RIASE
REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

SOCIAL REPRESENTATIONS OF SPECIAL PATIENTS BUILT BY DENTAL STUDENTS

REPRESENTAÇÕES SOCIAIS DE PACIENTES ESPECIAIS CONSTRUÍDAS POR ESTUDANTES DE ODONTOLOGIA

REPRESENTACIONES SOCIALES DE PACIENTES ESPECIALES CONSTRUÍDAS POR ESTUDIANTES DE ODONTOLOGIA

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Received/Recebido: 2020-10-05 Accepted/Aceite: 2021-02-26 Published/Publicado: 2021-04-30

DOI: http://dx.doi.org/10.24902/r.riase.2021.7(1).466.39-55

VOL. 7 NO. 1 APRIL 2021

ABSTRACT

Aim: Based on Moscovician's tradition, apprehend social representations (SR) about patients with special needs built by odontology students at a private university (RJ/Brazil), to explore the experience in the Clinic for Special Needs Patients Treatment subject (CAPE).

Method: 33 semi structured interviews were carried out with students before and after the CAPE's experience. The corpus was processed by basic lexicography, with the aid of the program IRaMuTeQ®.

Results: The analysis breed five classes grouped in two direction axes: care and deficiency and society. Concerning about care different anchor points for the students before and after the CAPE's experience lead to a contrast between a knowledge influenced by stereotypes and a close reality. Overall, the idea of integration overlaps the inclusion, prompting the students to a conception pervade by the normalization ideology.

Conclusion: The social imaginary's influence and the burden of the affective dimension on the construction of the SR were enlightened in the present study. The CAPE's experience made it possible the development of new attitudes and practices regarding this group, overshadowing prejudices that hamper the process of integral care.

Keywords: Graduation; Odontology; Patients with Special Needs; Social Representation Theory.

RESUMO

Objetivo: Com base na tradição moscoviana, pretende-se compreender as representações sociais (RS) sobre pacientes com necessidades especiais construídas por alunos de odontologia de uma universidade privada – Rio de Janeiro (Brasil), no sentido de utilizar essa experiência na disciplina de Especialidades de Clínica de Assistência ao Paciente (CAPE).

Método: Foram realizadas 33 entrevistas semiestruturadas com os alunos, antes e depois da vivência do CAPE. O corpus foi processado através da técnica lexicográfica básica, com o auxílio do programa IRaMuTeQ®.

Resultados: A análise gerou cinco classes agrupadas em dois eixos de significação: cuidado e deficiência e sociedade. Relativamente ao cuidado, diferentes pontos de vista dos alunos, antes e depois da experiência do CAPE, produzem um contraste entre o conhecimento influenciado por estereótipos e uma realidade próxima. Em geral, a ideia de integração se sobrepõe à de inclusão e leva os alunos a pensamentos impregnados da ideologia da normalização.

Conclusão: A influência do imaginário social e o peso da dimensão afetiva na construção das RS foram detalhados neste estudo. A experiência no CAPE tem permitido o desenvolvimento de novas atitudes e práticas em relação a esse grupo, superando preconceitos que dificultam o processo de atenção integral.

Palavras-chave: Graduação; Odontologia; Pacientes Especiais; Representações Sociais.

RESUMEN

Objetivo: Sobre la base de la tradición moscoviciana, comprender las representaciones sociales (RS) sobre pacientes especiales construidas por alumnos de odontología de una universidad privada – Río de Janeiro (Brasil), para utilizar esta experiencia en la asignatura de Clínica de Atención a Pacientes Especiales (CAPE).

Método: Se realizaron 33 entrevistas semiestructuradas con alumnos, antes y después de experimentar la CAPE. El corpus ha sido procesado a través de la técnica lexicográfica básica, con la ayuda del programa IRaMuTeQ®.

