

The meanings assigned to disablement based on military 'habitus'

Nádia Xavier Moreira ¹
Ludmila Fontenele Cavalcanti ²
Rodriane de Oliveira Souza ³

Abstract *This is a qualitative study based on in-depth interviews, with the aim of analyzing the meanings associated with a social phenomenon, specifically disabilities in the military field. A total of 22 people were interviewed, 3 managers and 19 Brazilian Navy professionals responsible for coordinating, standardizing, enforcing and overseeing the Special Care Program (Programa de Assistência Especial) in Rio de Janeiro. Data was processed using the Interpretation of Meaning Approach, based on the concept of disablement and military habitus. The results show interpretations that completely deny the possibility of disabled persons in the military, considering such an idea to be insane. Others welcome the idea, albeit limited to administration, logistics and support functions. We find that the greatest hurdle for the involvement of people with disabilities in the Brazilian Navy is not their bodies, but the stigma associated with disablement. Their bodies become the main defining and deprecatory element of these subjects.*

Key words *Disablement, Military Forces*

¹ Diretoria de Assistência Social da Marinha. Pç. Barão de Ladário/ed. Almirante Tamandaré S/N 5º andar, Centro. 20091-000 Rio de Janeiro RJ Brasil. nadiaxmoreira@yahoo.com.br

² Programa de Pós-Graduação em Serviço Social, Universidade Federal do Rio de Janeiro. Rio de Janeiro RJ Brasil.

³ Faculdade de Serviço Social, Universidade do Estado do Rio de Janeiro. Rio de Janeiro RJ Brasil.

Introduction

Disablement experts¹⁻⁴ agree that how people interpret disablement is an important element to explain how this diversity is managed. Incorporating people with disabilities as a social practice represents the differentiated treatment in leading policies and programs for people with disabilities.

In 2011, the World Health Organization estimated that over a billion people around the world live with some sort of disability, 785 million of whom are economically active⁵. According to the IBGE, Brazil's Institute for Geography and Statistics, out of a population of 190,755,799 in 2010, 45,606,048 had at least one of the disabilities investigated. This is 23.9% of the population⁶. This is a significant number of people, requiring that public policies must be prepared to address the challenges of this situation.

When incorporated into social practice, the meanings associated with a social phenomenon such as disablement impacts the cultural system and social structure, and thus the otherness of the disability, whose objective expression is found in the rights, laws and public policies created for this segment.

Hence the importance of understanding disablement in its broader conception and as part of group health, or as a milestone of social determination of the health-disease process, using as a reference the social contradictions found in the contradictions in life, especially when it comes to jobs for people with disabilities.

This article analyses the meanings assigned to disablement based on the military *habitus* of the professionals and managers of the Brazilian Navy (BN) involved in standardizing, coordinating, enforcing and overseeing the PAE (Special Care Program) in Rio de Janeiro.

Disablement and military *habitus* are the key concepts that guide this effort. The former is referenced to the social model of disablement, understood as a manifestation of human differences. This understanding enables separating disablement from injury, a bodily data of no value, and place this phenomenon as the result of the interaction between an injured body and a society that discriminates. In this model, disablement is a sociological and political phenomenon⁷⁻¹⁰.

The concept of military *habitus* is based on the contributions of Bourdieu¹¹ and other military sociology and anthropology authors^{12,13}. Looking at the military institution from the point of view of Bourdieu¹¹, implies in considering it the *locus* for building a symbolic system.

Men and women joining a military institution become the heirs of a symbolic set of institution identifiers, comprised of practices and discourses, expressed in ceremonies, rituals and the day-to-day of the institution. The institution must have mechanisms that enable this process of legacy assimilation. This mechanism is ensured via a process of socialization imposed on everyone who joins; this social construct creates and shapes the military identity.

This construct, named by Castro¹² as the "military spirit", consists of a process of professional socialization that happens when subjects acquire dispositions, perceived as evident, that lead them to behave in a certain manner, with no need to explicitly remember the rules to follow. In other words, when the military *habitus* is incorporated. According to Janowitz¹³, to become an armed forces professional, soldiers must cease being an individual and become a being whose identity is determined by the institution. All of a soldier's learning is focused on creating this new person. Thus insertion into the barracks means, for those seeking a career in the armed forces, embracing a set of values, vision and principles that will result in their acquiring the military *habitus*.

This study is based on the assumption that building a meaning for disablement on the part of the managers and professionals involved in PAE, is influenced by the military *habitus*, creating a culture that normalizes differences and a social construct of the body required for a military professional. Finally, it is expected that the military body reference and anchor the social identity of the group or, in other words, a disciplined body¹⁴.

