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SHIFTING THE FOCUS TO ABILITY, NOT DISABILITY

Odağı Engelliliğe Değil Yapabilirliğe Yöneltmek

Fulya DOĞRUEL
Dr. Öğr. Üyesi
Bandırma Onyedi Eylül Üniversitesi
İnsan ve Toplum Bilimleri Fakültesi
ORCID ID: 0000-0001-9593-740X
fdogruel@bandirma.edu.tr

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Abstract: This study examines the dynamics of social inclusion and exclusion of people with disabilities while also interrogating the changing meanings of normality, subjectivity, and equality with a focus on the concepts of capability and accessibility. The study, sheds light on the expectations of and challenges faced by disabled people trying to achieve a content life while examining the conditions for a more egalitarian society that embraces disabled people. According to current estimates, there are more than a billion disabled people around the globe. In this sense, many people with disability face multiple barriers, exclusion and stigmatization while accessing social, physical and economic fields throughout their lives. Disability is a human rights concern because people with disabilities experience violations while exercising their fundamental rights. This qualitative study was conducted in Izmir, in 2015 through in-depth interviews with 12 participants with orthopedic disabilities. The study, in line with the contemporary paradigm of disability, reveals that disability is a relational issue that requires a holistic approach as it is not only a physical issue but also a sociocultural phenomenon that people experience due to their interactions as well as social and institutional perceptions of disability.

Keywords: Disability, Accessibility, Normality, Stigma, Equality.

Öz: Bu makale, engelli bireylerin sosyal içerme ve dışlama dinamiklerini incelerken, aynı zamanda normallik, öznellik ve eşitliğin değişen anlamlarını yapabilirlik ve erişilebilirlik kavramlarına odaklanarak sorgulamaktadır. Çalışma bir yandan mutlu bir yaşama erişmeye çalışan engelli bireylerin beklentilerine ve karşılaştıkları zorluklara ışık tutarken, diğer yandan da engelli bireyleri kucaklayan daha eşitlikçi bir toplumun koşullarını irdelemektedir. Dünya genelinde, yaklaşık bir milyardan fazla insanın bir engellilik deneyimi yaşadığı tahmin edilmektedir. Bu anlamda engelli birçok birey sosyal, fiziksel ve ekonomik alanlara erişimlerinde birçok engel, dışlanma ve damgalanma ile karşı karşıya kalmaktadırlar. Engellilik bir insan hakları meselesidir çünkü engelli bireyler temel haklarını kullanırken ihlallerle karşılaşmaktadırlar. Bu nitel çalışma 2015 yılında, İzmir'de ortopedik engelli 12 katılımcı ile derinlemesine görüşmeler yapılarak gerçekleştirilmiştir. Çalışma, çağdaş engellilik paradigmasına uygun olarak, engelliliğin bütüncül bir bakış açısıyla ele alınması gereken ilişkisel bir mesele olduğunu, çünkü engelliliğin yalnızca fiziksel bir mesele değil, aynı zamanda insanların etkileşimlerinin yanı sıra toplumsal ve kurumsal algılar nedeniyle deneyimledikleri sosyokültürel bir olgu olduğunu ortaya koymaktadır.

Anahtar Kelimeler: Engellilik, Erişebilirlik, Normallik, Etiketleme, Eşitlik.

INTRODUCTION

Today, it is estimated that more than 1 billion people worldwide currently experience some form of disability. In recent years there has been growing awareness of disability, along with a more inclusive and empowering approach towards people with disabilities. Disability studies developed worldwide after the 80s alongside the disability movements emphasized the necessity for focusing on disability not only in terms of a person's bodily impairments or handicaps but also by the social barriers which have intrinsic relationships with societal and institutional perceptions of disability. In this context, a proliferation of critical voices around the world has risen about the social attitudes that subject individuals to a hierarchy based on social body norms and thus prevent many disabled individuals from accessing the public sphere and the resources that will improve their quality of life. This alternative paradigm, having developed within the framework of social and biopsychosocial disability theories as well as the capability approach, has now changed the meaning of 'disability'. Emphasizing the relationship between the individual and society, it denotes that individuals can exist in the social sphere through their capabilities, whether they are disabled or not, and that they can realize themselves and improve their quality of life only if obstacles are not placed in front of them.

People with disabilities around the world often face violence, ill-treatment, prejudice, and contempt simply because of their disability. To minimize the negative experiences of disability, theoretically, disability should be evaluated in a holistic framework that considers the efforts of the individual, the possibilities and needs of the body, and a supportive societal and institutional approach. In this sense, there is rising awareness and disability consciousness that help the implementation of citizenship rights for people with disability and rights-based policies. Despite this advancement, it can be claimed that individuals with disabilities continue to rank among the most disadvantaged groups globally. This inferiority originates more from inaccessibility to work, education, the economy, and other life resources. Yet, many examples illustrate the possibility of other lives for people with disabilities, full of success when accessibility is not blocked with a human hand.

This paper aims to analyze the changing meanings of disability focusing on capability and accessibility through elaborating the dynamics of the social inclusion and exclusion of people with bodily impairments. The paper questions the multi-dimensional interaction of body and society that construct and transform the self and society. In this sense transforming meanings of disability will be discussed in relation to the concepts of 'disabled' body, normality, stigma, accessibility, equality, and disability consciousness. It is also important to put forward that, while this study questions the problems posed on disabled people by body standards that are determined according to the physically 'fully functioning' people who presented as 'normal'; it does not ignore the obstacles that the body puts in front of them; nor does it underestimate the diversity of experiences of disability.

