

Conceptualizing *person* undergoing rehabilitation care in the light of Axel Honneth's theory of recognition

Conceituando pessoa no cuidado em reabilitação à luz da teoria do reconhecimento de Axel Honneth
Conceptualización de persona en cuidados de rehabilitación a la luz de la teoría del reconocimiento de Axel Honneth

Pâmela Leites de Souza Steffen¹

ORCID: 0000-0001-5706-5807

Lucas Antunes¹

ORCID: 0000-0002-5359-4039

Índiana Acordi¹

ORCID: 0000-0001-5127-6515

Mara Ambrosina de

Oliveira Vargas¹

ORCID: 0000-0002-4721-4260

Evangelia Kotzias Atherino dos Santos¹

ORCID: 0000-0002-5970-020X

Soraia Dornelles Schoeller¹

ORCID: 0000-0002-2822-4407

¹Universidade Federal de Santa Catarina. Florianópolis, Santa Catarina, Brasil.

Corresponding author:
Pâmela Leites de Souza Steffen
E-mail: pamela.l.steffen@gmail.com

Abstract

Objective: To reflect on the concept of person, in the context of rehabilitation, in the light of Axel Honneth's Theory of Recognition.

Methods: Theoretical-philosophical essay. **Results:** The concepts of person, patient, user or client have given rise to central debates in health care models, especially in the area of rehabilitation. In this context, the concept of person stands out, from an anthropological and theological perspective to the inclusion of the complexity of social interactions in this meaning. Axel Honneth adds to this view by reflecting on the individuation of the being through the foundation of recognition, sustained by the need for self-confidence, self-respect and self-esteem, making it possible to draw up a collaborative care plan that strives for the good life of the person undergoing rehabilitation. **Conclusion:** We can conclude that conceiving of care centered on people with disabilities is much more coherent nowadays than perpetuating other debatable expressions in terms of health. Regardless of the term to be used, recognizing all the dimensions inherent in the concept of person is fundamental in terms of establishing the integral dialogical relationship that is intended between health professionals and the person-patient-user-client undergoing rehabilitation.

Descriptors: Rehabilitation Nursing; Rehabilitation; Patients; Disabled Persons; Social Desirability.

Whats is already known on this?

In rehabilitation nursing, the discussion of the conceptualization of person, patient, user or client presents weaknesses in terms of scientific production and lines of thought that support it in depth.

What this study adds?

Although there is no consensus among specialists and all these terms are used, this essay brings important perspectives in the conception of care centered on people with disabilities undergoing rehabilitation.



How to cite this article: Steffen PLS, Antunes L, Acordi I, Vargas MAO, Santos EKA, Schoeller SD. Conceptualizing person undergoing rehabilitation care in the light of Axel Honneth's Theory of Recognition. Rev. enferm. UFPI. [internet] 2024 [Cited: ano mês abreviado dia];13:e5390. DOI: 10.26694/reufpi.v13i1.5390

Resumo

Objetivo: Refletir sobre o conceito de pessoa, no contexto da reabilitação, à luz da Teoria do Reconhecimento de Axel Honneth. **Métodos:** Ensaio teórico-filosófico. **Resultados:** Os conceitos de pessoa, paciente, usuário ou cliente têm suscitado debates centrais nos modelos de atenção à saúde, em especial, na área de reabilitação. Nesse âmbito, destaca-se o conceito de pessoa, desde antropológica e teologicamente até a inserção da complexidade das interações sociais nesse significado. Axel Honneth agrega a esse olhar ao refletir a individuação do ser pelo alicerce do reconhecimento, sustentado na necessidade de autoconfiança, do autorrespeito e da autoestima, possibilitando traçar um plano colaborativo de cuidados que prime pelo bem viver da pessoa em reabilitação. **Conclusão:** Conclui-se que concebermos o cuidado centrado na pessoa com deficiência é muito mais coerente nos dias de hoje do que a perpetuação de outras expressões discutíveis em saúde. Independentemente do termo a ser empregado, reconhecer todas as dimensões inerentes à conceitualização de pessoa é basilar para o estabelecimento da relação dialógica e integral que se pretende alcançar entre os profissionais de saúde e a pessoa-paciente-usuário-cliente em reabilitação.

Descritores: Enfermagem em reabilitação; Reabilitação; Pacientes; Pessoas com deficiência; Reconhecimento social.