Understanding disablement and the associated stigma¹⁵ in military institutions may suggest something is out of place, as the meeting of disability and the military stresses the military *habitus* as it questions the pillars upon which it is supported.

It is believed that cross-referencing disablement and military *habitus* will offer valuable contributions to understanding how the military *habitus* influences the treatment of people with disabilities in this area, be they military personnel, their dependents or civilians.

This analysis will help understand the barriers that exist in the military field to participation by this segment of society, a factor that creates discrimination and oppression for those with disabilities. It also contributes to the field of group health, as it problematizes aspects present in the reality of military professionals with disabilities,

and that interfere in the work-health relationship, with the social character of disablement vs. the military *habitus* at the core of this analysis, and the need to design it from its articulation with the process of social production and reproduction.

This study is aligned with the concept that proposes to break the interpretations of disablement that reduces it to bodily impediments, including an analysis of the social, cultural and political issues associated with the phenomenon.

Method

This is a qualitative study based on in-depth interviews. The aim is to analyze the meanings associated a social phenomenon, specifically disabilities in the military field.

Institutional context of the study

PAE is one of the programs in the BN social services policy. It is focused on the dependents of navy personnel (civilian and military) with disabilities who are above the age of five. The program covers the entire country. In Rio de Janeiro execution is the responsibility of the Naval Social Services.

The Naval Social Services Department is a military organization responsible for standardizing, coordinating and managing the navy's social services policy, and for managing the funds set aside for social programs. This department is also responsible for overseeing the activities of the Naval Social Services, a military organization that is under its umbrella, and is responsible for executing and overseeing the PAE in RJ.

Access to the PAE requires an assessment by GAAPE (Group for the Assessment and Follow-up of Special Patients), which will decide on the types of therapy, their frequency and the best institutions to provide them. Annual assessments performed by GAAPE are essential for remaining in the PAE and for expanding treatment.

Boundaries of the study field

The empirical study field is made up of DASM, SASM and GAAPE. In selecting this field we used the following criteria: a) Sectors of the BN responsible for managing the PAE in RJ; b) Sectors of the BN that standardize, coordinate, execute and oversee the PAE in RJ; c) Sectors

of the BN responsible for the acceptance, permanence and discharge of program users in RJ. For insertion into the field DASM sent a message (official communication vehicle in the military field) to SASM and GAAPE, asking for authorization to perform the study.

Selecting study subjects

The study subjects were DASM, SASM and GAAPE managers and professionals. Subjects were selected to create a representative sample of the phenomenon under study. Inclusion criteria were the following: a) subjects responsible for managing the PAE in RJ; b) subjects who standardize, coordinate, enforce and oversee the PAE in RJ; c) subjects who determine who may join, remain and exit the Program in RJ.

Data gathering tool

The main source of data was a semi-structured interview. The goal of the interviews was to identify, based on the responses obtained, the meanings assigned to disablement. Interviews were based on guiding scripts to ensure greater flexibility and freedom of discourse, while at the same time ensuring that all of the essential issues for the study were addressed. The interviews had four groups of questions. The first one was designed to describe the participants, and the second focused on identifying their involvement in the PAE (GAAPE). The third attempted to detect how they interpret disablement, and the fourth focused on relating these interpretations to the military *habitus*. Three DASM staff members were interviewed (a manager and two other professionals), four SASM members (one manager and three other professionals, and 13 (thirteen) GAAPE staff (one manager and twelve professionals). We also interviewed two retired professionals who had been present when the BN PAE was first created, bringing the total number of interviews to 22 (twenty two), resulting in about 15 hours of taped conversation. Interviews were recorded, transcribed, digitized and reviewed to enable analysis. Transcripts were encoded to preserve the anonymity of study subjects. Thus the following codes were used for interviews: I (Interviewee) and M (Manager), followed by a sequential number referring to the particular interview. Interviews were applied to the following departments: DASM, SASM and GAAPE.

Data analysis

Interviews were analyzed using the Interpretation of Meaning Method of Gomes et al¹⁶. In a first step the interview material was read to capture the content of the material and get an overview of the specificities of the material. This reading allowed us to put together an analytical structure used to rank and distribute the units comprising the material. The structure was assembled anchored on the concepts of disablement and military *habitus*.

In the next step, based on the analytical structure created, we performed the following steps: a) identification of the explicit and implicit ideas about disablement; b) search for the broader (sociocultural) meanings of disablement; c) a dialog between the ideas posed, the information from other studies on disablement, and the theoretical reference of the study.