Methodology

This qualitative study was conducted in İzmir, in 2015. Qualitative studies are very influential when the researcher aims to examine the case in "*its complexity*" with a "*holistic*" focus, aiming to understand "*the wholeness*" of the issue (Punch, 1998, p.150). So "*the narratives and the lived experiences of people with disability can be more intimately embraced and understood"* (Campbell, 2009, p.198). The data of the study was collected through the application of a semi-structured, open-ended questionnaire through in-depth interviewing of 12 participants – 6 female and 6 male – with orthopedic impairments. Participants were between the ages of 28 and 45. Three male and one female participants are university graduates; two male participants are high school graduates. The other five male and female participants are middle school or primary school graduates. One female participant is literate. The education level of female participants is lower than that of male participants.

Disability is a multidimensional and relational phenomenon that is influenced and determined by bodily conditions on the one hand and forms of social communication on the other. In order to understand and analyse the conditions, feelings and expectations of people who experience disability in different ways from a holistic perspective with different dimensions, it is necessary to have access to detailed information on this subject. In this sense, this qualitative study, through the case of İzmir, aims to contribute to the dissemination of disability awareness to ‘outsiders’.

Theoretical Framework

This study of disability theoretically relies on contemporary disability models like the social model and biopsychosocial model as well as Amartya Sen's capability approach. Social theory marks its stamp on social policy-oriented contemporary disability studies. Social model of disability that challenges the prevalent medical model “*has its roots in the struggle of disabled people for the realization of their civil rights*” (Burchardt, 2004, p.735), particularly in the 1970s by the British disability activists and theorized by Oliver (1990) Finkelstein (1980), among others (Beaudry, 2016, s. 210).

The medical model claims the problems of disability “*arise from deficits in the body*” (Shakespeare and Watson, 2002, p.5) and perceives disability as “*a problem*” that “*requires medical care provided in the form of individual treatment by professionals*”. Taking ‘*medical care*” as a central issue, the report recommends, in terms of political action, “*changing or reforming health care policy*” (WHOb, 2007). Yet, on the other hand, the social model perceives the problems of disability as arising from “*social oppression*” (Shakespeare and Watson, 2002 p.4).

The social model of disability perceives the disability issue as a socially constructed problem in relation to the integration of disabled individuals into society. Disability is not an “*individual*” phenomenon but “*rather a complex collection of conditions, many of which are created by the social environment*”. Hence, “*it is the collective responsibility of society at large to make the environmental modifications”* so that persons with disabilities can “*fully participate*” in all facets of social life (WHOb, 2007, p.18,19). The social model, making a “*firm distinction between [biological] impairment and [social] disability,*” highlights the importance of developing a “*political strategy (...) to dismantle disabling barriers to promote the inclusion of people with impairments”* into society *“rather than pursuing a strategy of medical cure or rehabilitation”* (Shakespeare and Watson, 2002, p.3, 5). In this sense, the social model, which calls for “social change” at the political level, raises a “human rights issue” (WHOb, 2007, p.19).

The relationship between disability and society is clearly expressed by Oliver (1999, p.164), one of the most prominent scholars who coined the term social theory. According to him there are three criteria to identify disabled people: “*(i) they have an impairment”; (ii) they experience oppression as a consequence, [and] (iii) they identify themselves as a disabled person*” (Oliver, 1999, p.164). Consequently, the meaning of disability is constructed through a combination of the body, self-perception, and the societal perception of disability. So, the focus shifts from the physical aspects of disability to disabling experiences. The social model has some commonalities with the social constructionist approach that precedes the culture over the body and postulates that “*the dominant ideas, attitudes, and customs of a society influence the perception of bodies*” (Siebers, 2008, p.54).

The symbolic interactionist approach addresses the phenomenon of disability through the lens of micro-analysis within the framework of individual-environment interaction focusing on identities, attitudes, and labelling. The labelling theory, which covers an important place in this approach, focuses on how an individual's sense of self is formed through their interactions with other people and the labels attributed to them (Nickerson, 2021). The labelling described through Goffman's (1963) concept of stigma explains how “*the social interaction of ‘normal’ people and stigmatized individuals often entails uneasiness, embarrassment, ambiguity and intense efforts at impression* *management"* (Bernburg, 2009, p.191). "*Such contacts can (…) lead normals and the stigmatized to arrange life to avoid them*" (Goffman, 1963, p.13). In this sense "*labelling may lead to social withdrawal due to anticipated rejection or devaluation*" (Becker, 1963, as cited in Bernburg, 2009, p.191).

Goffman (1963) indicates that stigma is reinforced not only socially and culturally but also by official definitions. These cultural and social encounters, depending on their qualities, can either encourage or hinder people with disabilities in their realizing themselves and taking their rightful place in the public sphere. Through the social model, together with the symbolic interactionist and social constructionist perspectives, given notions of normality that exclude individuals with a disability have been subjected to radical critique while an influential literature has emerged questioning "*the conventional division between norm, normal and deviance/abnormal*" (Williams, 1987, as cited in Turner, 2001, p.252).

Despite the fact that the individual/medical model is still popular in the biomedical community, having been "*aware of environmental factors contributing to disability*" contemporary disability studies consider the social model as a "*new paradigm* and *heavily criticizes the medical model, perceived as outdated and oppressive*" (Beaudry, 2016, p.211). In brief, the development of the social model was a product of disabled activism and the social model, replacing the medical approach to disability, has changed the perception of the World Health Organization and the social policies of many countries towards disability. On the other hand, it was discovered that social theory had a weakness regarding the absence of the body as Zola (1991) spotted (Shakespeare and Watson, 2002, p.6).

