themselves, health professionals, and family members³. Since 2008, the National Policy on Special Education from an Educational Perspective (*Política Nacional de Educação Especial na Perspectiva da Educação*) has addressed the rights of people with disabilities. Nevertheless, violence and discrimination persisted⁴.

By the late 1970s, there was an effort to find for new terms to refer to people with disabilities, given the pejorative labels to which they were subjected; consequently, in the 1980s,

the decree of the International Year of Disabled Persons contributed to increasing the prominence of people with disabilities⁵.

Ableism creates a hierarchy between those who are considered capable and those considered incapable (people with disabilities)⁶. The earliest studies on the subject began in the 1970s in the United Kingdom and the United States. Initially, the phenomenon was examined by men with physical impairments, especially spinal cord injuries, who reflected on their condition as oppressed and institutionalized subjects⁷⁻⁹.

Although debates on ableism have advanced in recent years, studies indicate that scientific production is still concentrated in educational and cultural contexts, with gaps in the investigation of the subject, especially in specific fields such as education or health in Latin America. Research on the subject remains limited, pointing to the need for further research^{8,9}.

Ableism refers to the notion of normality associated with the "perfect body". Bodies that deviate from this ideal — that is, bodies presenting particularities in comparison to the so-called "perfect body" — are regarded as disabled. In practical terms, ableism materializes through actions that contribute to the imaginaries associating certain populations with pejorative stigmas¹⁰. A study based on narratives of people with disabilities indicates that ableism produces experiences of exclusion, stigmatization, and social barriers that position these individuals as deviant from the socially idealized body norm¹¹.

In Brazil, the term "*capacitismo*" (the Portuguese term for ableism) as an expression to refer to discrimination against people with disabilities was only proposed in 2012¹². Studies on the state of the art of ableism have attempted to categorize its different manifestations, such as benevolent, hostile, and ambivalent ableism. From these broader categories of ableism, more specific forms unfold: fear-based, jealous/envious, paternalistic, and dehumanizing/objectifying¹³.

Recent international studies have addressed knowledge about the concept of ableism, its role in structuring practice and discourse in health and rehabilitation professions^{14,15}. Thus, this study aimed to understand how professionals working in the fields of health, education, and social assistance perceive and understand the concept of ableism.

METHODS

In this study, a qualitative exploratory-descriptive approach was adopted¹⁶ to understand the current scenario regarding the participants' conception of ableism. The study included professionals in the areas of health, education, and social services, with training in psychology, pedagogy, speech therapy, occupational therapy, social work, physical therapy, or

music therapy; self-employed; who provided care to people with disabilities in habilitation or rehabilitation clinics or at home; with more than one year of experience; and who resided in the city of Curitiba or its Metropolitan Region. The methodological procedures were reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ).

The sample was established using the "snowball" sampling technique, used in qualitative studies. This method involves two stages: first, the selection of participants with the desired profile, referred to as "seeds," who were recruited by convenience sampling and, after the interview, invited to indicate other potential participants from their social networks; second, the contact and recruitment of the indicated individuals, known as the first wave.

In turn, these participants referred other professionals from their own network of contacts until the data collection process was completed. Data collection occurred through saturation, discussed by the researchers, when no new names were suggested or the suggested names did not bring new information to the analysis¹⁷. The interview phase took place from April 2023 to March 2024.

Data were collected through semi-structured interviews developed by the researchers, based on the theoretical framework and the objective of the study. The first three interviews were conducted as a pilot study to assess the effectiveness of the instrument and allow adjustments, ensuring greater alignment with the study objectives. The instrument addressed questions such as: "*Have you ever heard of the term ableism?*"; "*What do you understand by the term ableism?*"; "*What actions do you consider ableist? Could you give me examples?*" and "*Did you know that there are different types/classifications of ableism?*".

After questions aimed at identifying the participant's prior knowledge of the topic, the interview script included a presentation on the current concept of ableism. This strategy was adopted to better explore the interviewee's understanding and provide an opportunity for discussion and reflection on the topic, accessing specific and in-depth aspects of the concept. Specifically, information was presented regarding categories of ableism, definitions of the concept, and examples of ableist expressions. Following the presentation, seven more questions were asked, including the question: "*After this conversation, how would you rate your prior knowledge of ableism?*".