The third step was an interpretative synthesis, attempting to articulate the study objective, the theoretical basis and the empirical data.

This study is part of a Ph.D. dissertation¹⁷. The project that originated this study was submitted to and approved by the BN Research Ethics Committee. This procedure complies with the guidelines in National Board of Health Resolution 466/12¹⁸, governing research involving human beings.

Results and discussion

The results of the relationship between military *habitus* and the interpretation of the phenomenon to disablement are based on the perceptions built around the presence of people with disabilities in the BN, as military professionals. It is important to point out the existence of understandings that totally deny the possibility that people with disabilities may pursue a naval career, actually considering it madness: *Are you crazy? A person with disabilities in the Navy? ... it clashes with our values.* (G1). *It would be insane! Far too advanced for us. I don't think that tradition would allow it* (E4).

An analysis of the statements enables identifying a static vision of the military institution, linked to its professional phase. Military professionalization enabled creating a group of individuals technically and organizationally trained to manage armed violence and legitimately and directly involved in its preparation and application¹⁹. However, it is known that the values that currently guide military institutions were

historically linked to questions of power, which attempted to transform individuals into cogs in their wheels²⁰.

Underlying the statement below is a reaction of uncertainty regarding the destination of the very institution with the possible inclusion of people with disabilities in the armed forces. *Putting a person with special needs here is like buying a new TV or a used one. [...] When you turn on the used TV, [...] you have no idea what behavior you will see on the TV [...]. It is this uncertainty regarding how things will work that makes you not have confidence.* (G3).

Disablement is understood as a difference. People with disabilities are iconic of differences. At the same time, they resist the order and normalcy established and attack the established standards, in an anarchical type of existence²¹. Thus difference confronts the military *habitus*, which attempts to impose full standardization of the agents in this field.

The image of disablement in military institutions

The perceptions surrounding the idea that a military profession would be incompatible with people with disabilities has been justified in the argument that this type of profession has specific requirements that differ from all other professions. *I don't see how a person with special needs could become a military professional [...] Joining the navy, because of its career requirements, imposes a limitation on this public. I can't see a person with disabilities in such an environment.* (E19).

According to the reports, the specificities that such professionals must present are linked to the very meaning of having armed forces: national defense, which in extreme situations can only be ensured through combat. *What happens is that everything in military life [...] is linked to one activity: combat.* (G1).

The nature of combat is one of the main characteristics of the military profession. The possibility of doing their duty of defending the nation, possibly requiring that they sacrifice their very lives. This is at the core of the understanding that leads military institutions and their agents to view themselves as different from civilians. According to Ferreira²², nowhere will we find civilian organizations whose members are required to die to defend their homeland. The idea of Homeland and the moral obligation to sacrifice oneself to defend it make military personnel feel different from civilians.

This characteristics of the military professionals is essential to understanding the development and reproduction of the military *habitus*, and provides an understanding of how those socialized in this field incorporate the concepts of courage and willingness for combat. This transforms the abominable situation of the objective conditions that may condemn them to death into something virtuous. Ideologically, this is raised to a matter of honor, one of the guiding principles of the armed forces.

Combat thus has an ambivalent nature. On the one hand, a military person can get the most of what his/her body has to offer in the battlefield, possibly becoming a hero. On the other hand, it is also in the operating theater that the largest number of casualties occur – death, injury and mutilation.

Estimates indicate that among German soldiers surviving WWI, one and a half million returned with severe disabilities, including 80,000 who had had an upper and/or lower limb amputated²³. WWII left about 28 million mutilated persons, including both civilians and military personnel²⁴. The latter, by being discharged from the armed forces, experienced a double process of grief, the loss of a certain way of being in a body that had changed, and having to leave their profession, that which comprised their identity. The hero defending his/her country became defenseless and unnecessary.

A military career and the standards of body and health

According to Bourdieu²⁵, *habitus* in any field gives rise to different types of bodily expression, as the willingness and readiness incorporated mold the body based on material and spiritual conditions, translating into a way of being. Along this line of thinking, the military body, the body *hexis*, is a strong element of the relationship between military personnel and the rest of the world, and military personnel are willing to mold their body to favor this relationship. Military staff learn with their bodies - how to walk, speak, dress, wear their hair and speak to others.

Their body is a vehicle that expresses the social order they are part of, distinguishing them from civilians. Physical (and behavioral) attributes distinguish them and make military personnel recognizable even when not in uniform, when they are not bearing the most visible marker of the corporation outside the military field. Often the military *habitus* will condition military

personnel to make certain gestures, or to move in ways they are not conscious of and that escape their very control.