In this sense, "*there is a growing appreciation of the body and embodiment in modern sociology*" and "*the study of impairment and disability*" (Turner, 2001, p.253). Hence, disability models that emphasize how a person's impairment interacts with their environment and other activities are more prevalent in disability studies (Smart and Smart, 2006). The search for the equilibrium between body and culture resulted in the evolution of a dialectic 'biopsychosocial model' of disability developed by WHO which resulted in another sense of integration between the opposing 'medical model' and 'social model' (WHOa, 2007, p.18,19).

ICF, known also as the biopsychosocial model, revisioning the social model, suggests a "*multi-perspective approach to the classification of functioning and disability as an interactive and evolutionary process*" (WHOb, 2007, p.17). As WHO confirms "*disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives*" (WHOc, 2022). So, ICF systematically categorizes health-related areas in order to understand personal experiences and make needs assessments of people with disability in the real context they live. ICF proposes that "*disability has its genesis in a health condition that gives rise to impairments, and then to activity limitations and participation restrictions within contextual factors*". Here the "*contextual factors refer to the entire background of an individual's life, including personal factors, the environment (home, school, and work), services available in the community (e.g., transportation, health care, social services), and cultural factors (laws and attitudes)*" (Mitra, 2006, p.238). The ICF model linking the personal to the social, analyses interaction among disability, functioning, and contextual factors focusing on "*body functions, body structures, activities/participation, environmental factors" as well as "personal factors*" (WHOb, 2007, p.xix, 8). Accordingly, all these physical and cultural factors are influential in the well-being of people with disability and determine their life quality.

On the other hand, the capability approach put forth by Amartya Sen might be considered complementary approach to the social models of disability. Both approaches perceive the disadvantages of having a disability as "*resulting from the interaction between the person and the social, economic and physical environment*" rather than the individual's "*physical or mental* *impairment*” (Burchardt and Vizard, 2014, p.153). Sen’s capability approach provides a useful framework to be able to understand disability in relation to ‘social justice.’ Sen explores the ‘capability’ perspective on the assessment of (1) “*well-being*” and (2) “*freedom to have well-being*” (Sen, 1992, p.39). According to Sen (1992, p.49) “*capability is primarily a reflection of the freedom to achieve valuable functioning.*” Therefore, the measure of “*equality is what people are actually able to be and do*” (Crowther, 2011, p.56). In other words, this approach practically focuses on the freedom to develop a capability and the potential to turn it to functioning, both of which are the main sources for ensuring people’s well-being and equality. As a measure of well-being, Sen stresses social and individual limitations as well as autonomy, freedom, and income (Burchardt, 2004).

In Sen’s capability approach “*incomes and commodities*” are regarded as the “*material basis of their well-being*”. Sen identifies five different factors as determinant of the level of well-being variegating from person to person. These are (1) “*personal heterogeneities*” referring at individual’s “*physical characteristics*” connected with disability and “*make their needs diverse* [such as] *illness, age or gender*”; (2) “*environmental diversities*” which influence their quality of life and needs; (3) “*variations in social climate*” which refer to social conditions; (4) “*differences in relational perspectives”* with regard to income, poverty, and other commodity requirements and consumption possibilities; and (5) “*distribution within the family*” that determine welfare and share of “*nonearners*” depending on “*intrafamily distribution of incomes*” (Sen, 1999, p.70-71). In this respect, Sen’s capability approach is also related to the analyses of “*welfare economics*” in terms of “*assessment of personal well-being, poverty, and inequality*” (Mitra, 2006, p.236). Sen refers to disparities in the enjoyment of freedoms as *“capability deprivation”*” (Crowther, 2011, p.56).

Eventually, the contemporary paradigm of disability provides a rights-based political framework within which disability is perceived as a relational human condition that ties the physical body to the social body and the agency to society. In this sense, disability studies, especially social models, have undergone a paradigm shift from conventional philanthropic and medical approaches to a human rights-based approach.

ANALYSIS

Nature or Nurture: Construction of ‘Normal’

One constant question that occupies social scientists’ minds is whether nature or nurture is more determining of human behaviour. The same questioning reflects in disability studies as to whether a disability is just a bodily and personal matter or partially/fully socially constructed. In general, a fair response to this question would be given with Kottak’s (2010, p.418) words “*human attitudes, values and behaviours*” are limited not only by “*biological predispositions*” but also by “*our environment during growth and development*” and “*our experiences during enculturation*”. So, the state of disability or ability, in the sense of Sen’s capability approach and social models of disability, comprises of various correlations in the triangle of the individual's endeavor, the state of the body, and the approach of society, and therefore varies from one individual to another, and from one society to another. The condition of the person is the result of relationality, that is, it is influenced by both nature and nurture.

This is precisely the debate that influenced the development of the theory of disability. The medical approach, which was particularly strong until the 1980s and then to a certain extent, regarded disability as a disease to be treated. Yet, after the 1980s, the social model became the dominant view that emphasized that disability is more nurtured, that it is a social construction, a view this time overshadowing the body. Later, it became evident that there is a need for a more holistic perspective that would affect health policies and social perspective in a more constructive way by addressing both nature and nurture, that is both the physical and social conditions of people with disability. Capability and biopsychosocial approaches deal with disability matters within this new paradigm influencing worldwide associations' perceptions of disability and health programs – i.e., WHO and the UN – have made a big difference in the standard of living for people with disabilities.