Resumen

Objetivo: Reflexionar sobre el concepto de persona en el contexto de la rehabilitación, a la luz de la Teoría del Reconocimiento de Axel Honneth. **Método:** Ensayo teórico-filosófico. **Resultados:** Los conceptos de persona, paciente, usuario o cliente han suscitado debates centrales en los modelos sanitarios, especialmente en el ámbito de la rehabilitación. En este contexto, se subraya el concepto de persona, desde lo antropológico y teológico hasta la inclusión de la complejidad de las interacciones sociales en este significado. Axel Honneth se suma a esta visión al reflexionar sobre la individuación del ser mediante el fundamento del reconocimiento, sustentado en la necesidad de autoconfianza, autorrespeto y autoestima, possibilitando la elaboración de un plan de cuidado colaborativo que procure el buen vivir de la persona en rehabilitación. **Conclusión:** Podemos concluir que concebir los cuidados centrados en las personas con discapacidad es mucho más coherente hoy en día que perpetuar otras expresiones discutibles en el ámbito de la salud. Independentemente del término utilizado, reconocer todas las dimensiones inherentes al concepto de persona es fundamental para establecer la relación dialógica e integral que queremos lograr entre los profesionales de la salud y la persona-paciente-usuario-cliente en rehabilitación.

Descriptorios: Enfermería en Rehabilitación; Rehabilitación; Pacientes; Personas con discapacidad; Deshabilidad Social.

INTRODUCTION

The concepts of *person*, *patient*, *user* or *client* have given rise to central debates in the construction and consolidation of the current health care model for the Brazilian population. Nevertheless, the scientific production and the lines of thought that underpin this discussion in depth are limited. Particularly in the area of rehabilitation, these terms can carry with them great meanings and differences in perceptions of care needs, to the extent that we think about the fight for rights, inclusion and the search for recognition and autonomy for people with disabilities. Although there is no consensus among experts and all these terms are socially accepted, there are important controversies to be resolved when using one over the other, and these discussions have lasted from antiquity to contemporaneity.⁽¹⁻⁶⁾

In particular, the concept of *person* is the center and the main foundation for understanding the rehabilitation process.⁽⁷⁾ Rehabilitate is a term that comes from the Latin *re+habilito*, meaning to make fit and skillful again. Accordingly, Rehabilitation Nursing was created based on the post-war need to make individuals productive again after becoming disabled. Nonetheless, far from the capitalist vision, where the individual is a being recognized only for his/her productive ability, the statement of the person undergoing rehabilitation denotes a much deeper proximal recognition of the human being.⁽⁷⁻⁸⁾

Therefore, understanding the human being as a whole, considering its various dimensions as an object of care and intervention, in order to (re)signify this identity of being a person with a disability in society, in a concrete horizon, is a major challenge. In this sense, the philosopher Axel Honneth contributes by bringing up the individual identity of the being in his "Theory of Recognition". According to him, this identity is mediated by the mechanism of recognition, which is developed through intersubjective relationships that are constructed through the dimensions of love, law and solidarity.⁽⁹⁾ In view of the above, the aim of this essay is to reflect on the concept of *person*, in the context of rehabilitation, in the light of Axel Honneth's Theory of Recognition.

METHODS

This is a theoretical-philosophical essay, with a reflective and interpretative nature, based on national and international literature consulted in the main indexed databases in health, social sciences and philosophy, as well as in the bibliographies and experiences of the authors in the Laboratory of Teaching, Research, Extension and Technology in Nursing, Health and Rehabilitation – (RE)HABILITAR, linked to the Graduate Department of the Nursing School of the Federal University of Santa Catarina – UFSC, Florianópolis, Brazil. (RE)HABILITAR is a network consisted of multiprofessional researchers from Brazil,

Mexico, Portugal and Spain, which has been sharing experiences for more than 10 years, integrating management groups to discuss public policies for people with disabilities, holding scientific events, extension courses and permanent/continuing education, leading research in the area of rehabilitation, especially nursing care in terms of rehabilitation.

RESULTS AND DISCUSSION

Firstly, as a centrality, the constituent elements of the historicity of the concept of *person* were adopted, from the anthropological and theological concepts to the insertion of the diversity and complexity of social interactions in this meaning. Subsequently, we analyzed the contributions that Axel Honneth adds to this view by reflecting on the individuation of the being through the foundation of recognition, sustained by the need for self-confidence, self-respect and self-esteem. Finally, we can conclude with the possibilities involved in drawing up a collaborative care plan that strives for the good life of the person undergoing rehabilitation, which is unprecedented in this area of work. Thus, the reflection was structured according to the following categories.

