






THE PERCEPTION OF PEOPLE WITH PHYSICAL DISABILITIES ABOUT EXERCISING AUTONOMY IN A FEDERAL UNIVERSITY

Maiara Suelen Mazera¹ 
Dulcinéia Ghizoni Schneider¹ 
Maria Itayra Padilha¹ 
Felipa Rafaela Amadigi² 
Mario Sergio Bruggmann¹ 

¹Universidade Federal de Santa Catarina, Programa de Pós-Graduação em Enfermagem. Florianópolis, Santa Catarina, Brasil.
²Universidade Federal de Santa Catarina, Programa de Pós-Graduação em Saúde Coletiva. Florianópolis, Santa Catarina, Brasil.

ABSTRACT

Introduction: preconceptions towards people with disabilities are still present in our society; they arise from ancient behaviors and from the biomedical model, both rooted in human attitudes.

Objective: to describe the potentialities/strengths and inabilities/weaknesses faced by people with disabilities to exercise their autonomy and to show the ways in which people with disabilities exercise their autonomy.

Method: this is a single-case study with a qualitative approach. Twenty-two individuals with physical disabilities were interviewed, with students and employees from a university in southern Brazil among them. Data analysis was performed by means of the Collective Subject Discourse. The comprehensive and interpretive analysis of the meanings that emerged from the participants' statements were associated with the theoretical framework of autonomy by Adela Cortina, Diego Gracia and Lawrence Kohlberg.

Results: potentialities/weaknesses can be observed in the exchange spaces and in the information provided by the university. At the same time, inability/weakness is perceived in preconception, welfarism and all the ableism faced by people with disabilities.

Conclusions: lack of information is one of the main elements that foster preconception and it is essential to fight against it for the inclusion of people with disabilities.

DESCRIPTORS: People with disabilities. Architectural accessibility. Personal autonomy. Universities. Students.

HOW CITED: Mazera MS, Schneider DG, Padilha MI, Amadigi FR, Bruggmann MS. The perception of people with physical disabilities about exercising autonomy in a Federal University. *Texto Contexto Enferm* [Internet]. 2024 [cited YEAR MONTH DAY]; 33:e20220194. Available from: <https://doi.org/10.1590/1980-265X-TCE-2022-0194en>

PERCEPÇÃO DE PESSOAS COM DEFICIÊNCIA FÍSICA ACERCA DO EXERCÍCIO DA AUTONOMIA EM UMA UNIVERSIDADE FEDERAL

RESUMO

Introdução: preconceitos com a pessoa com deficiência ainda estão presentes em nossa sociedade, esses são advindos de condutas da antiguidade e do modelo biomédico que estão arraigados nas atitudes humanas.

Objetivo: descrever as potencialidades/fortalezas e inabilidades/fragilidades enfrentadas pelas pessoas com deficiência para o exercício da sua autonomia e demonstrar os modos pelos quais as pessoas com deficiência exercem a sua autonomia.

Método: trata-se de um estudo de caso único e de abordagem qualitativa. Foram entrevistadas vinte e duas pessoas com deficiência física, dentre elas, alunos e servidores de uma universidade do Sul do Brasil. A análise de dados foi realizada por meio do Discurso do Sujeito Coletivo. A análise compreensiva e interpretativa dos significados emergidos das falas dos participantes foram associadas ao referencial teórico da autonomia de Adela Cortina, Diego Gracia e Lawrence Kohlberg.

Resultados: as potencialidades/fortalezas podem ser observadas nos espaços de trocas e informação proporcionados pela universidade. Ao mesmo tempo que a inabilidade/fragilidade é percebida no preconceito, assistencialismo e todo o capacitismo enfrentado pelas pessoas com deficiência.

Conclusão: a falta de informação é um dos principais fomentadores do preconceito e combatê-lo é essencial para a inclusão das pessoas com deficiência.

DESCRITORES: Pessoas com deficiência. Acessibilidade arquitetônica. Autonomia Pessoal. Universidades. Estudantes.

LA PERCEPCIÓN DE PERSONAS CON DISCAPACIDADES FÍSICAS CON RESPECTO AL EJERCICIO DE LA AUTONOMÍA EN UNA UNIVERSIDAD FEDERAL

RESUMEN

Introducción: en nuestra sociedad, todavía pueden encontrarse preconceptos con respecto a las personas con discapacidades que derivan de comportamientos de la antigüedad y del modelo biomédico y que están arraigados en las actitudes humanas.

Objetivo: describir las potencialidades/fortalezas y las inhabilidades/debilidades afrontadas por las personas con discapacidades para ejercer su autonomía y demostrar las formas en las que pueden hacerlo.