Resultados: El análisis generó cinco clases agrupadas en dos ejes de sentido: cuidado e discapacidad y sociedad. Con respecto al cuidado, distintos puntos de vista de los alumnos, antes y después de la experiencia en la CAPE, producen un contraste entre un saber influenciado por estereotipos y una realidad cercana. Por lo general, la idea de integración se sobrepone a la de inclusión y lleva a los estudiantes a pensamientos impregnados de la ideología de la normalización.

Conclusión: La influencia del imaginario social y el peso de la dimensión afectiva en la construcción de las RS se han detallado en este estudio. La experiencia en la CAPE ha permitido el desarrollo de nuevas actitudes y prácticas en relación con este grupo, superando prejuicios que dificultan el proceso de atención integral.

Descriptores: Graduación; Odontología; Pacientes Especiales; Representaciones Sociales

INTRODUCTION

The difficulties of health professionals in dealing with patients with some type of disability reflect in the relationship of society with this group and are the result of the historical legacy and the lack of information, which permeate this relationship, generating prejudice and unpreparedness(1,2).

In dentistry, this problem is intensified due to training centered on technical-surgical procedures, lack of experience in multidisciplinary teams and the inadequacy of dental curricula in relation to the demands and needs of people with disabilities(3), creating difficulties for a comprehensive approach to patients(4).

From these considerations, and from the teaching experience in the discipline of care for patients with special needs (PSN), the following question was developed: Can the care for patients with special needs in dentistry graduation facilitate the qualification of dental surgeon (DS) for new demands, contributing to the integral training of professionals and influencing the social inclusion process of these individuals? In this perspective, an investigation was carried out in a psychosociological approach, based on the theory of Social Representations (TSR)(5) to apprehend and to analyze the social representations (SR) that students from the dentistry course of a private university-RJ have about PSN, before and after the course. From the comparison of these results, the objective is also to verify how the representations have guided the students' attitudes and practices in relation to PSN, aiming at supporting future interventions.

Theory of Social Representations

According to Wagner and Heyes(6), an SR is not a description that may be true or false. On the contrary, it can be understood as an elaboration of ideas or facts that have reliable truth. Due to their symbolic character, SRs are between the individual and the social world and endow objects and facts with a unique social meaning. In this way, they convert raw facts into social objects that populate the groups' living space. These constructions should only be considered SR when they become predominant, even if they are not completely shared by members of a culturally distinct group within society. A complete consensus is not necessary; however, there must be a broad base of consensus among the members of a social group.

The perception of different objects implies a cognitive trajectory crossed by the individual and social psyche giving rise to two processes, which show the interdependence between psychological activity and the conditions of its exercise, which Moscovici(7), when proposing TSR, called it objectification and anchoring. The one giving an intelligible context to the object, associating it with a figure, making it concrete, palpable, reproducing a concept in an image, and giving this figure a sense, making it familiar, through integration with a social thought pre-existing and a broad experiential domain that is not arbitrary, but which can be limited by the framework of common culture, and on a more general level through source ideas, image schemes, archetypes or themata, the basis of many cultures(6).

Through these two processes that presuppose a meta-system of social/normative regulations that intervene and direct the cognitive functioning system, the social transforms knowledge, information, experience into representation and this transforms the social(6).

Based on these issues and in view of the lack of studies that emphasize the psychosociological approach on the resistance and difficulty of health professionals, in particular, of the DSs in the attendance of the so-called PSN, it is considered pertinent to know how the PSN is represented by this group in order to identify and to understand the reasons why some DSs treat PSN and others do not do it. Thus, the TSR reveals its full potential for a more pertinent and effective understanding of the attitudes and practices of the HC in relation to these individuals, from the identification of the various aspects on which the disability is anchored, and the production of knowledge to it assigned.

METHODOLOGY

In this essay, a methodological triangulation was used in the collection and analysis of data(8). The investigation started with an observation process, followed by the use of the structural and procedural approach to SR. The results will be presented in which it was sought to apprehend the formation processes – objectification and anchoring – of the SR, in an approximation of the meanings shared by the subjects trying to articulate them to their daily lives, in a network of meanings, built and disseminated through the communication that guides the action(9-11).