The dialogical relationship between the health professional and the patient - client - user - person undergoing rehabilitation

The term *patient* is the longest-standing concept used in health care, so remote that its emergence is linked to the very emergence of medicine in antiquity, when the Priestly Model was described, the most traditional model of the physician-patient relationship based on the Hippocratic tradition. In this model and context, the physician is, above all, the authority who holds the power to make decisions and does not need to take into account the patient's wishes, beliefs or opinions.⁽¹⁰⁾ This relationship of submission and passivity that intertwines this meaning is still the subject of discussion today in health models. However, this common interpretation of the word "patient" has always been mistaken, since, etymologically, the term *patient* derives from the Latin *patiens*, from *patior*, which means "to suffer", "sufferer", "one who suffers".⁽¹¹⁾

In the same way, and still in the context of the emergence of medicine as a science and social medicine, it also carries with it the meaning of "the one who waits" or "the one who needs medical care". Regardless of the origins of the term, from modernity to contemporaneity, there are many criticisms and alternatives proposed by health professionals, both to the concept itself and to the traditional biomedical model that represents it.⁽¹²⁾ Among these alternatives, the frequent use of the word *user* began, as an individual who uses some service or good.^(1,4)

The term *user* is gaining ground as it tries to denote an individual. In the context of health, and especially the Brazilian National Humanization Policy, user would encompass multidimensional care, referring to the biological and the psychosocial. Users would not just be patients and professionals would not just carry out orders: changes would happen with the re-signification of each person's role. A humanized Unified Health System (SUS, as per its Portuguese acronym), in theory, recognizes that each person is a legitimate citizen with rights and values and encourages his/her role in terms of producing his/her own health.⁽¹³⁾

Conversely, the term *client* is also beginning to be used in scientific productions and in the routine of many health professionals, whether they are aware or unaware of where it comes from, as part of the vocabulary of the liberal market economy, where health is featured as a consumer good and the person who uses health services becomes a consumer.⁽¹⁾ The capitalist and market-based view of health is another contrasting target for reflection, depending on the place of speech of those who conduct it.

In turn, the concept of *person* can have different meanings, depending on the area of study, and can have a theological, anthropological, philosophical (epistemological and ontological), ethical/bioethical or legal content. In general, person appears as the individual identity of each one, who has legal and moral rights linked to his/her social roles. Accordingly, the person is considered to be a human being who possesses his/her own attributes, whether they are social, physical or professional.⁽¹⁶⁾

In historicity, the term *person* goes through the theological framework, when it treats person as "the individual being in its immediate reality", as God in unity in Christ and man with the Holy Spirit. In the anthropological sense, the term *persona* gives light to the human being, male or female, that is, a concrete, complete and rational individual, made up of spirit, knowledge and love.⁽¹⁶⁾ In contemporary times, the term *person* comes to be evoked as an individual able to answer for himself/herself and answer to others. This evocation refers to legal terms, whereby a person is a being endowed with rights and duties

within a society, which does not lose his/her individuality, but interrelates with other people, in order to construct a moral and ethical society.⁽¹⁶⁾

In the area of health, it has been widely thought of and recommended in the model of care for chronic diseases, carrying with it the strength of drawing attention to the people to be cared for rather than the long-term illness, the strength of empowerment, self-care, the importance of motivation and clinical language/communication styles, in order to produce better health outcomes.^(3-4,14)

Equally, in the field of rehabilitation, the interventions used have a theoretical-philosophical basis that brings together the physical, psychological, social and spiritual systems, which considers each person to be treated (inserted in a family group, a community or a society) as unique in his/her diversity⁽¹⁵⁾ and, therefore, does not find in the constructs of patient, client or user an outlet for all this complexity. It should also be noted that the concept of *user* is widely used to refer to people who use alcohol and illicit drugs, and it is essential to differentiate between the person undergoing rehabilitation and the user undergoing rehabilitation.⁽⁵⁾

This debate takes on a special nuance when we look at nursing, whose role in terms of rehabilitation emphasizes and is guided by the construction and/or recovery of a dignified, full and autonomous life, also understood as a "quality" life.⁽⁷⁾ Adopting care as the subject of science and the essence of professional practice puts nurses in a privileged position to defend human subjectivity in health care practices. Seeing this subjectivity in its diverse uniqueness, we can see the need to adopt the person as the center of health care. Nonetheless, it is still common in the routine of health services to hear professionals mention the pathology and/or illness preceding the individual: "bed amputee n°...". This call is reductionist and strips the individual of his/her identity/subjectivity as a person and evokes a systematization through his/her condition in the health-disease process.