The interviews were conducted by the professor and coordinator of the study, as well as collaborators and occupational therapy students who received prior proper training. No close relationship existed between interviewers and interviewees. Participants were informed about the objectives and motivations of the research.

The participants were contacted via text message and chose to participate in individual online interviews after signing the Informed Consent Form (ICF). All interviews were audio-recorded and fully transcribed. The material was analyzed using Bardin's content analysis technique, which comprises three stages: pre-analysis; material exploration and categorization; and treatment and interpretation of the results¹⁸. No coding tree was used. In addition, field notes supported the interpretation of the data.

The study was submitted to and approved by the Ethics and Research Committee of the Universidade Federal do Paraná, following resolution No. 466 of the National Health Council (*Conselho Nacional de Saúde - CNS*) under approval No. 5,986,003. To ensure differentiation and protection of participants' identities, each participant was identified by the letter "P" followed by a specific number.

RESULTS

Eight professionals from the fields of health, education, and social services in Curitiba and its Metropolitan Region participated in the study. Most participants were over 40 years old, had graduated more than five years ago, possessed some form of postgraduate or supplementary training, worked as self-employed professionals or legal-entity contractors, and were employed in private institutions, as shown in Chart 1.

Based on the analysis of the data obtained through the semi-structured interviews, four thematic units relevant to the participants' understanding of ableism were identified: *The sources of knowledge about the concept of ableism; The depth of knowledge about the concept of ableism; The main types of examples related to the concept of ableism; and The preferred methods/means related to the dissemination of information about the concept of ableism.*

Chart 1. Data from the professionals surveyed. Curitiba and its metropolitan region, PR, Brazil, 2023-2024.

Code	Age	Course	Year of Graduation	Additional Training	Employment Regime	Institution
P01	30	Occupational Therapy	2021	Basic Bobath Course	CNPJ	Private
P02	28	Physical Therapy	2017	Postgraduate studies in Neurology and Orthopedics in Traumatology	CNPJ	Private
P03	40	Pedagogy	2014	Psychopedagogy	CNPJ	Private
P04	40	Social Services	2017	N/A	CLT	NGO
P05	41	Speech Therapy	2018	Master's degree in Speech-Language Pathology	CNPJ	Private
P06	41	Psychology	2014	Short courses in Applied Behavior Analysis - ABA	CNPJ	Private
P07	32	Occupational Therapy	2014	Postgraduate studies in Chemical Dependency and Applied Behavior Analysis - ABA	CLT and CNPJ	Private
P08	33	Occupational Therapy	2014	Postgraduate studies in Gerontology and Applied Behavior Analysis - ABA	CLT and CNPJ	Private

Note: CNPJ= Legal entity contractor/self-employed legal entity arrangement.; CLT = employment under the Brazilian Consolidation of Labor Laws

Sources of knowledge about the concept of ableism

Participants reported that their knowledge — at least their initial understanding — of the concept of ableism was associated with what they learned during their undergraduate education

The first time I heard about ableism was in 2017. I was in college. And I'm not from Paraná, I'm from Belo Horizonte. And I graduated from UFMG. (P05)

Some of the participants also reported that they first heard about during their undergraduate education, but furthered their knowledge in other ways, such as P04:

I heard a little about it in college, because in college you hear very little about people with disabilities. Actually, I got more information from training courses. (P04)

Others reported learning about it from alternative sources:

Very superficially and, well, social media. So, nothing about reading an article on it, I've never read one, right? But I often hear parents of children with autism or people who somehow work with this population, mainly, and they deal with it and bring up posts, something like that, but very superficially. (P06)

I've never been to a lecture, for example, it's more this knowledge that I got from videos that I watch of the people themselves, talking about their own stories. (P07)

I've heard about ableism on social media, about the issue of prejudice and explaining the general concept. (P08)

The same participant (P08) also reported scientific research and publications, in addition to social media, as sources of knowledge about the topic.