The subjects are undergraduate students in Dentistry at a private university in Rio de Janeiro, before and after attending the subject course of Clinical Care for Special Patients (*Clínica de Atendimento a Pacientes Especiais* – CAPE), for fulfilling the requirements of the objective of the study. The inclusion criterion used was the acceptance to respond to the instrument, after being informed of the objectives and implications of the work and signing the free and informed consent.

Semi-structured interviews were carried out with students who had not taken the course yet (1st, 2nd, 3rd and 6th semesters) and with those ones who had already taken and who were taking the courses (7th and 8th semesters).

Then, the process of transcribing and editing the interviews was initiated, in order to proceed with textual analysis, with the aid of the IRaMuTeQ® software, which allows statistical analysis of textual *corpus* and tables(12,13), using mining methods text (MMT).

In this process, the texts are recognized, which will constitute the *corpus* which is monothematic and its first segmentation is done in reduced forms, grouping them according to their roots. Then, the occurrence of these reduced forms is calculated, identifying the active and supplementary forms. Then, segments of text (ST) are obtained according to the vocabulary similarities, and the set of ST is divided according to the frequency of the reduced forms, using the chi-square test (X^2) as a parameter. The higher the X^2 is the more significant its relationship in the class and the more improbable its presence in another class of the partition, which is called the descending hierarchical classification (DHC). When the obtained classes reach stability, that is, they are composed of ST with vocabulary similar and different from those found in the other classes, the DHC is ready.

Then, classes were nominated, based on two criteria: the symbolic value for the semantic context of the class and the guarantee of a confidence greater than 99% for the association between forms and classes, which corresponds to an $X^2 \geq 7.68$(14), aiming at the global meaning of that class, in an exercise of interpretation by the researcher(15).

This essay was approved by the Research Ethics Committee of Unigranrio-RJ, filed under no. 0107.0.317.000-11, having been observed the principles of ethics in research established by the legislation of the country.

RESULTS AND DISCUSSION

33 participants were interviewed: 17 students distributed in the 1st, 2nd, 3rd and 6th semesters and 16 students in the 7th and 8th semesters; 26 females (79%) and 7 males (21%). The age varied between 18-27 years-old with an average of 23 years-old (SD = 4.6). Out of the total, 18 students (54.5%) reported previous contact with people with disabilities.

The interviews were identified and analyzed during the processing of the *corpus* by IRaMuTeQ®, being divided into 794 ST composed of 2,692 different forms. Lemmatized forms were generated, placing the verbs in the infinitive and the words in the singular masculine(13), generating 1,629 lexemes. Out of the 794 ST, the program classified 696 segments (87.66%), which were separated into five classes (Fig. 1↗), according to the DHC and the distribution of the forms of the class according to frequency and X^2.

In class 1, forms with frequency ≥ 9.26 and $X^2 \geq 7.68$ were considered. Most of the participants are female and professed the evangelical religion, with no significant differences in age and period in which they are enrolled.

Here, the construction of meanings is associated with aspects related to the interpretation that students have of the dental professional to treat PSN. *The representation precedes the action and predetermines it*(16:162) through its symbolic dimension centered on the meanings attributed to the objects, functioning as a grid for the interpretation and decoding of reality. It happens through the objectification processes, through its expression in images and metaphors, independent of social and psychological determinisms and the anchoring that determines the intervention of these determinisms in the genesis and transformation of SR(17).

Therefore, in the analysis of ST with the word professional in this class, there are three types of anchorage mediated by the existence or not of contact or previous care to these people.