Countless disability studies have proved that it is not only one's own disability but more the "*cultural representations*" (Zitzelsberger, 2008, p.252) that affect the socio-economic and emotional well-being of people with disability. Besides, "*disability is a development priority because of its higher prevalence in lower-income countries and because disability and poverty reinforce and perpetuate one another*" (WHOa, 2021). In this context, accessibility to resources and the value attached to the body have an intimate relationship to "*hegemonic body norms*" and "*the daily attempts that all people are evaluated and hierarchically ranked*" according to culturally constructed categories of "*normal*" in relation to the criteria of "*capitalist production, productivity, and related socio-economic regulations*" (Dreger, 2008, p.240).

The concept of stigma introduced by Goffman (1963) is of great importance in understanding how the perception of disability is constructed through social interaction among stigmatized and "normal" people. Goffman defines stigma as *"the situation of the individual who is disqualified from full social acceptance*" and "*reduced in our minds from a whole and usual person to a tainted, discounted one"* (1963, p.12). So, stigma is "*an attribute that is deeply discrediting*" (Goffman, 1963, p.10) and leading stigmatized individuals to often perceived as *"weak, pitiful, passive, and dependent"* (Murphy, 1990, as cited in Gerschick and Miller, 1995, p. 185). This perception leads them to feel "*ill*" and "*different*" and to "*suffer*" (Dreger, 2008, p.127, 131). These facts are confirmed by a variety of studies on disability in Turkey (Altuntaş Duman and Doğanay, 2017; Ergüden, 2018, Burcu, 2011) and via the input of the participants.

> *"There is a point of view that we should pity, protect, and take under our wings the disadvantaged groups. We have equal rights, we have citizenship rights, social rights, but we have not reached that level." (32, M, High S.*)

> *"Healthy people sometimes don't understand, they look at me differently, as if they pity me, I have nothing to pity (...) Some of them say 'tut, tut, tut, she is so young, God help her'. Sometimes I feel like an alien out of this world, and this makes me bitter inside. I lose my enthusiasm for going out, I say to myself that if this is what this person is doing, what will others do, then I get withdrawn." (28, F, Literate)*

> *"There is a perception in society that 'I am able, I am healthy, but he is not'. I also roam the same places, I also have arms and hands, the only difference is I cannot stand up. They see me as unhealthy, but there are also diseases in people who look healthy. It upsets me when they look at me with pity. They say this person cannot get married, look after a house, love, do things. Women seem to be more persecuted. However, technology has advanced so much that everything is now done with machines. I think they don't consider the disabled as worthy of marriage (...) and say things like stay out of sight." (32, F. Primary S.)*

Disability can either be congenital or acquired out of an illness or accident. So, as in most situations having a bodily impairment is an acquired characteristic rather than a birth feature.

> *"I was in my twenties. Then I had an accident. We have a very high number of traffic accidents a lot of people are injured. It's an instantaneous event, it is never certain what will happen to us when we leave here?" (40, M, University)*

> *"I became disabled after birth. After having febrile convulsions at the age of 3. The doctor had prescribed painkillers, antipyretics and had sent me home. When the fever did not subside whilst at home, I had a febrile convulsion." (28, F, Literate)*

> *"I became disabled at the age of fourteen following a negligent testing of a new application on my spinal cord, as a result of a treatment related to a disease I had. Anyone can become disabled at any time. Society fails to think about this, and if it does not create obstacles, let alone facilitate the lives of disabled people, there would be no obstacles. Izmir is still better than other places in terms of disability and environment." (30, M, Secondary S.)*

Despite the reality that anyone may become disabled in a split second, there is a distinct lack of empathy and awareness towards disability. For instance, competent scientists, such as renowned physicist Stephen Hawking, would be unable to contribute to science if he were unable to access the necessary social, economic, and technical resources. In brief, marking individuals with a disability as abnormal, incapable, and inferior is quite an inhuman treatment that prevents them from developing themselves, reaching societal resources, and enjoying their equal citizenship.

Yet, as Oliver (1999) put forward, the negative perception reinforced by the social construction of 'normal' and the stigmatization of people with disabilities as incapable or less capable creates barriers to their accessibility and self-realization. "*Stigma has profound effects across a wide range of outcomes, including well-being and self-esteem, self-perception, group identification, motivation, task performance, and social interaction*" (Van Laar and Levin, 2008, p.2). Goffman stresses that "*discrediting*" attributes constitute *"a special discrepancy between virtual and actual social identity*" (Goffman 1963, p.12) and so impedes the well-being, the life quality and "*reduces the life chances*" (Goffman 1986, p.14) of stigmatized people – in our case – with disability.

It is crucial to state that millions of individuals may not have the opportunity or incentive to achieve their objectives. Besides being stigmatized they are also "*tactfully expected to be gentlemanly and not press their luck; they should not test the limits of the acceptance shown to them, nor make it the basis for still further demands*" (Goffman, 1963, p.46). For example, as reported from time to time in the news, they should not occupy the bus when the 'normal' people are going to and coming back from their jobs; 'disabled children shouldn't be in the same classroom with 'normal' children so as not to frighten, depress or to upset them (engelliler.biz, 2014). This corresponds to the "*phenomenon of vulnerability*" of the "*disadvantaged*", which in a sense reflects "*the life stories of subjects who are devalued (...) negated and subordinated*" in terms of "*being the opposite of what is dominant and presented*" (Altındal, 2020, p.134). These stigmatizing and excluding treatments disrupt the integrity of the persons with disability and turns into a phenomenon that jeopardises their right to a better life with all their potential and even their lives.