Método: estudio de caso único y con enfoque cualitativo. Se entrevistó a un total de 22 personas con discapacidades, entre ellas, alumnos y empleados de una universidad del sur de Brasil. El análisis de los datos se realizó por medio del Discurso del Sujeto Colectivo. El análisis integral e interpretativo de los significados que emergieron de los testimonios de los participantes se asoció al referencial teórico de autonomía de Adela Cortina, Diego Gracia y Lawrence Kohlberg.

Resultados: pueden observarse potencialidades/fortalezas en los espacios de intercambio y en la información que proporciona la Universidad. A la vez que la inhabilidad/debilidad se percibe en el preconcepto, el asistencialismo y en la totalidad del capacitismo al que hacen frente las personas con discapacidades.

Conclusiones: la falta de información es uno de los principales elementos que fomentan el preconcepto y es esencial combatirla para la efectiva inclusión de las personas con discapacidades.

DESCRIPTORES: Personas con discapacidades. Accesibilidad arquitectónica. Autonomía Personal. Universidades. Estudantes.

INTRODUCTION

For a long time now, society has established cruel treatments and preconceptions towards people with disabilities. In antiquity, people with disabilities were associated with inefficiency since, for the nobility, they were not productive and were practically exterminated through abandonment shortly after birth, showing that anyone born with a disability was destined to live under the help of other people, kept in isolation and without effective social participation¹.

During the pre-Christian era, humanization and charity movements towards people with disabilities were preached based on biblical passages that suggested respect and help. Charity began to be valued as a form of redemption and cultures of Christian origin began to be practiced, and it was in this context that the charitable interpretation of disability was originated².

This was one of the first hegemonic approaches related to disabilities and, even after a long time of its non-hegemony, it still has repercussions rooted in social contexts. A person with a disability is considered different from the ordinary and with that, a variety of actions can be taken, such as the provision of special transportation means, special buildings, daily living facilities and special schools³. Although with good intentions, specialized institutions generally offer less challenging services, which makes it difficult for people with disabilities to enter the social, academic or labor market².

It is with medical rationality that the perspective towards disabilities lost its charitable and religious nature and started to be called “diseases” or “abnormalities”. This approach, known as biomedical model and focused on physiological issues, aims at restoring ill bodies to a condition considered normal. Such being the case, disabilities started to be considered as a deviation from the normal state of human nature that should be treated and mitigated⁴.

The biomedical model exerted a strong influence on the narratives related to disabilities, as well as it influenced the construction of medical scientific knowledge and the normality standards that, in turn, constitute a notion of what is meant by disabilities³.

In 1960, in the United Kingdom the social model was structured in opposition to the biomedical one, causing a major transformation in how disabilities were understood. Thus, the social model removed the source of inequality from the individual and attributed it to society⁵.

The second generation of the social model of disabilities was initiated with the inclusion of the feminist perspective in the studies on disabilities. Women with disabilities, previously not so active in society, proposed expanding the issues already discussed by the first generation authors, mostly gender, interdependence and care⁶.

Consequently, for the social model, the cause of a disability lies in social organization⁷. This model critically points to the way in which society is structured, disregarding the diversity of people and excluding those with disabilities from social and political circles. This model identifies three main barriers that are frequently opposing, namely: accessibility, institutional and attitudinal barriers².

This research understands that the social model is the most humanitarian and ethical way of understanding disabilities; however, it does not exclude specific health care that, like people without disabilities, also needs attention to lead a life with more quality and autonomy.

Understanding the concept of autonomy becomes fundamental when we think about promoting the inclusion of people with disabilities in society, providing access to health, education and adequate means for them to develop the necessary skills and carry out their activities in society.

Conquest of autonomy is equivalent to the conquest of citizenship itself, as it involves the development of intellectual emancipation and freedom of expression, and should not only be limited to the subject, but also to society as a whole⁸.

Respecting autonomy is giving weight to the opinions and choices considered by autonomous people, while it avoids obstructing their actions unless they are clearly harmful to others⁹.

There are many prejudices rooted in today's society that come from antiquity behaviors and the biomedical model: having a disability is a reason for a culture of poverty, pity, compassion and lacking the ability to carry out their tasks in the same way as people with no disabilities.

Preconception has intense consequences: from the moment that a person with a disability is victim of prejudice and ridicule, socialization becomes synonymous with danger, and what was supposed to be pleasant becomes embarrassing¹⁰. This preconception towards people with disabilities is called ableism, which is often thoughtless and discriminates against these individuals¹¹.

Based on the above, this study intends to describe the potentialities/strengths and inabilities/weaknesses faced by people with disabilities to exercise their autonomy, as well as to show the ways in which people with disabilities exercise their autonomy in a Federal University.

METHOD

This research comes from a Master's Dissertation in Nursing. This is a case study with a qualitative approach, guided by the subjectivity of human experience; case studies are a structured research method, which can be applied in different situations to contribute to the knowledge about individual or group phenomena. A case study is an empirical survey that investigates contemporary phenomena in the real life context and is used when there is a need to understand a contemporary phenomenon in depth¹².