In the first group there are the participants who had contact with a PSN prior to college. In this case, the meaning is based on a normative dimension of what the health professional should be like for this or any other service. In the second group there are those ones who have not had the experience of attending PSN, and most of them have had no previous contact outside of college. Among them, the senses are anchored in a positioning influenced by an idealized scheme about the professional who works in this area. In the group of students who have seen these patients, meanings that balance normative and human dimensions of the professional predominated, activated from the experience of the service. The examples of statements below serve as an illustration of the anchors mentioned:

- "I think that everyone has to understand the patient as a whole, no matter the disability that the patient has. I think that everyone has to see the professional and not only the personal side". (fem, ag. 26, 7th semester).
- "In my opinion, he's a hero. He is a hero, because not everyone wants to treat a special patient, who wants that person has better living conditions. It's not everyone… Not even the government sometimes helps with that". (fem, ag 20, 3rd semester).
- … "I don't think anyone, depends on whether he has what we said, love, affection… I think he can be, have training, try to understand and work". (fem, ag. 28, 7th semester).

These results are similar to those ones by Amaral *et al*(18), who were concerned with hearing dental students' verbalizations about the social inclusion of people with disabilities, where the responses that expressed pity and fear of interacting with the people portrayed in the examples, decreased after classes related to PSN and started to appear frequently associated with the category "willingness to contact or action", through the search for information to finally start to interact with the person.

The results of the structural approach to the representations used in the previous phase of the study corroborate these findings. This analysis made it possible to identify in the students of the 7th and 8th semesters, the presence of *affection* and *care* as components of the central nucleus in opposition to the *disease* and *care* in the students of the 1st and 2nd semesters. This finding highlights the affective dimension that goes through the students' SR, after contact in the clinic with the stories of life, suffering and overcoming, structuring the PSN's senses as different people who need affection and differentiated care.

Since SR is a practical knowledge that involves a symbolic construction that gives meaning, guides and leads social groups in their actions(19), the predominance of women and followers of the evangelical religion in this group helps to understand the mobilization of sensitivity, content generally associated with the female gender and strategies that facilitate their care, driven by the love for the human being, consistent with the professional's vision as a missionary anchored in the Christian-evangelical perspective.

In Class 2, the words with frequency ≥ 6.85 and $X^2 \geq 7.68$ were considered. Most of the participants are male, aged between 23 and 27 years-old, without religion, had no previous contact with PSN, attended the 7th and 8th semesters and attended PSN at college.

In this class, the speeches revolve around the patient, recognizing, although influenced by a fragmentary formation that relates disability with deviation from normality, that the individual in front of him is much more than a biological device with dysfunctions, considering him as a subject to be attended to and respected in their demands and needs.

Thus, the encounter with PSN in the clinic mobilizes normative and affective dimensions guiding students' actions towards care, the axis that guides the assimilation of novelty in these classes, in a process of collective circulation of information and meanings, allowing the naturalization of the object.

The contents are directly linked to the experience of care in the dental clinic of PSN as a novelty, previously not experienced, as in the examples:

- ..."You learn... I had never lived with a special patient. I assisted here for the first time. I didn't know what it was like, I had no idea". (fem, ag. 21. 7th sem).

Therefore, the assimilation of the PSN in the deficient category objectified in the image of the cerebral palsy serves as a reference for the students' action, as a problem. On the other hand, the experience of the service, as an unprecedented action, surprises the students' expectations, as it is, in most cases, peaceful and rewarding, as explained in the statement below:

- ..."I think it is a very important subject. I think that until today, the ones I've studied, no, they all are, they all have their own importance, but special patients was an experience that I would never have imagined having in college". (fem, ag. 22, 7th sem.).

The importance of this experience is also emphasized by Silva *et al*(4), where students after experiencing the attendance to SN showed great interest and suggested increasing the number of hours for monitoring and concluding the treatment.

Classes 1 and 2 make up an axis called care, since the identified statements are close to the issues involved in caring for these individuals (Fig. 1↗).

In Class 3, the words with frequency ≥ 7.62 and $X^2 \geq 7.68$ were considered. Most of the subjects, aged between 18 and 22 years-old, had previous contact with PSN in their daily lives, attended the first periods and did not attend PSN at college. Sex and religion did not contribute to the formation of this class.