The respondents highlight the influence of the family, in upstarting the child's socialization process, encouraging or discouraging their self-trust and the wish to realize themselves.

> *"There are friends who cannot leave the house because their parents are ashamed of them. Families who refuse to accept the disability of their children jeopardise their children's happiness and undermine their self-confidence. As a result, education must start with the family." (35, M, University)*

> *"Children should be taught not to be afraid of the disabled, not to humiliate them, and that they can be friends. Just as social rules can be taught to a child from a young age, awareness can be given at a young age about helping and understanding the disabled. The child's perception is more open than adults (...) after all, everyone is a candidate for disability." (48, F, Primary S.)*

> *"The lack of social and family support could isolate the disabled and restrain them to the home. There is a mentality of "what's the need, can't we take care of our child?" My family believed in me. Some people around me said never mind*

> *education, look at this one s/he studied and nothing came of it. However, when I passed all my exams, they all supported me." (23, F, University)*

These societal pressures and the lack of legal preventative audits impose an invisibility on disabled persons in social spaces. Mitchell (2001, p.393) pointing at the relation between "*hypervisibility and the invisibility that derives from it*", stresses how they are "*crucial to the experience of disability*". At this point, *the importance of analyzing the idea of vulnerability in relation to discrimination and the historical and geopolitical contexts that have shaped it becomes evident* (Altındal, 2020, p.132). However, "*we have to recognize that disablement [impairment] is not merely the physical state of a small minority of people. It is the normal condition of humanity*" (Sutherland, 1981, as cited in Shakespeare and Watson, 2022, p.24).

Accessibility and Capability

Accessibility to life resources is mutually linked to the development of capability. People with disabilities, like everybody else in the world, may improve their lives by realizing their full potential. Essentially, The Turkish Disability Act (2005), Law No. 5378 on Persons with Disabilities addresses accessibility in-depth (UNa). However, there are some shortcomings in practice, sometimes due to the lack of complementary implementation and control regarding the legal regulations in the legislation, and sometimes because people in the social sphere ignore or violate these rights. In general, as Kitchin (1998) points out, the segregation created by the design of certain areas of cities as indirect or direct 'no-go' areas reproduces the disadvantaged positions of people with disability. As Genç & Çat (2013) also put forward, for integration into society, people with disabilities should be empowered via employment.

Accessibility, in line with Sen's capability and social models of disability approach, as a matter of dynamic interaction of "*culture, society, social policy*" as well as "*body, health and environmental-personal factors*," is "*access to all areas in a holistic way*". In this sense "*isolation*" can be regarded as a matter of "*oppression*" towards people with disabilities (Saxton and Howe, 1987, as cited in Hanna and Rogovsky, 1991, p.51). "*Policies of 'social distancing' and isolation also have a negative impact on the bonds people establish with places and the social relations they develop through them*" (Çakı, 2020, s. 48). Both the detrimental effects of isolation and the necessity of the social environment in mitigating them were emphasized by the respondents.

> *"We are active, and engaged in many activities, but there are many disabled people who do not leave home, there are friends who have no hope. For example, one of our friends never used to leave the house, we tried very hard to get him out of the house, now he has a job, he works, and is married." (35, M, University)*

> *"One day when I was looking at a house I wanted to buy, I considered that with a ramp built at the entrance I could buy that house. Athough, we have a legal right to build a ramp the manager suggested a consultation with the other residents before doing so. All people need to abide by this law." (32, M, High S.)*

> *"When I was little, I didn't go out. When they carried me in their arms, it felt like a burden (...) It bored me to go out and have people look at me with pity. As I grew up, I realised that I had to go out. There are a lot of problems because of society's point of view, there is also the problem of traffic." (28, F, Literate).*

On the other hand, the qualities required for the development of capability initially come with education. In order to exercise both "*the right to education*" and "*the right to work*", one must be able to exercise "*the right to access*" (Harpur, 2019, p.43). Education and vocational specialization are not only prerequisites for finding a job but also for participating in social life.

Here, participants emphasized the importance of accessibility to jobs appropriate to their physical disabilities, as well as to the physical environment and technical support.

> *"There is, of course, a distinction between the disabled and other citizens when it comes to healthcare cutbacks, being deprived of the education system, and not being covered under the umbrella of social security. What will you do if you are uneducated, have no influence, and even the table you sit at in the workplace is unsuitable for you?" (32, M, High S.)*

> *"People with disabilities, particularly women, must have access to educational opportunities. Disabled people should be provided with training, courses and seminars. Trainees should be given certificates. They should be taught a real profession, not just a hobby." (23, F, University)*

> *"There are individuals who cannot obtain an education because of their living circumstances. There are more scholarships and more social awareness now, but I'm not sure how effective this awareness is. If a person can find the chance for education, the rest follows. In one initiative, we found youngsters who were carried on their mothers' backs to school and equipped them with a battery-powered vehicle." (35, M, University)*

> *"I was unable to attend school. My parents taught me how to read and write. My mother said, 'I will take you to school on my back,' but the stares of those youngsters (...) gave us [both for her and her mother] mental and physical anxiety (...) I was unable to attend school." (28, F, Literate)*

Education is a very important prerequisite for the employment of the disabled. In fact, disabled individuals with university and high-school qualifications can be appointed to positions through the State's EKPSS exam (disabled people personnel selection exam). However, even if quotas are allocated for the disabled, they may remain vacant due to lack of eligible disabled individuals with the requisite university and high-school qualifications. According to the data of the Turkish Statistical Institute (TÜİK, 2019) provided in the Turkey Health Survey on education, 25.9% of disabled people are still illiterate and only 6.2% of the disabled population are university graduates. The rate of high school graduates is 8.3 percent. Lack of education pushes disabled people to the lowest rungs of social stratification.