A single-case study is appropriate when the theory exposes a clear set of proposals and the circumstances under which they are considered to be true, and the subunits of analysis add more significant opportunities for broader analysis¹³.

The research was developed in a Federal University from southern Brazil. The invitation to participate in the research was intermediated by sectors of the University such as the Secretariat for Affirmative Actions and Diversities, the Educational Accessibility Coordination Office and the Dean Office for Development and People Management, which, via email messages, forwarded the research that was being carried out to people with disabilities, and those who were interested in the research would respond to the main researcher manifesting their interest.

The study participants were 12 university students and nine employees: professors, administrative technicians in education and health professionals from the University Hospital of the aforementioned institution, totaling 21 participants. The inclusion criteria corresponded to people aged at least 18 years old, attending the University as students or employees and who have congenital or acquired physical disabilities. Data collection was carried out through a semi-structured interview script, in a formal conversation that had intentionality, that is, a purpose defined by the research objectives, which consists in a process of obtaining information from the respondents, presupposing interaction between the researcher and the research subjects¹⁴. This script contained 14 open questions related to accessibility, autonomy, how autonomy was exercised in the University, disabilities, preconception and discrimination.

Data collection was conducted between April and June 2018, with data saturation as a limit for inclusion. The interviews were previously scheduled via telephone or email contacts according to the participants' availability. Regarding the locus, the researcher was careful to indicate a strategic meeting point with the intention of meeting the participants and, together, going to a quiet place to record the interview. The strategic locus allowed the researcher to notice the architectural barriers, and even the attitudinal ones, faced by the participants when in the University. The interviews were recorded in a digital means and in a single collection stage, during approximately 35 minutes. The interviews went through transcription, validation, transcreation, verification, session letter and filing stages.

Data analysis was guided by the Collective Subject Discourse (CSD) technique, which consists of a strategy that proposes retrieving collective thinking, in the investigation of what a group of people thinks about a given subject matter. It is developed through a survey of the social representations and socially shared ideas¹⁵ and the QualiQuantSoft® software was used as a systematizing resource for the analysis.

After constructing the CSD, a comprehensive and interpretative analysis of the meanings that emerged from the participants' statements was carried out, associating them with the theoretical framework of the study: the one by Adela Cortina, Lawrence Kohlberg and Diego Gracia.

The research was initiated after approval by the Research Ethics Committee of UFSC, under the CAAE: 06189418.7.0000.0121, in line with Resolution No. 466/2012, which deals with the conduction of research studies involving human beings. After clarifying all the doubts, the participants were invited to sign the Free and Informed Consent Form.

RESULTS

The Chart 1 indicates the name of the self-reported disabilities corresponding to the participants interviewed. Of the 21 research participants, 13 are female and eight are male, with a mean age of 27 years old among the students and of 39 among the employees.

The perception of disabilities for people with physical disabilities will be presented below, organized into three central ideas: Attitudes and preconceptions understood in four central ideas; and Autonomy achieved through two central ideas.

Chart 1 – Self-reported disabilities of the participants interviewed.
Florianópolis, SC, Brazil, 2019.

Self-reported disability
Myasthenia gravis and Muscular myopathy
Paraplegia
Muscular dystrophy
Right upper and lower limb hemiparesis Right hand agenesis
Paraplegia
Transtibial amputation
Severe joint disorder and severe discopathy
Cerebral palsy
Myelomeningocele
Achondroplastic dwarfism
Right lower limb monoparesis
Arthrogryposis
Amputation of 2 nd and 3 rd right fingers
Total LLL amputation
Complex regional pain syndrome
Left forearm amputation
Active foot denervation, monoparesis and right lower limb monoparesthesia
Paraplegia
Monoparesis in left lower limbs
Thumb amputation
Congenital phocomelia

Disabilities for me, as a person with a disability

Below we present the collective discourse referring to the concept of disabilities for people with physical disabilities, in terms of the following: Body limitation; Environmental limitation; and Being different.

For some subjects, their disability is inherent to their body; it is a limiting condition that precludes them from normally performing everyday tasks.

Disability is a classification that means lack, incompleteness of some structure, or inadequate functioning. It's what limits me, what prevents me from doing, in a standard way, something that I'd normally do if I didn't have a disability. Having a disability is not fitting the standard aspect of society. In this sense, my disability is intrinsic to my own self (CSD01).

Other subjects conceptualized disabilities as limitations imposed by the environment and by society:

Disability is a limitation due to barriers present in the environment, barriers of all kinds, whether architectural, technological or social, that will influence the possibility of me being included and having autonomy (CSD02).

Likewise, some subjects referred to disabilities as something that differentiates them from other people, and that such difference has no power to disqualify them.

My disability is something that makes me different from other people, and this difference can bring me some limitations, but this isn't capable of making me inferior or making existing things in life less possible. I can do everything (CSD03).