In the perceptions of these professionals we see the concept that the body should translate military identity: a body from which one gets the most efficiency. This idealized body, capable of defending the homeland, contrasts with the perception that something is missing, associated with the bodies of those with disabilities. *We expect that at any time a military person will take up arms and fight to the death. [...] this would be difficult for a person with disabilities.* (G3).

This ideal body, with attributes considered essential for the performance of military duties, must be useful and subject to the institution it serves. However, this is not what we see in the day-to-day of the Brazilian Navy, as it includes bodies that do not conform to this ideal and that break with the reference use to identify the military condition. *In theory, [...] we are prepared to face anything. For this reason our bodies must be ready. But in actual fact, this is not what we see. [...] there are military staff who are unable to perform tasks that demand much of their bodies, we have military personnel with quite severe disabilities.*(E13).

This situation points to inconsistencies in the military *habitus*, which offers the opportunity to reinterpret the values and meanings assigned to the body in this field. This shows the possibility of transforming the *habitus*, to the extent that it is not the end-point of a journey, but a system in constant transformation²⁵.

Another issue identified in this position is the concept that disablement is the opposite of health, showing an understanding of disability anchored on the medical model of disablement, associating the phenomenon to disease, as suggested in the following statement: *A person with disability is a person who requires care. No matter what the disability is, he or she will always require [...] healthcare.* (E2).

It is worth pointing out however, some of the issues present in this perception, offering new ways to interpret the relationship between the armed forces and disabilities. Starting with the increasing use of technologically sophisticated resources in war, leading to changes in how we wage war. These changes show the need to acquire new competences for the profession, and the need to staff the military with a more diverse range of social segments, including people with disabilities. *I believe this may be a trend going forward. With the technology we have, why can't*

a mobility impaired person operate a [...] drone? (E5).

Another issue worth mentioning is the requirements for joining the military, impossible for a person with a disability - from the simplest to the most complex - to meet, and that are unrelated to the *details of the condition of the mission and responsibilities of each one.* (E17).

The military *habitus* is present in this institutional posture by the willingness to standardize field agents, which confronts the association between disablement linked to stigma and difference. *When you add a person to the navy, you add people who can all do the same things. [...] A [...] person lacking a leg, a finger, an arm or an ear, [...] I'm here, but everyone feels sorry for me [...]. We now these people will never meet the standards required to be a member of the armed forces.* (G3).

Underlying all of these statements is the belief that bodily characteristics are what result in excluding people with disabilities from the armed forces. This perception is foreign to the social structure of this organization, which is unwilling to acknowledge the different ways that a disability can be experienced. Disablement is an individual and not a social problem, which complies with the social model adopted by Brazil when it ratified the Convention on the Rights of People with Disabilities²⁶.

The belief that the armed forces should be willing to keep people with disabilities acquired during their military career is more prevalent among managers. *I am a military professional, [...] if I become disabled, and if this disability does not limit my performance in that role in any significant way. Then [...] I believe I should remain in the Navy.* (G1). *A person who enters the Naval Academy or an [...] apprentice sailor, corporal or sergeant who at some point loses a finger or a leg in a workplace accident [...]. This person can still perform some of the bureaucratic tasks [...]. The navy must structure itself so that these people remain.* (G3).

These statements show there is an ideal body for military activities, based on the military *habitus*, which has been excluding agents already included and molded in this field. This institutional practice is counter to the working potential of such subjects.

Maintaining a certain body and health standard is a constant concern within the armed forces. Thus disease and disability are assessed against strict standards that are constantly updated. A military person with a disease or with some negative bodily attribute compared to this

reference is removed from the service. In other words, if a military person acquires any disease or disability considered to be incompatible with the exercise of their profession, they are immediately retired ex-officio (by virtue of one's position).

The association between disablement and stigma provides the elements required to understand this part of the military *habitus*. According to Goffman¹⁵, there is an ideological construct around this stigma, which is used to explain the inferiority of those against whom the stigma exists. This is reflected in the perceptions regarding the permanence of military personnel with disabilities in the armed forces. In this way, using the contributions of the author, one may defend the argument that the greatest hurdle to military personnel with disabilities remaining in the armed forces is not the disability itself, but the fact that this becomes the main defining element of this person.

Regulating differences in the military *habitus*

The perceptions around including people with disabilities in the armed forces, primarily limited to administration, support and logistics, deny the possibility of difference for such individuals. To be accepted, these people must become equal to any of the field agents. *So long as their disability does not keep them from fulfilling all of the requirements in the rules, I see no problem employing them in the administrative area.* (G3).