In this class, the contents identified in the text segments refer to the deficiency, configuring themselves in the first image of the other, causing strangeness, for fear of the unknown, for prejudice, for seeing the other as different. The excerpt below serves as an example:

- "Ah, he, sooner or later he will be shocked because always, no matter how much people try not to show it, they look them differently and certainly he would comment that there was a different boy in the room". (fem, ag 19, 3rd sem).

According to TSR, in the face of the unknown, people anchor the observed phenomenon in known contexts, classifying or naming the stranger in common categories or images.

In this perspective, managing the fear in face of the real possibility of assistance, the student tries to classify the PSN in records that have the child as a referent. Emphasizing their fragility, they also explain the difficulty in dealing with family members or those responsible for carrying out the various procedures, due to the complexity of the patient, and the dependence on the family, as noted below:

- "I think most of them are afraid, a little afraid, like that... it's not fear, they don't know how to deal with these patients". (fem, ag 23, 3rd sem).
- "Depending on the disability, the parents' life will be to live with it, for the child, you know, taking care of him". (fem, ag 22, 7th sem).

In this sense, Ferreira *et al*(20:93) concluded that the contact of students with PSN *provides a transformation of initial feelings of fear, insecurity and pity, in a willingness to understand and to adapt themselves to the limits imposed by these services*, corroborating aspects of differentiated care that involves listening, a closer look at a person whose demand for care is multi-professional, as noted below:

- "I think you have to talk, you have to be patient, every time you have to explain what to do ... I think we have to do this role here. We have to play the role of dentist, psychologist, doctor, friend, everything". (fem, ag 21, 7th semester).

In Class 4, the words with frequency ≥ 17.48 and $X^2 \geq 7.68$ were considered. Most of the participants are male, attended the 2nd semester, professed the Spiritism religion and did not attend PSN in college. The age variable was not relevant.

In the speeches of this class, the principle that guides the students' representations are the similarities and differences between the meanings of normality and disability and meanings related to the difficulty of assimilating disability in social spaces.

This leads to a reflective process on the traditional conceptions of disability mediated by the word disease, such as a deviation from a pre-established pattern, and concepts based on the tenuous limit from the qualitative point of view between disability and normality. Down syndrome anchors the reframing of the meanings of disability and normality influenced by the media and by greater social contact with these individuals. Below are examples of statements that corroborate the above analysis:

- "There couldn't be a person with Down syndrome in a class where there are only "normal" people; he would have to go to a school for the disabled, with special needs". (fem., ag18, 3rd sem).
- "I think that talking about normality is difficult, isn't it? I've already read that the door of madness is ajar in everyone's head, do you see?". (masc, age 26, 8th sem).

Wagner and Heyes(6) point out the importance of the media in the incorporation of new elements, replacing the protagonism of personal conversations in the macro social discourse, constituting it as one of the epidemiological mechanisms that shape the contemporary mentality. This has been shown to be relevant in the assimilation of new content about PSN, disseminating information and facets of people with disabilities, mediating the construction of new meanings about these individuals.

The individual with Down syndrome who conquers new spaces in society and is present in the media symbolizes for the subjects of the class, as Arruda(10:59) points out, new meanings in *old transversalities*, which in the long run can provoke a structural change in representation(21).

This analysis is corroborated by the presence of central elements of the SR of students from the first periods who did not attend and present in the majority of this class: *attention*, *care*, *difficulty*, *illness* and *patience*, the first two being more closely related and the other three being related to differences between healthy and disabled, which reveal themselves as the hard core of representation, implicitly evoked when taking a position on disability issues.

This reasoning finds echo and is anchored in meanings elaborated in a Spiritism thought prevalent in the participants of this class, who sees man in this duality between prejudice and backwardness and the possibilities of progress and evolution from personal and collective effort, in the sense of a more fraternal society.

In Class 5, the words with frequency ≥ 12.61 and $X^2 \geq 7.68$ were considered. Most subjects aged between 18 and 22 years-old, female and from other religions, the semester of the student is not significant in this class.

In this class, the meaning of normality for the subjects is reflected in the students' view of disability, a phenomenon that nowadays circulates in the media, permeates conversations, and makes people think and discuss about it.