Attitudes and preconceptions

Regarding other people's attitudes and the preconceptions experienced by individuals with disabilities, by means of CSD it was observed that disabilities are also a taboo.

In the collective discourse presented below it can be understood that, depending on the environment, prejudice can be more or less vivid, and that the University is a discussion and knowledge space where preconception can appear with less intensity:

I never felt discriminated against due to my disability. I felt it more when I was a child, that thing about pity, but that's in low educated people, which is not the case of the University (CSD04).

Below, people with disabilities are seen as incapable in the work environment; in other words, disabilities represent a defining characteristic of the subjects:

I never went through that in the University, but outside. People think that I'm only going to talk about my disability. The first thing they think about is: "How is he going to do it", people think that your brain doesn't work, that your disability limits everything. I even got to hear this phrase: "Wow, what does this company have in mind, this is no place to put a cripple to work". The person is still seen as incapable, not completely incapable, but there are always those who think that a person with a disability is not the best choice to do a given job, at that moment we fall into blind discrimination (CSD05).

The discourse below reveals that welfarism, which is a way of providing assistance, in this case to people with disabilities, is present in the educational institution. It is necessary to assist at some moments; however, providing continuous assistance is not solving the problem and a factor that directly affects the life of people with disabilities.

Here at the University, what makes me uncomfortable is that there are still many people that want to help, but they don't solve the problem. We do some workarounds here, we solve it, we find a way, but what if another student who uses a wheelchair comes in? Or even coming to need a wheelchair for a limited period of time? It's not just my issue, it's everybody's issue, anyone can

need it, professor, administrative technician, students, visiting professors, one thing that's missing is this sensitivity (CSD06).

In the discourse below it is noticed that the new causes curiosity and strangeness at the same time. This fact can be perceived when people with disabilities are the target of certain looks and preconceptions.

When people notice my disability, it seems like I'm something from another world, every time I'm stared at in the street, people stare at me as if I have a problem. I notice that in queues, when I get up, because I can move, people look at me strangely. Sometimes I notice it when I'm getting into a car; then people see me and doubt if they should offer help or not. I was the first person in my family to finish graduate studies and I notice that it ends up making people uncomfortable, like: "she can do things with one leg that I can't do with two", so there's this prejudice that's very latent, for me, sometimes, it's difficult to recognize this preconception because they're veiled things (CSD07).

Autonomy

The subjects were asked what autonomy would be for them. The discourse that conceptualizes relative autonomy for people with physical disabilities was unanimous.

It reveals that, for some subjects, autonomy means being free. It is having due conditions to perform one's tasks and wishes regardless of the difficulties.

For me, autonomy is thinking about doing and just doing it. It's having conditions, being able to come and go. It's for me to feel good, a person that's alive and, regardless of the difficulties, autonomy is the sensation of freedom. It's having control, choosing the path that I'm going to follow, making my own choices, and organizing myself with what I have. It's recognizing my own individualities and seek better ways to develop activities in terms of what I intend to do. It's for me to be able to do things to the extent possible by myself and that this is enabled both by the environment and by people (CSD08).

Exercising autonomy

Referring to how to exercise autonomy, the participants were asked how, as people with physical disabilities, they exercise their autonomy both in the University and in society.

For people with disabilities, exercising their autonomy means making choices, being able to decide what to do and how to do it with their restrictions:

I put my autonomy into practice by going to the University and staying there all day. I also go where I want because it's something that I wouldn't do if I was living with my parents (CSD09).

I lead a normal life, with the restrictions that my body imposes on me, but my soul and mind are free. Autonomy means being myself, being able to continue living as myself, the way I like, even with the physical restrictions or asking for help. When I know that I can do my tasks and when I decide to do them, that's autonomy (CSD10).

For people with disabilities, information is necessary to show society that they can and are able to exercise their citizenship. The discourse below shows that, to exercise autonomy, it is necessary to generate information.

I take part in studies with disabled people, that allows the community to understand who we are, what we need and what we want. I exercise my autonomy making people think about what disabilities are, I instill that notion in them, that awareness that, as a person with a disability, I do have my autonomy. The more people recognize, work and live with disabled people, more collective awareness will be raised (CSD11).

All people have potentialities and weaknesses, whether or not they have disabilities. The discourse below reveals that, to exercise their autonomy, people with disabilities embrace any and all opportunities to struggle for it.

I exercise autonomy by trying to seize as many opportunities and knowledge as possible and committing myself more and more. I give my best and, at the same time, I recognize my potentialities and weaknesses in relation to other people and other demands (CSD12).

Although some statements cited how to exercise autonomy, one participant mentioned not doing so, because he often had to ask for help from third parties.

I can't fully exercise my autonomy in the University at no time, I always need help for something (CSD13).