Finally, the concept of *person* goes through various life cycles, where the person searches for his/her identity and social space in his/her intersubjective relationships, based on his/her particularities and his/her autonomous and egalitarian claims. Therefore, *person* is conceptualized as the human being in all his/her diversity and complexity, considering social interactions and subjectivity in this meaning.⁽¹⁵⁾ In this sense, Axel Honneth postulates his "Theory of Recognition",⁽¹⁷⁾ based on the social conflicts that permeate the concept of *person* in various dimensions, which will shed light on our debate from here on.

Axel Honneth's Theory of Recognition and its possible contributions to Rehabilitation Nursing

The Theory of Recognition was proposed by Axel Honneth in his book entitled "The Struggle for Recognition: The moral grammar of social conflicts" (2003), where the philosopher and sociologist addresses intersubjective relationships and the construction of recognition through the spheres of love, law and solidarity, as constitutive of the person.⁽¹⁸⁾ In a particular interpretative exercise by the authors of this essay, to extrapolate the components of Honneth's theory related to rehabilitation care, the following inspirations are proposed, according to each sphere of recognition and integrating excerpts from the theory with practical aspects of nursing care at different levels of care.

Sphere of love as a prerequisite for self-confidence

For Honneth,⁽⁹⁾ the sphere of love comprises loving interactive relationships represented by all primary relationships – mother and child, friendship, intimate contact – where, to the extent that strong emotional bonds are constructed between people, with a balance of tension between symbiotic self-abandonment and individual self-affirmation, a particular pattern of reciprocal recognition could be achieved. This particular pattern of recognition is based on the assumption that, since needs and affections can only receive confirmation to a certain extent because they are directly satisfied or reciprocated, recognition itself must have the nature of affective agreement and encouragement, that is. feelings of esteem. Furthermore, this philosophical line paves the way for a kind of intersubjective relationship where individuals mutually achieve an elementary confidence in themselves, which ultimately means that emotional connections are decisive in the creation of individual self-confidence, the indispensable basis for autonomous participation in life in society.⁽⁹⁾

Therefore, when we look at recognition as a constituent of love, we realize that this experience can include important guidelines for the relationship between the nurse and the rehabilitated person under his/her care. By establishing a bond, the person could conceive of himself/herself as "being-itself in another", as long as he/she is in a protected and relaxed space, with the "due reciprocal preservation of limits" and the "affective dedication" of the professional in the search for the person's autonomy.^(9,18) This search should take place under the curtain of the need to understand the person, above all, in his/her

affective and loving dimensions, who consciously or unconsciously yearns for recognition. In short, recognizing throughout the care process that love is part of the identity of the person undergoing rehabilitation in a very intimate and necessary way.

Sphere of law as a prerequisite for self-respect

In the sphere of law, unlike love, the mechanism of recognition is not based on feelings of sympathy and affection, but on a universal respect that permeates the reflection of the moral dimension of socialization as a guide to a person's individual behavior. Accordingly, it is assumed that people can come to an understanding of themselves as subjects of rights to the extent that they become aware of their obligations towards others, who are also holders of rights. Thus, we are people with rights when we adopt the perspective of the other, understanding and recognizing the other as a being different from ourselves, but governed by the same ethical and moral obligations.^(9,18)

When we look at recognition as a constituent of law, this search takes on legal, moral and ethical aspects, which are increasingly eloquent in the struggle of people with disabilities for social inclusion. We talk about the inclusion of people who, in theory, are already part of society, because it is still an exclusionary society, which also needs to be rehabilitated to welcome, understand and offer opportunities in this universe on an equal basis. The fight for inclusion in an unequal society implies systematically considering the possible forms of disrespect that can make the fact of denied recognition a negative experience for social actors. In other words, the level of a person's intersubjective relationship that they respectively damage or even destroy.⁽⁹⁾