– "Nowadays things are much more open, people are much more educated; on the internet, people read a lot more, they know much more, television disseminates this more, trying to make this interaction of people with disabilities". (fem, ag. 32, 2nd sem).

A dichotomy is perceived between a view of pity and at the same time of admiration, the result of the perplexity of the participants' gaze in the face of the elaboration of the thought directed to the action in relation to the disability, in a society that still has a look very guided by prejudice with reference to this group as shown in the statements below:

– ..."Oh, poor girl! She is a wheelchair user, she is alone, there is no one accompanying her. How does she live? How does she take care of herself with things? Sometimes I think that she is alone". (fem, ag. 28. 7th sem).

- "I think people think that ... that woman who is shopping in the wheelchair is a warrior, you know, she overcomes the obstacles in life, right? And... She does her best... I think she is a warrior, I think people also think like that with a certain admiration, they look her with admiration". (fem, ag 21, 3rd sem).

In this sense, it is interesting to note that students have not incorporated the inclusion of these people in the social environment as a right of citizenship, focusing predominantly on family help as a central element of this process:

- "I think other people would think the same way as I do. I think a person like that wants or doesn't need help. I would think: Wow, is there anyone in her house to help her? – It's like that; they let her without help, without being close. I would think that way". (fem, ag 21, 7th sem).

The tendency to assume disability as the lack of something based on the quantification of intelligence is based on the assumption that disability is a "thing" and not a process that can be built in and through social interactions. In this perspective, the disabled person is always placed as inferior to the others, a being unable to achieve full development(22).

In addition to this, the lack of consistent social policies that effectively promote the inclusion of these people raises the imagination with the activation of socio-cognitive processes that guide behaviors, which can translate into attitudes of overprotection, possession and isolation, especially from the family. This hinders the development of autonomy, a central social value in the characterization of health(22).

In the analysis of the difficulties faced by the students, it is clear that the complexity of the service may be related to several other issues besides the knowledge and preparation of undergraduate students to work with PSN, also involving human aspects, moral, philosophical and psychological issues, similar to those of Jacomine *et al*(23), in signaling that the dentistry students evaluated in the study, most of them, upon graduation, reveal to have theoretical knowledge to attend the PSN, but still report difficulty and anguish in the attendance, concluding that the performance with the PSN presupposes, in addition to the technical training of students, awareness and predisposition to attendance.

This finding is easier to verify in the similitude analysis carried out previously, where the element disease is connected in the students of the first periods to *mentally disabled, down, aids, sad and pain, and in those of the last sincere, human, affection, assistance and care*. Such description translates a dynamic process between these elements, processed unconsciously, in an attempt to reconcile the social dimensions with the individual dimensions related to this object, giving an opportunity for its updating(24).

Classes three, four and five are part of an axis that was called disability and society since the contents observed in their constitution are related to the way of looking through which meanings about disability in social thought are constructed. In the set of the three classes, all variables are present (age, previous attendance or not and different religions), with some occasional differences according to the class, which gives the results considerable generality in the context of these classes (Fig. 1↗).

In this way, the disability and society axis brings together concepts, metaphors and images that, over time, have incorporated new meanings that can guide and guide students and future professionals in the face of the increasingly frequent interaction with the so-called PS, in a process of growing inclusion of these individuals in the social bosom, which may lead to a change over time in the representations about the object.

CONCLUSION

The construction of SR over PSN, which is an object of relevance in the health area and, in this essay, in dentistry, is configured in the amalgam between cognitive processes and social relationships, in the daily lives of different groups, guiding and assisting the action.

The differences and similarities between the participant's look and the other's look, contrasting deficiency and normality, are part of the students' SR in a psychological anchorage, in a socio-historical context, with conceptions ranging from deviation to limitation, most of them support the individuals with Down syndrome who have conquered new spaces in society.