Depth of knowledge about the concept of ableism

Most participants reported ableism as a form of discrimination and/or prejudice:

Ableism is prejudice against people with disabilities, right? Discrimination, prejudice, or anything that, how can I say it, discriminates against a person who has a disability, right? (P03)

Discrimination, prejudice against people with disabilities, and often in the sense of "Yeah, this person can't do that because they have a disability." (P01)

One interviewee had not received any information on the subject during their training (P06) and linked ableism to prejudice:

First, when I see a post or something on social media, I tend to think that ableism is a bad thing, right? And that it's linked to, perhaps, a judgment that a person with a disability or limitation can't do something. A pre-judgment, a preconceived notion of "oh, they can't do it." In short, making something easier for them to do, assuming they can't do it. (P06)

As described in the methodology, the interviewees were introduced to information regarding the concept and study of ableism. Following this presentation, most participants

reported that they had not previously known the concept in the depth addressed, including the categorization of different forms of ableism and a more comprehensive conceptual discussion:

The names, I confess, were new to me. I didn't know what it was. I imagined that each one had a specific meaning, but I didn't know. (P05)

I think basically, I knew the term, I knew it was a type of discrimination, but I didn't know that each type was named within ableism, right? (P04)

No, I see a lot of different types of ableism in my practice. But not in those terms. (P01)

Furthermore, most participants considered their own knowledge of the concept of ableism as basic and mentioned the possibility of improving it.

I have a very basic concept, I've never gone into depth on the subject. (P04)

I think I can improve. I don't think it's something I don't know, because it catches my attention. It's a subject that interests me, that's part of my life. (P05)

Very preliminary, still. [...] Anyway, it's a trigger to search, maybe understand more and learn, right? And even evaluate, put it through a filter, try to look at the practice, at the words and actions, first with myself, to somehow try to influence the environment I'm in. (P06)

Main types of examples related to the concept of ableism

To further elaborate on their responses regarding their knowledge of the concept of ableism:

[...] One way of failing to integrate the patient with that illness into our current reality, into our society, right? It's by infantilizing the patient, thinking that the patient doesn't have the same abilities as us, that they aren't capable of living in the same way we do. So it even brings up an issue I mentioned at the beginning, the common ways we talk, right? It ends up being a form of... let's say... a phrase we use is "playing dumb," "a cripple's excuse is a crutch." So these things end up falling into that category. A form of ableism, a way of discriminating against the patient with an intellectual disability, right? (P02), (hostile ableism)

When asked about ableism in general, the main responses were: overprotection and excessive admiration:

The issue of infantilizing the child becomes a matter of ableism, right? It's a way of discriminating against a child. A child, an adult, regardless of whether they have a disability. (P02), (benevolent ableism)

From what I've seen on social media, it's about thinking I need to make something easier, like: "Let me leave a part of an activity here so the child can do it [...] it's like... "Oh, let's just leave half of it ready to make things easier for them," even though the child is capable of doing it, right? (P06), (paternalistic ableism)

[...] Overprotected children, they plateau, right? They reach a point where they don't know what independence is. They don't know. And then, if you look at the so-called normality standard that society sets, everything is fine. But it's not all fine. An overprotected child will be infantilized because they don't learn how to be independent, but they will receive different treatment from family members because of that process they go through. (P05), (paternalistic ableism)

Something I see a lot is this: some patient with disability and people [...] have this discriminatory attitude like "They won't be able to do it" and sometimes it looks like "Oh, an angel. Oh, because this person, this child, look, they're an angel sent here to teach the family" [...] When the child sometimes manages to make progress, "My God," you know? So I consider that ableist, and I extend that ableism to the family too because many times these mothers, like, with slightly more severe cases, say, "Wow, but I'm such a warrior," "I don't know if I could do it." You know? So I see a lot of ableism in that kind of discourse, "I couldn't handle that," calling someone a warrior or this or that. It's not a mother, you know, who is going through difficulties, right? I think it's a little bit along those lines. (P01), (benevolent ableism)

Preferred methods/means related to the dissemination of information about the concept of ableism

Educational means (research and teaching in various forms) were listed as positive for disseminating the concept of ableism:

I think it's very important that you're working on this. I think it's really the way for us to reduce it more and more, isn't it? Through study, through education. (P01)