Underlying understanding is that a disablement is something to be overcome to include people with disabilities in military careers. However, this does not take into account the possible architecture, attitude, institutional and organizational barriers that may favor or limit this performance. Therefore this perspective is an attempt to negate and reject the disability.

This position is seen in the concept of integrating people with disabilities in the armed forces and failure to include them, which contradicts the ideas in the Convention on the Rights of People with Disabilities. Integration is based on the concept of normalizing those with disabilities. This perspective does not question the structures and social attitudes that produce the inequalities experienced by differentiated bodies, as defended for social inclusion^{27,28}.

Thus, even though this outlook admits the presence of those with disabilities in the armed forces, the military *habitus* operates to build the perceptions of others by means of normalizing

the differences viewed as essential for stability in that area.

Final Considerations

The knowledge from group health contributed to this study, enabling a critical dialog and the identification of the contradictions that directly interfere in the life of the military professional with disabilities.

The results show there is a relative amount of consistency in the perceptions of managers and professionals on disablement and their perceptions on the exclusion of those with disabilities from the naval profession. The arguments in this study to exclude those with disabilities evoke the Brazilian Navy values and traditions. However, for the most part they are anchored on the military condition: rights, duties and situations to which the military staff are submitted, in light of the nature of the armed forces mission - national defense.

The military *habitus* appears in the conservative statements, expressed in the invocation of a professional tradition and profile that legitimize an organization and a working process specific to the current naval military institution.

The perceptions built around a body idealized for war also reveal the conflict between the military *habitus* and the meanings associated with disablement. Thus the social construct of the body conceived to “fight and die if necessary in defense of the homeland”, conflicts with the perception of the lack or absence of something that managers and professionals associated with a disabled body.

This bodily construct, structured and embedded in the military *habitus*, also offers elements that explain our understanding of the criteria for entering the military, which constitute a hurdle for those with disabilities, be they simple or severe. One may deduce then that the military *habitus* is present in this institutional posture, and its willingness to standardize and rank agents in this field. This is aligned with the perceptions of disability linked to stigma and difference.

The perceptions that include the possibility of the disabled in the military ranks also bring to light the tension between military *habitus* and disablement. The background to this issue is the perception of disablement as a difference that must be eliminated if these individuals are to be integrated into a military career. To an extent, this negates and rejects disablement.

These perceptions also associate disablement with a challenge and failing that must be overcome to insert those with disabilities in the military. These constructs show the invisibility of social, architectural, attitude and institutional barriers, which either favor or hinder the inclusion of people with disabilities. Once again, the military *habitus* is present in these associations, to the extent that they structure standardizing conducts.

This study also shows that while the military *habitus* is a concept viewed as a system designed in the past and focused on the present, it is a system that is continuously being reformulated. This aspect may be seen in the perceptions that indicate the existence of people in the armed forces whose bodies differ from the image of the warrior, breaching the paradigm associated with the military condition and employed in non-combat roles. This shows that it is not only those with bodies fit for combat who meet the institutional needs. These perceptions announce the possibility of reinterpreting the values and meanings assigned to the body in a military field, which may impact the military *habitus* and hence how these agents perceive and handle bodily differences. This reinterpretation is also found on other studies on healthcare from the point of view of reintegration military personnel in different contexts^{29,30}.

In light of the ideas of Goffman¹⁵, it is fair to say that the meaning of disablement is social and in construction, and thus the link between stigma and disability is not fixed. There is always the possibility of change in the perception of stigma during the course of one's life, especially following closer contact, such as personal experience or having a work colleague who experiences stigma.

This study returns to the debate on diversity, considering it a matter of group health. Disablement is thus conceived based on the social determinant of health, understood as the “process resulting from historical and structural determinants that mold social life in the different social formations”³¹. In recognizing the different forms of social reproduction present in the various social-historical contexts, this concept also associates the different potentials of wear and strength, which presents itself in the reality of the military professional, understood here as the processes that mediate between work/life, health/disease and military *habitus*/disability. This analytical outlook is essential to problematize the creation of paths that enable overcoming the tension existing between military *habitus* and disablement,

facilitating or hindering access to people with disabilities to the armed forces, thus collaborating to the recognition of human rights.

Collaborations

NX Moreira helped design the study, review the literature, gather and analyze data, and draft and critically review the text. LF Cavalcanti helped design the study, plan the research and critically review the text. RO Souza worked on the review and final working of the text.

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Article submitted 10/03/2016

Approved 11/07/2016

Final version submitted 13/07/2016