Considering the issue also in a relational manner from a political economy perspective, Oliver (1999, p.165) perceives "*economy as the crucial, and ultimately determining factor in structuring the lives of groups and individuals*." He suggests "*it can clearly be detected that this is not only an emotional and cultural confrontation but also the result of the competition over scarce resources and hierarchical, inegalitarian organization of the society*" (Oliver, 1999, p.165). Numerous studies on disabilities show that discriminatory practices result in the exclusion of disabled people from the job market (Kitchin, 1998; Burcu, 2011; Şişman, 2014). As also emphasized by Palmer (2011), this denotes the connection between poverty and disability. On the other hand, according to numerous research, women with disabilities face greater disadvantages than men with disabilities (Siri et al., 2020).

> *"The most serious problem for the disabled is illiteracy and lack of training (...) The greatest power is reputation; some disabled are unaware of this since they view everything as a blessing. Employment would be debated if disabled individuals aimed to work and acquire money, power, and reputation otherwise they would feel like beggars." (40, M, University)*

> *"In both the bureaucratic and public perspective, spiritually there is the idea that 'the giving hand is better than the receiving hand', 'our religion commands us to give charity to the poor', 'this man does not need to work, give him his wheelchair,*

> *pay his insurance, let him not come to my door, let me not give him a share of the budget'." (45, M, High S.)*

> *"In fact, the issue is the fear of losing their benefits. They don't want to work because they are terrified of losing their benefits. They are afraid of being fired the next day they are hired. In any case, the minimum wage is not much more than the disability pay (...) If the employment and pay are of a higher quality, then youngsters would forego the benefits and enjoy the pride of spending their own earnings." (52, F, Primary S.)*

People with disabilities are unable to work and, as a result, are reliant on their family due to a lack of sustainability in acceptable living conditions and the fear of losing their benefits. The relational dimension between education, employment status, and discrimination, which determines the social position of disabled people in general, should be taken into consideration. The social state has a great responsibility in solving the problems and gaps in access to education and economic resources for disabled people who do not have equal opportunities within market conditions. On the other hand, accessibility to the phsysical environment is a basic step towards access to education, employment and socialization. These features together, determine the conditions for the equal presence of persons with disabilities in the public spaces of the city.

> *"If the social state recognises rights for everyone in society, it should also recognise them for us. We should also be able to go on the street, we should be able to go to the markets." (48, F, Primary S.)*

> *"Buses are improving, metro entrances, elevators are convenient. People are becoming more sensitive, it is getting better. However, we have difficulty with vehicles parked on pavements and ramps. We raise it tactfully so as not to arouse hostility. Most apologise and move their cars. Some are rude." (...) (23, F, University)*

> *"They have ramps on buses, which opens by hand, but someone must assist (...) When I was going on the train, the ramp broke, the wheels got jammed between the train and the pavement, and I fell; I no longer ride on trains; the metro is convenient, but the trains are not." (30, M, Secondary S.)*

> *"Our society is generally sensitive, drivers are generally sensitive, but sometimes you may come across a driver who doesn't bother to open the ramp, passengers help instead when this happens. Our right to travel should not be hindered." (40, M, University)*

> *"For example, passengers place boxes in areas for the disabled, I say "can you move it", he doesn't, he looks at me as if he thinks 'what are you doing here, why did you come out'. It never occurs to him that we are on our way to work." (42, M, Primary S.)*

> *"Finding a house with an elevator is like looking for a needle in a haystack (...) we struggle a lot to find a suitable house for ourselves, it usually requires renovation, for which we cannot get permission from the landlord. Every step taken by a disabled person means an expense." (52, F, Primary S.)*

In fact, the notion behind the exclusion of disabled people is that they are not 'equal' and 'competent' as right holders. The participants' statements make it clear that the challenges that people with disabilities face are totally man-made. Social attitude must evolve within the context of equality consciousness. This awareness appears to be developing in the individuals. "*The awakening (...) of this awareness on the basis of the principle of social justice today has expanded* *the scope of social policy* on behalf of vulnerable groups," including disability groups (Altındal, 2020, p.132).

On the other hand, access to impairment-related technological equipment is also an important variable that influences the standard of living and social status of people with disabilities. No matter how much the state covers costs, individuals have to pay a significant part of the cost of both treatment and necessary technical and prosthetic/orthotic needs themselves. This requires a serious economic resource.

> *"We are being harshly ill-treated. We used to be able to purchase battery-powered vehicles. Every six month we replace dead batteries from our own funds." (32, F, Primary S.)*
>
> *"We need air cushions for battery-powered vehicles to avoid sores from sitting all the time, it takes 6 months for a sore to heal. Disabled people have to meet such costs from their own pockets. We can hardly afford to meet our normal costs. The cost of surgery for sores is 30 times the cost of the cushion, so the state should meet this, it gains, not loses." (30, M, Secondary S.)*
>
> *"I use varicose vein socks, only one tenth of the cost is covered by the state, I pay the rest. For those without social security, the governorship provides a green card scheme. Those with social security pay a large contribution." (45, M, High S.)*
>
> *"Prostheses are expensive. Quality of life is negatively impacted by the slightest deformity in the prosthesis. The state covers renewal costs every two years. Prostheses have inserts and sockets and deform rapidly, causing wounds. When that happens, they need replacing." (42, M, Primary S.)*

At a time when technology has transformed so much of human life, "*technological touches*" (Campbell, 2008, p.122) can enable individuals with impairment or disability to overcome some aspects of their disability. In this sense, participants emphasized the importance of sufficient income to cover health expenses, as well as state sponsored opportunities. In line with the biopsychosocial model the capability approach suggests, responding to the social and physical needs of individuals with a disability allows their self-realization and success through their capabilities.