In this aspect, the health professional needs to "systematically consider" this social being, who seeks recognition among his/her peers, who have rights and duties, whose experience of this reciprocal recognition constitutes the "being" of a person undergoing rehabilitation, since, the subjective autonomy of the individual also increases with each stage of reciprocal respect. Thinking about access to the therapeutic services they need and in a timely manner, accessibility in the spaces they circulate and recognition in the social roles they occupy, are fundamental requirements for nurses to advocate on behalf of people with disabilities, whether as managers, members of multiprofessional teams, articulators and coordinators of care in the health care network, agents involved in intersectionality, teaching and research agents or in individual care with the person and his/her family. Just as in the controversial debate on the search for autonomy and functionality a priori as defining the goals of rehabilitation, productivity and usefulness can be constitutive elements of recognition, but they do not define the person.^(18,8)

The fact that we recognize a human being as a person, without having to esteem him/her for his/her achievements or his/her nature, coupled with the fact that, legally, all human beings should be respected in their universal rights in an equal way, as free beings, implies the conceptual nexus that legal recognition is found with the conquest of self-respect, whereas: "Self-respect is for the legal relationship what self-confidence was for the loving relationship, and this is already suggested by the logics with which rights allow themselves to be conceived as anonymized signs of social respect, in the same way that love can be conceived as the affective expression of a dedication, even if it is kept at a distance: while the latter creates in every human being the psychic foundation to be able to trust in his/her own needy impulses, the former make him/her aware of being able to respect himself/herself, because he/she deserves the respect of everyone else."^(9:194-195)

Conversely, living without individual rights means that the individual member of society has no chance of self-respect.⁽⁹⁾ Therefore, one can highlight the importance of understanding the negative impacts of discrimination, curtailment of fundamental rights, social and health barriers imposed by society, on the self-respect and recognition of people with disabilities. Thus, the translational critique here is that the constitution of *person* goes beyond his/her functional ability and that human dignity is rooted in the completeness of being, including its legal aspects.

Sphere of solidarity as a prerequisite for self-esteem

Finally, when recognition is aimed at as a constitutive of solidarity, it is postulated that solidarity arises from the recognition of the person defined as a member of a social group, whose value to society is recognized by all its other members. The forms of interaction take on the nature of solidary relationships, because every member knows that he or she is esteemed by the others to the same extent. In Honneth's theory, the proposed concept of "solidarity" takes on the nature of a kind of intersubjective relationship where subjects – even if individualized and autonomous – take a reciprocal interest in their different ways of life, since they esteem each other symmetrically: "(...) "symmetrical" means that every subject is given

the chance, without collective gradations, to experience himself/herself, in his/her own achievements and abilities, as valuable to society. This is also why only the social relationships we had in mind with the concept of "solidarity" can open up the horizon where individual competition for social esteem takes on a pain-free form, that is, one not clouded by experiences of disrespect." (9:211)

The valorization of the person from the perspective of solidarity with an opportunity for self-esteem is given from the recognition of that person's abilities. In a broader perspective, the attribution of values (valuation) to these abilities, which go beyond the materialization of products or a vision of productive utility for society, implies that the person recognizes himself/herself and is recognized as a valuable social actor for his/her peers. When the person is recognized as a social actor involved in the society where he/she lives, there is a positive impact on intersubjective relationships, converging to a reciprocal social esteem. From solidarity, it is possible to develop self-esteem, which is a fundamental attribute in the definition of the person's personality and identity.⁽¹⁵⁾

This inversion of value to valuation can address the following questions: How does a person undergoing rehabilitation recognize himself/herself as a social actor in a society that primarily values his/her peers according to their productivity and usefulness? How is the definition of a person affected when he/she is affected by a functional limitation that threatens his/her autonomy? And how can we, as nurses, contribute to the social integrity of the person undergoing rehabilitation? Many of the possible answers to these questions involve a critical discussion about ableism in society and the perpetuation of the traditional biomedical model of health, which recognizes the essence of being in abilities and healing.^(12,7,5)