In relation to the care for these individuals, the SR had different anchoring points between students who had previously experienced PSN care and those ones from previous semesters without this experience, leading to a contrast between knowledge influenced by stereotypes and a lived reality.

For the students of the first semesters, care is anchored in the professional idealized as a hero and enlightened, where calm and patience circumvent the difficulties of service. However, for students who have already attended, care is anchored in the practice of patient care, where contact and experience lead them to an approach of the same as a subject, mediated by the affection that this encounter awakens, respecting their demands and needs as a strategy to overcome difficulties in service. This leads to the development of new attitudes and practices towards this group, overcoming prejudices that hinder the comprehensive care process.

Another important aspect is the finding that the concept of integration overlaps that of inclusion, where the focus is on changes in the process of individual development and in the social context to adapt and to respond to the needs of these people, aiming at effective access and participation in life community.

These results showed the importance of knowing the representations for a broader understanding of the students' attitudes and practices related to the care of these patients, which can lead to better planning and conducting activities aimed at SN.

Programs that provide theoretical support and clinical care to these individuals, in a comprehensive approach, can trigger reflections that go beyond the service paradigm, aiming to contribute effectively so that inclusion does not become a meaningless signifier.

It was observed that the contact with PSN during graduation contributed to bring students closer to the reality of these individuals, enabling the construction of new meanings to guide their professional practice.

Thus, curricular models that incorporate this proposal can be a facilitating tool to overcome prejudices and technical and emotional difficulties, enhancing the training of humanistic, reflective and critical professionals with a practice based on ethical principles and understanding of social reality that can contribute to the effective construction of inclusive societies.

Authors Contributorship
CR: Study design, data collection, storage, data analysis, review and discussion of results.
LT: Study coordination and design, data analysis, review and discussion of results.
JG: Storage, data analysis, review and discussion of results.
All authors read and agreed with the published version of the manuscript.

Ethical Disclosures
Conflicts of Interest: The authors have no conflicts of interest to declare.
Financial Support: This work has not received any contribution grant or scholarship.
Provenance and Peer Review: Not commissioned; externally peer reviewed.

Responsabilidades Éticas
Conflitos de Interesse: Os autores declaram não possuir conflitos de interesse.
Suporte Financeiro: O presente trabalho não foi suportado por nenhum subsídio ou bolsa.
Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