DISCUSSION

Despite the social conquests and progress with regard to the rights that are guaranteed to people with disabilities, it seems important to maintain and improve criticisms of the medical and social approaches to disabilities. According to the Statute of Persons with Disabilities¹⁶, the assessment of disabilities must be both medical and social; whereas the first emphasizes the body functions and structures to characterize the disability, the second considers the environmental and personal factors involved. According to the Statute, both should take into account the limitation in terms of performance of activities according to their specificities¹⁷.

Historically, the understanding of disabilities as a phenomenon within the scope of pathology became known as the Medical Model of Disability. From this perspective, the disadvantage experienced by people with disabilities is the effect of natural disadvantages inherent to the body contours and, therefore, their impairments are recognized as private misfortunes, a personal tragedy⁴.

Based on this context, CSD01 brought up disabilities as inherent to the body, the body limitation, corroborating the narrative of modern medical rationality that focused on the knowledge of a healthy individual and on a definition of the model individual, taking a normative stance in the management of human existence. Medicine started to distribute suggestions and govern the physical and moral relationships of individuals and society⁴.

This same historical moment was also marked by the consolidation of Capitalism as the dominant mode of production, which not only brought about economic transformations, but also in the political and social relations and in subjectivation of the subjects. These transformations placed human beings at the center of the world, generating a certain sense of individualism and independence that prevailed in the social development of the time and generated changes of a political, religious and cultural nature and in the way of doing and thinking science. Capitalism also established the importance of the individual as a productive being, capable of working, generating surplus value and consuming. In this economic system, the valued body is the one capable of placing itself within this circuit⁴.

In this context, we notice that the culture and beliefs of the medical model are still present today, influencing even people with disabilities. While for some disability is still inherent to the body, for others it is a limitation imposed by the environment and society. This thought is confirmed by CSD02.

The second half of the 20th century, particularly the 1960s, 1970s and 1980s, brought about counterculture movements, minorities and a struggle for equal human rights, with strong criticism of preconceptions and current political discourses. It was at this historical moment, therefore, that a new political, social and theoretical perspective in relation to disabilities emerged and was consolidated, which came to be called the Social Model. Regarding these movements, it is noted that each minority group sought to claim its own identity and rights before the State, which had, and has, a tendency to homogenize social reality⁴. Based on this, people with disabilities struggled to remove the burden of disability imputed to them and blame society for not being prepared to receive them.

The period that began in the second half of the twentieth century produced profound changes in social organization, to the point of considering the beginning of what many call Post-Modernity. This implied a new conception of human beings, of society and of globality, mainly permeated by the complexity that the current situation imposes. It is a period of diversity, and this new context contributes to changes in scientific production and social perspectives regarding cultural phenomena⁴. This paradigm shift is observed in the third concept of disability addressed by people with disabilities in this study. Disability became a feature that is not capable of labeling people, but merely something that differentiates them as individuals.

However, even with statements that mention the concept of disability as a difference, it is noticeable that society still does not think in the same way. Prejudiced attitudes are approached by people who experience disability as something that depends on the culture. Such attitudes were not very evident within the University because it is a place that provides information on the theme; however, outside it, more specifically in the work environment, disability was approached as something that defines a person.

Lack of Information is one of the main elements that foster preconception and it is essential to fight against it for the inclusion of people with disabilities¹⁸. Disseminating information is an important tool for social development. In view of this, holding lectures with the objective of demystifying concepts and raising awareness among individuals is one of the actions of major importance in the inclusive process.

Welfarism was approached as a form of prejudice observed at the University; this view confers them a minimum of dignity through value and goodwill practices. This behavior reinforces the image of people with disabilities as needy and dependent on help¹⁹; and ableism is seen as a form of oppression and prejudice due to (in)adequacy of the bodies to an ideal of beauty and functional capacity that prevails over the life of all people who differ from this ideal, although more strongly for people with disabilities²⁰. Mello²¹ suggests the term “ableism” to define the discrimination process experienced by people with disabilities based on a normative ideal of ability.

In the socialization context, the University is a rich environment and this facilitates or hinders, depending on the social context, the inclusion of a person with a disability. At first it raises curiosity and attention from others due to their differences. However, it is naturalization of this difference that produces dichotomous hierarchies (equal/unequal, capable/incapable, normal/abnormal, healthy/disabled, better/worse) making it difficult for this person to be included among their peers²².

Curiosity and the looks that often hurt need to be worked on by the professors or bosses/leaders and superiors, as it is necessary to create an environment of acceptance in the face of their potential, differences and weaknesses, creating an atmosphere of extreme respect to each other and to life itself²².

In this context, respecting people with disabilities means respecting their autonomy and providing for the exercise of their citizenship. People can only reach the citizenship level, a bond of union between different groups, with pluralistic and differentiated citizenship; in other words, multicultural citizenship. With that, it is not necessary to agree with a stance to respect it, but to understand that it reflects a moral point of view that is not shared, but respected in another person^{23:140}.