The central debate of this essay itself reflects this criticism, insofar as it defends the use of the term "person" to the detriment of others. Failure to consider these values leads to various forms of disrespect that violate the definition of a person undergoing rehabilitation: "The integrity of the human being is due in a subterranean way to patterns of assent or recognition, such as those we have tried to distinguish so far; since, (...) the moral categories that, such as those of "offense" or "debasement", refer to forms of disrespect, that is, to forms of refused recognition. Negative concepts of this kind designate a harmful behavior (...) by which people are injured in a positive understanding of themselves, which they have acquired intersubjectively. It is from the internal intertwining of individualization and recognition that derives that particular vulnerability of human beings, identified with the concept of "disrespect": since the normative self-image of each human being (...) goes hand in hand with the experience of disrespect, the danger of an injury, capable of collapsing the identity of the whole person". (9:213)

Therefore, when the nursing professional cares for the person without looking at the pathology or limitation in the first place, recognizing and estimating the abilities of the person undergoing rehabilitation as intrinsic values to this diverse and unique being in his/her care plan, understanding that social dignity is evoked through social esteem, he/she is contributing to the construction of this concept of *person* that goes through the three spheres of recognition in Honneth's theory. In the same way, the person undergoing rehabilitation, when in contact with the nurse in a collaborative and cooperative way, through esteem between the two, experiences care that can promote citizenship and social dignity.

Shared care activities for groups of people undergoing rehabilitation can also be carried out from this point of view, where people recognize each other among their peers, whether in their similarities or differences in their attitude towards a certain condition. In this sense, promoting spaces for socializing and exchanging experiences, if conducted properly, greatly enhances the self-esteem, self-respect and self-confidence of people undergoing rehabilitation through Honneth's solidarity approach.

Accordingly, the concept of a person undergoing rehabilitation that we propose is one that is constructed through the struggle for recognition, based on social conflicts and intersubjective relationships that ultimately translate into the assumptions of self-confidence, self-respect and self-esteem. That said, this essay contributes to contemporary thinking in the area of rehabilitation on the conceptualization of the term *person* in its wholeness, based on a perspective of social inclusion and the need to recognize and value people in their diversity, beyond their autonomy and functional abilities. However, the limitations of this study are that it was not intended to exhaust this theme or establish a philosophical direction that is unfeasible for clinical practice and the reality of the people under care, but rather to provoke different debates in this process of (re) constructing the field of rehabilitation nursing.

CONCLUSION

This theoretical-philosophical essay allows us to reflect on the concept of *person* in light of Axel Honneth's theory, representing the need to change the paradigm of adverse health conditions in favor of individual personification: the person undergoing rehabilitation. The theory presents an invitation to a much-needed debate on the process of individuation of the being and all the dimensions that make up this construction, based on the foundation of recognition. In other words, understanding the person in his/her complexity and diversity, with his/her own expectations of life and health demands, as well as experiences of unique intersubjective relationships – who needs to be heard and supported with empathy, love, respect for his/her rights as a biopsychosocial being and who, especially, needs to feel and be truly recognized as a person who is esteemed in the society to which he/she belongs (or should feel he/she belongs). Therefore, conceiving care centered on the *person* with a disability is much more coherent today than considering him/her as a sick person, a passive being or a consumer client.

Finally, it should be noted that, regardless of the term to be used in the practice of care, our defense is essentially based on the essential consideration that, in order for it to be effective, respect for autonomy, health as a social right, the process of recognition in the definition of *person* in all its aspects, as well as overcoming the position of historical passivity assigned to the being cared for, are basic elements for establishing the integral dialogical relationship that is intended between health professionals and the person-patient-user-client undergoing rehabilitation.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Steffen PLS, Antunes L, Acordi I. Contributed to data collection: Steffen PLS, Antunes L, Acordi I. Contributed to the analysis and/or interpretation of data: Steffen PLS, Antunes L, Acordi I. Contributed to article writing or critical review: Steffen PLS, Antunes L, Acordi I, Vargas MAO, Santos EKA, Schoeller SD. Final approval of the version to be published: Steffen PLS, Antunes L, Acordi I, Vargas MAO, Santos EKA, Schoeller SD.