Based on Goffman's (1963) analysis of stigma, it can be claimed that, while body matters in disability the primary reasons for inaccessibility are the obstacles created by other members of society who stigmatize them, counting them inferior based on their "difference" and pushing them to the lower segments of the social ladder, cutting off their access to societal resources. In this sense, "*the concept we call accessibility is a phenomenon far beyond ramps and it is a matter of democracy to ensure that disabled individuals participate in social life under equal conditions*." (Erşahin, 2018, as cited in Eryar Ünlü, 2018). The disability movement, which has been rising in the last thirty years with this awareness, has been demanding social mobility both in the axis of citizenship rights and with the aim of raising disability consciousness at all levels.

Raising Disability Consciousness and Tackling the Stigma

To counteract and tackle the stigmatizing and devaluation of people with disability as Oliver suggests (1999, p.163) "*there is a need for* "a more adequate analysis" of "an examination of the oppression" and basically to discover daily interactions that results in labelling the people with disability "*abnormal*". "*The language used to refer to persons with disabilities has played a significant role in the persistence of negative stereotypes*" (UNb). Respondents pointed out that being given a sense of "inferiority" by stigmatising, pitying, excluding, and even overprotectiveness merely discourages disabled people. In contrast creating awareness against such negative conducts and encouraging disabled individuals to appear in the public space might be recognized as fundamental steps towards a more inclusive society. For a more effective combat against derogatory attitudes, participants expressed their expectations from not only people with disabilities but also from society at large.

> *"We receive support in social discourse, but we face many difficulties in real life. Some families of female friends try to restrict them. But we need to travel, to learn outside. Associations should be actively encouraging disabled people. Disabled people should actively do things for themselves rather than waiting for others to do things for them." (23, F, University)*
>
> *"For example, when a conference is held on disability, academics speak, pedagogues speak, but disabled people do not speak. Events are organised for them but without them. Or events are organized just to provide photos for Day of Persons with Disabilities on 3 December." (40, M, University)*
>
> *"It seems like a lot is being done for the disabled, but that is not the case. Society first gives them hope and then marginalises them. They are hope mongering. For example, I wonder how disabled people live in the EU. Which paths they pursue and how they live? To give us a battle strategy. The disabled should be in unity and cannot get results by grouping politically." (35, M, University).*

Over the last forty years, people with disabilities come together and engage in activities to raise awareness of disability as well as to develop a sense of collective identity and self-esteem. Shakespeare (2010, p.3), one of the leading scholars of social theory and the disability movement, attributes this to "*the development of the social model*" and "*the disability activism that accompanied it*". The participants in this study reveal that an equality-based disability awareness, the importance of which is emphasised within the framework of disability models, is developing in disabled individuals and society. Disability associations have an important role in this regard. However, the participants also state that associations are used both as an aid institution by many disabled individuals and as an advertising institution by other institutions.

> *"Associations are somewhat better at raising awareness than in the past, but there is still a long way to go." (32, M, High S.)*
>
> *"Our disabled people are sometimes ignorant, they wait for someone to help them (...) The culture of charity, the culture of parasitism is developing, the disabled do not want guidance, instead they ask 'what will I get?'" (52, F, Primary S.)*
>
> *"They contact the association saying, I have a disabled sibling who wants to marry and inquire as to whether there are any suitable candidates. The association is for socialising, but its main purpose is to raise awareness." (45, M, High S.)*
>
> *"Associations have some visible problems. Some of those in charge of associations prevent the development of a holistic disability movement by creating distinctions in line with their expectations, interests and political tendencies. People tend to come to the association only for certificates or vocational courses. They raise concerns such as 'what if my benefit is cut off', and remain passive, saying 'don't teach me how to fish, give me fish'. We must protect scientifically created international universal values." (35, M, University)*

Disability associations in Turkey, particularly for the last decade, intensified their activism with an influential discourse they developed: *"you are the barrier; if you lift the barriers there is nothing that we cannot succeed"*. It is worth noting that the words 'barrier' and 'disabled' are rooted in the single Turkish word *'engel'*. This motto – as can be seen in the statements of the participants below – demonstrates how, rather than being perceived as "ill" or in need of care, they are developing a social interactionist perspective of disability that emphasises the need for struggle in revealing their capabilities as much as possible and realising their goals.