The above corroborates the concept of autonomy for people with physical disabilities evidenced by this research in the collective subject discourses. For these people, autonomy is referred to as the freedom to carry out their wishes and tasks, and that these are made possible by society.

For people with physical disabilities, the exercise of autonomy was highlighted during the process of making choices, in line with the concept of autonomy. At the same time, the exercise of autonomy was proven by information actions since, as already explained, dissemination of information is an important social development instrument¹⁸.

The process of making choices is permeated by responsibility for the decisions made. In this sense, autonomy would be based on the freedom to position oneself with responsibility and equality in the face of what society proposes. In this sense, society has the possibility of providing the autonomy of a person with a disability based on the assumption that this person has responsibility for their actions and, consequently, autonomy to carry out their activities, enabling their citizenship. Thus, society is only able to understand a disabled person as an individual with responsibilities and autonomy from the development of collective conscience through information.

At the same time, people with physical disabilities exercise their autonomy by embracing the opportunities given to them, seeking knowledge and understanding that, even with their limitations, they are able to perform their tasks successfully. However, opportunities will only be granted if society proves to be free of attitudinal barriers such as ableism, recognizing a disabled person as an individual with autonomy.

In this context, we observe that exercising autonomy is nothing more than the minimum value, understood as minimum ethics by philosopher Adela Cortina, those values that are shared by everyone and which make up the minimum of justice in a pluralistic society²⁴.

Finally, the last discourse pronounced in this study – not exercising autonomy – can be recognized from the perspective of relative autonomy. Such autonomy is relative because it appears in everyday life in the face of external impositions that are barriers which limit the actions of some people with disabilities; impositions that can be opening doors or storing materials, among other tasks in which they need help from another person to carry them out.

However, when needing a third party, in their own way, the person will exercise autonomy, as being autonomous means making choices responsibly⁹. The objective of ethics cannot be any other than that of forming human beings capable of making autonomous and responsible decisions about things, and doing so because they think that this is their duty and not for any other non-moral motivation, such as obedience, comfort, convenience or satisfaction. The purpose of ethics is to promote post-conventional and mature human beings⁹.

When we talk about post-conventional human beings, we come across Lawrence Kohlberg's Theory of Moral Development. This psychologist became notorious for his research studies on morality because he focused on the moral trends established by Piaget, but in the field of science; he advanced in the sense of expanding and creating typologies that became references for theoretical and practical studies.

Kohlberg²⁵ considers the existence of universalizable moral values that are embedded in human behavior at the end of an invariable sequence of stages. In this sense, the proposal to educate oneself morally arises because of the need to establish ethical criteria for coexistence in society.

When in the post-conventional level, a person understands and accepts the rules of a society in their entirety, but accepts them because certain moral principles are in line with their virtues. If one of these principles enters into conflicts with the rules of society, the individual will make a judgment based on that principle and not on social convention (they understand the norms in their relativity)²⁶.

Therefore, exercising autonomy is much more than pure physical independence; it is acting responsibly, exercising citizenship and fighting for ideals, for accessibility according to one's own choices. It can be stated that in living in society, at many moments our autonomy is relative, whether or not we have a disability, as we are beings who need to live together and share attitudes and actions to reach our completeness as human beings.

CONCLUSIONS

Through this manuscript we know the view of people with disabilities about their own disability; the potentialities/strengths and inability/weaknesses faced by people with disabilities in the university environment; and the perception about the exercise of autonomy.

Disabilities are perceived as a body limitation, in line with the medical model of disability that focuses the responsibility for exercising their autonomy exclusively on the person's body. However, others see as a limitation imposed by society, approaching the social model of disability, which establishes that society can be responsible for both inclusion and exclusion of people with disabilities.

The potentialities/strengths can be observed in the exchange spaces and in the information provided by the University, at the same time that inability/weakness is perceived in the preconception, welfarism and the entire ableism faced by people with disabilities.

In this sense, lack of information is one of the main elements that foster preconception, and it is essential to fight against it for the inclusion of people with disabilities.

Disseminating information is an important tool for social development, which meets the Sustainable Development Goals (SDGs), a global agenda adopted during the United Nations Summit on Sustainable Development in September 2015 and consisting of 17 goals and 169 targets to be achieved by 2030. This agenda includes global actions in several areas, but we can highlight one of them here: reduction of inequalities. In this sense, promoting information with the objective of demystifying concepts and sensitizing individuals is an action of major importance in the inclusive process and one of the ways in which people with disabilities exercise their autonomy, bringing information and showing society that they have autonomy and that they are able to successfully carry out their activities, at their pace.