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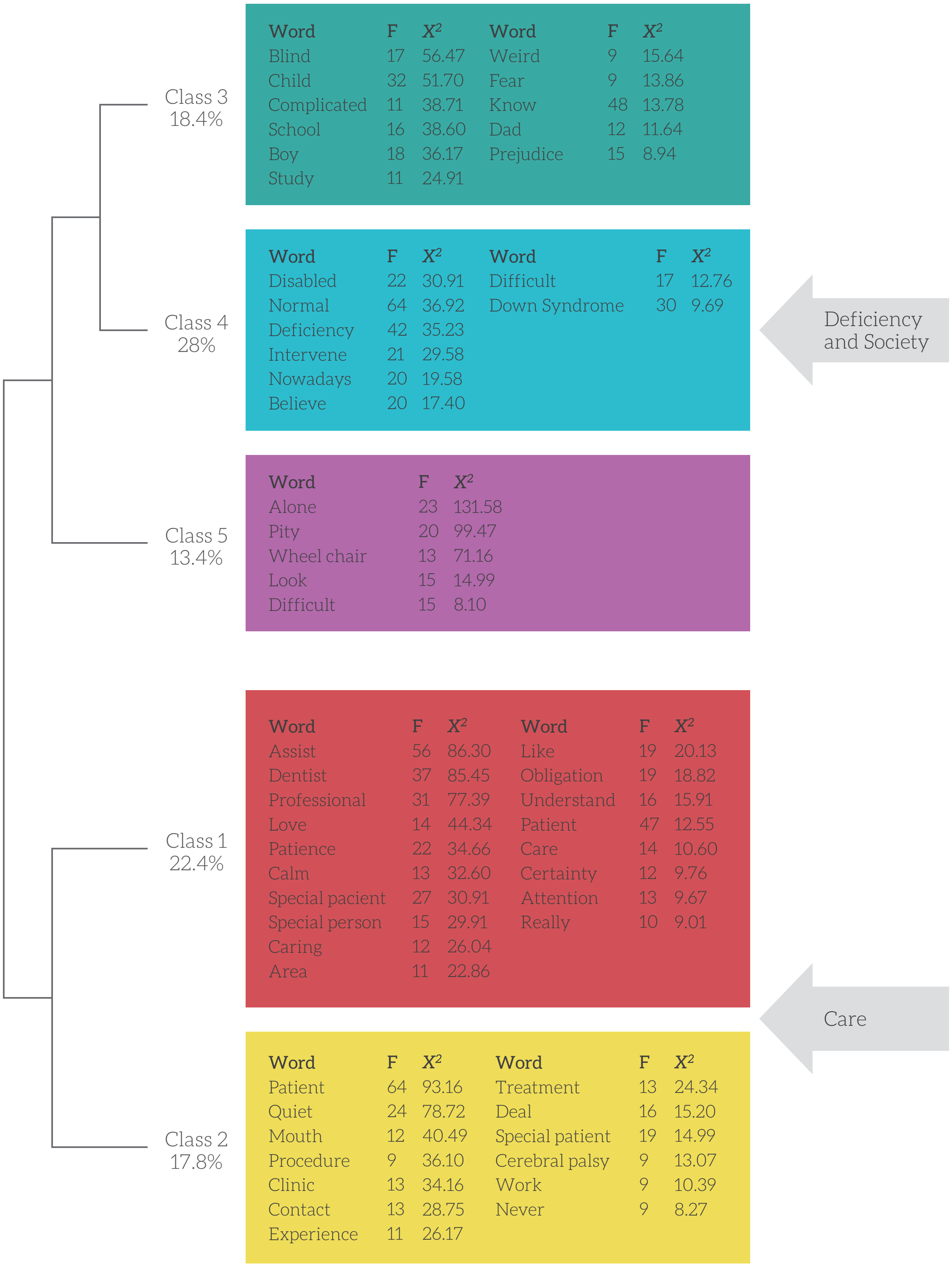

Word	F	X^2	Word	F	X^2
Blind	17	56.47	Weird	9	15.64
Child	32	51.70	Fear	9	13.86
Complicated	11	38.71	Know	48	13.78
School	16	38.60	Dad	12	11.64
Boy	18	36.17	Prejudice	15	8.94
Study	11	24.91			

Word	F	X^2	Word	F	X^2
Disabled	22	30.91	Difficult	17	12.76
Normal	64	36.92	Down Syndrome	30	9.69
Deficiency	42	35.23			
Intervene	21	29.58			
Nowadays	20	19.58			
Believe	20	17.40			

Word	F	X^2
Alone	23	131.58
Pity	20	99.47
Wheel chair	13	71.16
Look	15	14.99
Difficult	15	8.10

Word	F	X^2	Word	F	X^2
Assist	56	86.30	Like	19	20.13
Dentist	37	85.45	Obligation	19	18.82
Professional	31	77.39	Understand	16	15.91
Love	14	44.34	Patient	47	12.55
Patience	22	34.66	Care	14	10.60
Calm	13	32.60	Certainty	12	9.76
Special pacient	27	30.91	Attention	13	9.67
Special person	15	29.91	Really	10	9.01
Caring	12	26.04			
Area	11	22.86			

Word	F	X^2	Word	F	X^2
Patient	64	93.16	Treatment	13	24.34
Quiet	24	78.72	Deal	16	15.20
Mouth	12	40.49	Special patient	19	14.99
Procedure	9	36.10	Cerebral palsy	9	13.07
Clinic	13	34.16	Work	9	10.39
Contact	13	28.75	Never	9	8.27
Experience	11	26.17			

Figure 1 – Indicative dendrogram of the five classes of SR of special patients built by the students and their corresponding axes.↖↖↖