It's great to be able to participate in a study like this. I'm a person who really champions for studies. I think we have to study, study, study, study and always study and always put knowledge to work so that you are very happy, that your study gives good results and that you can take this knowledge to many, many people, going beyond the world of college. (P05)

[...] Having this opportunity - I'm being very honest with you here - to be able to talk about the subject, the way you are welcoming me today? Wow. It brings peace, tranquility, without fear of, for example, "Look at you! Like... as a professional you should", so allowing myself to have a voice, even without having any apparent disability or that I know of, to be able to speak, to be able to ask questions, to be able to ask without being canceled, without being labeled because I don't know, right? So I think that's it. (P06)

[...] I'm even going to take this issue to the clinic's coordination to create a lecture, something like that on the subject, mainly for the employees. We are there in closer contact, maybe we know, we have this knowledge, but what about the others at reception, scheduling, who don't have much of this contact? It would be very interesting. I'll even take this issue to them. (P02)

[...] I think what you are doing, such a cool research, could be done in comic book form, you know? To go into schools, for the children, so they understand this, because in the schools we have today, it's still far from happening, but I hope it will actually exist, inclusion. Children will live with everyone, right? They will coexist and the children need to understand that they are people. That each one is unique, regardless of anything (P05)

Social media and the internet were also highlighted as relevant ways to access knowledge about ableism, such as P08, who acquired much of his knowledge on the subject through social networks:

There are things that are deeply ingrained in society, such as prejudice and ableism [...] That's why it's so important to discuss the topic on social media, like Instagram, sharing the stories and prejudices they've experienced. (P08)

DISCUSSION

Self-reflection on the level of knowledge about ableism, even if elementary, also revealed some positive aspects from the analysis of the responses: most participants reported having some prior knowledge about ableism; and the educational institutions they attended – which varied across the group – had addressed the topic at least since 2017.

All participants reported an interest in improving and sharing their knowledge in the area, and some had already shared it within their professional and family environments. A study with professionals who work with people with disabilities in different areas found that 72.4% reported having knowledge about ableism; however, when asked to define the concept, only 47.5% demonstrated an understanding of the subject¹⁵.

The reports demonstrated the importance of higher education courses as a means of disseminating knowledge about ableism, as it is one of the spaces that can foster reflection and, consequently, the reduction of ableist attitudes. However, universities themselves remain marked by various barriers, such as methodological barriers, architectural and structural barriers, and attitudinal barriers¹⁹.

It is noted, then, that even when addressing the topic, higher education institutions are still capable of reproducing ableism, as pointed out in a study with professionals in the areas of Occupational Therapy and Physical Therapy, when citing the practices of simulating disability which, even unintentionally, reinforce negative attitudes directed at this population¹⁴. Therefore, a deeper conceptual understanding of the subject and its subsequent application in practice becomes fundamental.

Despite this basic and self-reported prior knowledge about ableism, identified in the second analytical category, the main terms used were "prejudice against people with disabilities" and "discrimination". In this regard, it is important to note that, in its direct attitudinal form, ableism can indeed be understood as prejudice against people with disabilities. This way of thinking relates to an old understanding of disability, in which individuals were categorized based on perceived differences, often being labeled as "mad" or "deaf," among other stigmatizing classifications²⁰.

The participants' perspectives are largely influenced by stereotypes, as the concept of ableism far beyond direct prejudice. Ableism can also be understood as having structural and intersectional dimensions^{15,21}. Reducing it to simple prejudice risks overlooking its multiple and complex manifestations.

The different types of forms and/or experiences related to ableism were summarized in an article that addresses the topic relating it to Occupational Therapy¹³. Among these, various

behaviors and attitudes are defined as ableist, corroborated by the third category of analysis in this study.

The responses revealed a possible lack of knowledge about the concept, even though there is some prior knowledge of attitudes that are linked to some specific type of ableism. Studies in an international context indicate that the definitions given by professionals often only address discrimination¹⁵, and that implicit ableist attitudes may persist when individuals fail to recognize the ableist nature of their own practices¹⁴, an aspect also reflected in the basic level of knowledge observed in this study.