As a limitation of this study we can point out the difficulty inviting people to the research. The University has a confidential system, that is, the researchers did not have access to the names of people with disabilities who are linked to the University. Dissemination of the research study was only possible with the help of sectors from the University, such as the Secretariat for Affirmative Actions and Diversities, the Educational Accessibility Coordination Office and the Dean Office for Development and People Management, which sent email messages to potential research participants. We also point out regionalization as a limitation. We believe that if this methodology is replicated to other regions of the country and universities, different research results may emerge.

REFERENCES

1. Rodrigues APN, Lima CA. A história da pessoa com deficiência e da educação especial em tempos de inclusão. *Rev Interterritórios* [Internet]. 2017 [cited 2020 Mar 20];3(5):1-13. Available from: <https://periodicos.ufpe.br/revistas/interterritorios/article/view/234432/27604>
2. Augustin I. Modelos de deficiência e suas implicações na educação inclusiva. In: *Seminário de Pesquisa em Educação, IX, 2012, Caxias do Sul* [Internet]. Anais. Caxias do Sul, RS(BR): ANPED Sul; 2012 [cited 2020 Oct 2]. 6 p. Available from: <http://www.espanholacessivel.ufc.br/modelo.pdf>
3. Lopes PH. "Eu posso ser mãe, sim": processos de significação acerca da gestação e da maternidade de mulheres com deficiência [dissertação]. Florianópolis, SC(BR): Programa de Pós-Graduação em Psicologia, Universidade Federal de Santa Catarina; 2018. 183 p.
4. Bisol CA, Pegorini NN, Valentini CB. Pensar a deficiência a partir dos modelos médico, social e pós-social. *Cad Pesquisa* [Internet]. 2017 [cited 2021 May 3];24(1):87-100. Available from: <https://doi.org/10.18764/2178-2229.v24n1p87-100>

5. França TH. Modelo Social da Deficiência: uma ferramenta sociológica para a emancipação social. *Lutas Sociais* [Internet] 2013 [cited 2021 Jun 3];17(31):59-73. Available from: <https://doi.org/10.23925/lis.v17i31.25723>
6. Diniz D. O que é deficiência. Coleção Primeiros Passos. São Paulo, SP(BR): Brasiliense; 2007.
7. Bampi LNS, Guilhem D, Alves ED. Modelo social: uma nova abordagem para o tema deficiência. *Rev Lat Am Enfermagem* [Internet]. 2010 [cited 2020 May 5];4(18):816-23. Available from: <https://doi.org/10.1590/S0104-11692010000400022>
8. Carvalho FMF, Campos-Jr O, Pessini L. Direito individual e coletivo à saúde: uma reflexão sobre o ar respirado nos grandes centros urbanos. *Ensaios e Ciência: Ciências Biológicas, Agrárias e da Saúde, Sã* [Internet]. 2012 [cited 2020 May 5];16(3):59-70. Available from: <https://www.redalyc.org/pdf/260/26029237006.pdf>
9. Gracia D. La construcción de la autonomía moral. Parte I. *Rev Hosp Ital B Aires, Madrid* [Internet]. 2012 [cited 2020 May 5];32(1):1-11. Available from: https://www1.hospitalitaliano.org.ar/multimedia/archivos/noticias_attachs/47/documentos/11750_10-bioetica2%2032-1-12%20OK.pdf
10. Mazera MS. História de vida de estudantes universitários com deficiência motora. [Trabalho de Conclusão de Curso]. Florianópolis, SC(BR): Curso de Graduação em Enfermagem da Universidade Federal de Santa Catarina; 2017. 74 p.
11. Monforte J, Úbeda-colomer J, Smith B, Foster C. Infografía sobre actividad física para personas adultas con discapacidad. *Rev Esp Discapacidad* [Internet]. 2019 [cited 2021 Oct 5];7(1):257-65. Available from: <https://doi.org/10.5569/2340-5104.07.01.14>
12. Andrade SR, Ruoff AB, Piccoli T, Schmitt MD, Ferreira SA, Xavier ACA. O estudo de caso como método de pesquisa em enfermagem: uma revisão integrativa. *Texto Contexto Enferm* [Internet]. 2017 [cited 2021 May 5];26(4):e5360016. Available from: <https://doi.org/10.1590/0104-07072017005360016>
13. Ruoff AB, Andrade SR, Piccoli T. The analysis process of preventable cases of child and fetal death: Single-case study. *Texto Contexto Enferm* [Internet]. 2018 [cited 2021 Jun 4];27(4):e4030017. Available from: <https://doi.org/10.1590/0104-07072018004030017>
14. Bonilha ALL, Oliveira DLLC. A entrevista na coleta de dados. 11th ed. Porto Alegre, RS(BR): Moriá; 2016.
15. Lefevre F, Lefevre AMC. Discourse of the collective subject: Social representations and communication interventions. *Texto Contexto Enferm* [Internet]. 2014 [cited 2021 Apr 2];23(2):502-7. Available from: <https://doi.org/10.1590/0104-07072014000000014>
16. Brasil. Lei n. 13.146, de 6 de julho de 2015: Institui a Lei Brasileira de Inclusão da Pessoa com Deficiência (Estatuto da Pessoa com Deficiência) [Internet]. Brasília, DF, 6 jul. 2015 [cited 2020 May 6]. Available from: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2015/lei/l13146.htm
17. Gaudenzi P, Ortega F. Problematizando o conceito de deficiência a partir das noções de autonomia e normalidade. *Ciênc Saúde Coletiva* [Internet]. 2016 [cited 2021 Jun 4];21(10):3061-70. Available from: <https://doi.org/10.1590/1413-812320152110.16642016>
18. Santos JVP, Santos TLB, Souza AAA, Veroneze RB. Políticas de inclusão de pessoas com deficiência no mercado de trabalho: uma análise sobre o caso de Lavras (MG). *Rev Foco* [Internet]. 2015 [cited 2020 May 12];8(2):4-15. Available from: <https://doi.org/10.21902/jbslawrev.%20foco.v8i2.219>
19. Silveira FB. Propaganda, estereótipo e a pessoa com deficiência [Trabalho de Conclusão de Curso]. Porto Alegre, RS(BR): Curso de Especialização Biblioteconomia e Comunicação, Universidade Federal do Rio Grande do Sul; 2016. 72 p.