REFERENCES

1. Saito DYT, Zoboli ELCP, Schveitzer MC, Maeda ST. User, client or patient?: which term is more frequently used by nursing students?. *Texto Contexto – Enferm.* [Internet]. 2013 Jan;22(1):175-83. DOI: <https://doi.org/10.1590/S0104-07072013000100021>.
2. Neto CN, Dendasck C, Oliveira E. A evolução histórica da Saúde Pública. *Rev Cient Multidiscip Nucl Conhecimento.* [Internet]. 2016;1:52-67. Available from: <https://www.nucleodoconhecimento.com.br/saude/a-evolucao-historica-da-saude-publica>.
3. Lewis DM. Language Matters in Diabetes and in Diabetes Science and Research. *Journal of Diabetes Science and Technology.* 2022;16(4):1057-8. DOI: <https://doi.org/10.1177/19322968221085028>.
4. Mendes EV. *Desafios do SUS.* Brasília, DF: Conselho Nacional de Secretários de Saúde; 2019.
5. Gutterman AS. *Definitions and Models of Disability.* 2023. DOI: <https://dx.doi.org/10.2139/ssrn.4500074>
6. Ianni AMZ. Saúde Coletiva e historicidade do conhecimento: teoria, interdisciplinaridade e o sujeito contemporâneo. *Cad. Saúde Pública.* 2021; 37(12):e00227521. DOI: <https://doi.org/10.1590/0102-311X00227521>
7. Schoeller SD, Martins MM, Faleiros F, Ramirez N. organizadores. *Enfermagem de reabilitação.* São Paulo: Thieme Revinter; 2021.
8. Zuchetto MA. *Teoria de enfermagem de reabilitação para o bem-viver: construção e validação.* Florianópolis. Tese [Pós-graduação em Enfermagem] - Universidade Federal de Santa Catarina; 2023. Available from: <https://repositorio.ufsc.br/handle/123456789/251073>.

9. Honneth A. Luta por reconhecimento: a gramática moral dos conflitos sociais. São Paulo: Editora 34; 2003.
10. Veatch RM. Models for ethical medicine in a revolutionary age. What physician-patient roles foster the most ethical relationship? *Hastings Cent Rep.* 1972 Jun;2(3):5-7. DOI: <https://doi.org/10.2307/3560825>
11. Sermo latinus glossarium. [Internet]. 2024. Available from: <http://www.sermolatinus.pro.br/glossario.htm>.
12. Best KL, Mortenson WB, Lauzière-Fitzgerald Z, Smith EM. Language matters! The long-standing debate between identity-first language and person first language. *Assistive Technology* [Internet]. 2022. 34(2):127-128. DOI: <https://doi.org/10.1080/10400435.2022.2058315>.
13. Amorim AC de. The SUS' National Humanization Policy (PNH): the word as "gift" in the subjectification of health care and management. *RSD* [Internet]. 2020 Dec.29;9(12):e46391211370. Available from: <https://rsdjournal.org/index.php/rsd/article/view/11370>.
14. ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al. Introduction and Methodology: Standards of Care in Diabetes - 2023. *Diabetes Care.* 2023; 46(1):S1-S4. DOI: <https://doi.org/10.2337/dc23-SINT>
15. Vargas CP. Modelo Teórico de Enfermagem de Reabilitação Florianópolis. Tese [Pós-graduação em Enfermagem] - Universidade Federal de Santa Catarina; 2022. Available from: <https://repositorio.ufsc.br/handle/123456789/242665>.
16. Mori GL. A trajetória do conceito de pessoa no Ocidente. *Theol Xave.* [Internet]. 2014;64(177):59-98. Available from: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0120-36492014000100003&lng=en&nrm=iso.
17. Silva JC de S. Axel Honneth e a Teoria do Reconhecimento: breves considerações introdutórias acerca de Hegel, Mead e Winnicott. *Anãnsi* [Internet]. 2020 Dec 30;1(2):93-104. Available from: <https://www.revistas.uneb.br/index.php/anansi/article/view/9973>.
18. Schoeller SD, Martins MM, Ramos FR, Vargas CP, Zuchetto MA, Lima DK. Rehabilitation nursing care and emancipatory process. *Rev Enferm Ref.* 2020;5(2):e19084. DOI: <https://doi.org/10.12707/RIV19084>

Conflicts of interest: No
Submission: 2024/30/01
Revised: 2024/07/10
Accepted: 2024/07/22
Publication: 2024/09/03

Editor in Chief or Scientific: Jose Wicto Pereira Borges
Associate Editor: Rodrigo Jácob Moreira de Freitas

Authors retain copyright and grant the Revista de Enfermagem da UFPI the right of first publication, with the work simultaneously licensed under the Creative Commons Attribution BY 4.0 License, which allows sharing the work with acknowledgment of authorship and initial publication in this journal.