In the interviews, manifestations of hostile, benevolent and ambivalent ableism (including its paternalistic branch) were identified. Hostile ableism occurs through hostile attitudes towards people with disabilities, benevolent ableism occurs when the vulnerability of the person with a disability is assumed, and ambivalent ableism consists of alternating between hostile ableism and benevolent ableism¹³.

Specific forms unfolding from the main forms of ableism include: fear-based ableism, in which interactions are governed by fear of people with disabilities; dehumanizing/objectifying ableism, when basic human rights of people with disabilities are not respected; paternalistic ableism, which are paternalistic attitudes or comments; and, finally, jealous/envious ableism, which manifests itself when a third party desires the things that people with disabilities receive¹³; of the forms specified and unfolded here, only the paternalistic one manifested itself.

A possible hypothesis is that the conceptual gap may lead to the non-identification of these and other types of ableism, thus, the participant would not report such attitudes and actions as possibly ableist.

During the responses, paternalistic and benevolent manifestations prevailed when reporting overprotective dialogues from families and the view of people with disabilities, mainly through stories related to overcoming and the supposed suffering of their family members. This information is particularly relevant, since perceiving ableism as solely prejudice can give the false impression that it can only be manifested through aggressive attitudes, such as hostile ableism, when, in fact, it is capable of shaping spheres of the social environment, causing other forms of ableism to become a current part of the social structure, going unnoticed²².

Although hostile ableism was mentioned at some points during the interviews, it was noted that, in fact, many of the harms caused to people with disabilities stem from normalized attitudes, such as unsolicited help – even if the person is completely capable of performing a task alone – or the habit of romanticizing actions performed by people with disabilities that

would be considered common if the person had no disability. These practices often remain unrecognized due to their normalization within society, reflecting the structural embedding of ableism in social and institutional contexts²².

The normalization of ableist practices was frequently accompanied by what participants described as “good intentions”, as illustrated in accounts involving discomfort when interacting publicly with a colleague with intellectual disability who disclosed private information, leading others to avoid leaving her alone as a form of protection. These findings are relevant insofar as they highlight how even ableist practices that might be socially perceived as negative can become justified and socially accepted depending on the intentions attributed to those who enact them.

In the fourth category of analysis, the importance of education, specifically higher education, in addressing ableism was noted. A recent integrative review points to a series of suggestions for anti-ableist practices proposed for higher education (such as artistic practices and qualified teacher training to deal with issues related to inclusion). Furthermore, the production and distribution of content for social media by people with disabilities as an important instrument for the development of critical thinking²² corroborates reports regarding the source of knowledge on the subject.

Furthermore, suggestions related to basic education are noted, such as “comics in school”. Another integrative review discusses anti-ableist strategies in basic education, including curricular reorganization, valuing skills based on diverse assessments, and developing guiding documents.

CONCLUSION

The study indicated that the main source of information for respondents regarding the concept of ableism was the university from which they graduated. Most of them consider their knowledge of ableism to be basic, while expressing both interest and willingness to further develop it. Furthermore, the main factors related to the conceptualization of ableism were: overprotection and excessive admiration. Respondents consider research and various teaching methods – such as lectures and the production of educational materials – as important sources for disseminating knowledge.

The findings provided greater clarity on the current conception of ableism held by the group of professionals consulted, paving the way for future discussions, reflections, and actions on the subject and pointing to the need for further study of the topic at different levels of education and professional training.

Regarding the limitations related to the theoretical framework, the separation between the groups that study ableism is notable. This separation occurs both chronologically – that is, the studies are often separated by many years or even decades – and geographically, with some countries and languages having a greater number of publications and notoriety.

Regarding the limitations encountered in the fieldwork, these were mainly due to the relationship between the instrument applied and the self-perception of the participants. Questions that addressed issues related to their own ableist attitudes produced, on average, less elaborate responses, with difficulty on the part of the participants in reporting their own attitudes that could be considered ableist, except when the question itself carried practical aspects. Also, despite the saturation point being reached, it was sometimes necessary to collect multiple indications from the same interviewee.

The relevance of the topic and the importance of its discussion and dissemination for professionals in different fields of activity and for the general population are highlighted.

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