20. Panisson G, Gesser M, Gomes MA. Contribuições dos estudos sobre deficiência para atuação de psicólogas(os) na política de assistência social brasileira. *Quad Psicol* [Internet]. 2018 [cited 2020 Aug 6];20(3):221-23. Available from: <https://doi.org/10.5565/rev/qpsicologia.1458>
21. Mello AG. Disability, inability and vulnerability: On ableism or the pre-eminence of ableist and biomedical approaches of the Human Subjects Ethics Committee of UFSC. *Ciênc Saúde Colet* [Internet]. 2016 [cited 2021 Aug 7];21(10):3265-76. Available from: <https://doi.org/10.1590/1413-812320152110.07792016>
22. Uchoa AR. Inclusão escolar: a acolhida de pessoas com deficiência no ensino regular. *Congresso Internacional da Faculdades Est* [Internet]. 2014 [cited 2021 Aug 7];2:228-239. Available from: <http://anais.est.edu.br/index.php/congresso/article/download/223/199>
23. Cortina A. *Cidadãos do mundo: para uma teoria da cidadania*. São Paulo, SP(BR): Loyola; 2005.
24. Cortina A. *Ética mínima: introdução a filosofia prática*. São Paulo, SP(BR): Martins; 2009.
25. Kohlberg L. *Psicologia del desarrollo moral*. Bilbao (ES): Ed. Desclée de Brouwer, S.A.; 1992.
26. Carvalho JCB, Almeida SFC. Desenvolvimento moral no ensino médio: concepções de professores e autonomia dos alunos. *Psicol Argum* [Internet]. 2011 [cited 2021 Jun 5];29(65):187-99. Available from: <https://periodicos.pucpr.br/index.php/psicologiaargumento/article/view/20275/19549>

NOTES

ORIGIN OF THE ARTICLE

Extracted from the dissertation – “The influence of accessibility on the autonomy of people with disabilities in a Federal University”, presented at the Graduate Program in Nursing of *Universidade Federal de Santa Catarina*, in 2020.

CONTRIBUTION OF AUTHORITY

Study design: Mazera MS, Schneider DG, Padilha MI.

Data collection: Mazera MS.

Data analysis and interpretation: Mazera MS, Schneider DG.

Discussion of the results: Mazera MS, Schneider DG.

Writing and/or critical review of the content: Mazera MS, Schneider DG, Padilha MI, Amadigi FR, Bruggmann MS.

Review and final approval of the final version: Mazera MS, Schneider DG, Padilha MI, Amadigi FR, Bruggmann MS.

FUNDING INFORMATION

We wish to thank the support provided by *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES, Brazil) – Funding Code 001 and the PROEX/CAPES scholarship granted to Maiara Suelen Mazera – Process No. 88887.481816/2020-00.

APPROVAL OF ETHICS COMMITTEE IN RESEARCH

Approved by the Ethics Committee in Research of *Universidade Federal de Santa Catarina*, opinion No.3,321,776 and Certificate of Presentation for Ethical Appreciation No. 06189418.7.0000.0121.

CONFLICT OF INTEREST

There is no conflict of interest.

EDITORS

Associated Editors: Jaime Alonso Caravaca-Morera, Ana Izabel Jatobá de Souza.

Editor-in-chief: Elisiane Lorenzini.

TRANSLATED BY

Leonardo Parachú.

HISTORICAL

Received: July 19, 2022.

Approved: November 16, 2022.

CORRESPONDING AUTHOR

Maiara Suelen Mazera.

maiamazera@gmail.com