> *"Obstacles are the barriers placed before us, if they are removed, there are no disabilities. Yet, there is no gain without effort. Disabled individuals have to strive for this. There are many disabled people who are not aware of their legal rights, prefer to remain passive, live in difficult conditions. However, their population together with their families come to 30 million. They can be powerful if they choose to." (35, M, University)*
>
> *"Disabled people cannot study due to surgical, mental, architectural barriers, and degradation. They are constantly struggling to prove themselves in society, at work, at home and in social life. When opportunities are presented to them every disabled person is able to do every job under appropriate conditions. The voices of the disabled should be heard more often, and more opportunities should be made available (...) No disabled person should say 'I can't do this', there is nothing that perseverance cannot achieve. If they want, they can do everything. Social environment and awareness are very important for this. If the disabled person is given the opportunity for education, the rest will follow (…) They should not put us in a position of need so that we can strive to earn for ourselves and not depend on others. We need to do things that will have a lasting effect. If the social state recognises rights for everyone in society, it should also recognise us." (40, F, Secondary S.)*
>
> *"It is necessary to strive for the implementation of universal human values. The United Nations Convention on the Rights of Persons with Disabilities should be taken as a reference. We have projects in our heads but our human potential is low. Education is essential to create high awareness about disability in preventing discrimination and to raise social awareness." (45, M, High S.)*

Underlining the link between struggling and recognition, the respondents denote their effort in clinging to life. In Turkey, while the disability movement has advanced its activities aiming at development of disability consciousness to gain universal human rights and citizenship rights, as Bezmez and Yardımcı (2010) stressed, "a charity-based" support still seems to have weight in Turkey. In this context, permitting individuals with disabilities to exercise the rights they already have as citizens is the crux of the problem of interpersonal interaction. Persons with disabilities demand at least tolerance for their rights, such as awareness, recognition, respect, and the freedom to develop and demonstrate their talents, skills, and achievements.

Tackling the stigma and helping people with disability enjoy their citizenship rights requires interaction and solidarity among the society, the state, and the disabled. In the contemporary paradigm of disability in general, the goal is not to "*correct the deficiency*" in the individual, but to "*remove obstacles, create welfare and health and provide support*" (Burcu, 2015, p.38). Within this paradigm, the UN, in its "*Standard Rules on the Equalisation of Opportunities/or Persons with Disabilities*", declares that "states should initiate and promote programs for *"equal opportunities" and* "*awareness*" for people with disabilities, ensure "*effective medical care*", and have "*financial responsibility for national programs and measures*". Collaboration between "*states, organizations, and stakeholders*" is also crucial for equal opportunities (UNc). In Turkey, it is observed that "especially with the EU process, social discourse on disability has started to be adopted" (Burcu, 2015) and the accompanying social awareness has started to develop.

CONCLUSION

This study sheds light on the conditions, expectations, and challenges that people with disabilities face as well as what they need to lead a healthy and happy life. This study reveals that the phenomenon of disability should be viewed from a holistic perspective as disability is not only a medical or physical condition but also a social and cultural construct. In addition to the limitations of the individual's own body, human-made difficulties create the disability. There is a cycle that affects health and quality of life, which is composed of many elements influencing one another in relation to bodily impairments and social barriers in terms of access to the physical space, health, education, economic competence, and participation in social life. The societal perception of disability is changing in a positive sense, but to overcome the existing barriers there seems to be a need for further development of disability awareness and of social policies.

Disabled people's lives and futures are determined by their economic, and educational status as well as the financial and moral support they receive from the state, society, and family. The possibility of realizing expectations towards more egalitarian and fair attitudes – i.e., recognition, respect, and removing barriers – towards people with disabilities should be sought both in everyday interactions at the micro-scale and in social structures at the macro-scale. These interactions are influenced by national and global disability politics as well as disability movements that transform societal and institutional approaches to disability. The study confirms that individuals, families, society, and the state have a great responsibility in the realization of equal opportunities. As contemporary models of disability illustrate this is possible by addressing the issue from a rights-based perspective instead of an aid-based one. Deconstructing the discriminatory and discouraging perception and language towards disabled people is one basic step in this aspect.

The research also highlights the importance of engaging disabled individuals within society, not only with a focus on their physical disabilities but also with a focus on their abilities and potential. Yet, it underlines the link between struggling and recognition in terms of achieving an acknowledged status and respect, which is intrinsically linked to the development of disability consciousness at the society. In this sense overcoming the stigma while questioning the boundaries of societally constructed “normal” to be able to include all citizens. Disabled people will find opportunities to engage in business and social fields to the extent of their own capabilities when human-created obstacles are removed from their path. People who are already trying to overcome the difficulties imposed by their own bodies should not also have to struggle with social, cultural, and environmental barriers. The disabled must strive to develop a positive disability consciousness among people with and without disabilities, in order to pave the path for a happy, healthy existence based on equality.

REFERENCES

ALTINDAL, Y. (2020). Yeryüzündeki “Çirkin Ördek Yavru” larının Hapşırık/Öksürük ile İmtihanı: Sosyolojik Bir Açımlama. F. Çakı (Ed.) in, *Maskeli, Mesafeli ve Kırılgan: Modernitenin Pandemik Halleri*, (pp.131-160). Ankara: Nobel Yayınları.

ALTUNTAŞ DUMAN, N. & DOĞANAY, G. (2017). Toplumsal Dışlanma Pratikleri Üzerinden Trabzon’da Engelli Kadınlar. *Sosyoloji Araştırmaları Dergisi*, 20 (2), 1-48.

BEAUDRY, J. S. (2016). Beyond (Models of) Disability?. *J Med Philos.*, 41(2), 210-228.

BERNBURG, J.G. (2009). Labeling Theory. M. D. Krohn, A. Lizotte & G.P. Hall (Eds.) in, *Handbook on Crime and Deviance* (pp.187-207). London and New York, NY: Springer.

BEZMEZ, D. & YARDIMCI, S. (2010). In Search of Disability Rights: Citizenship and Turkish Disability Organizations. *Disability & Society*, 25 (5), 603-615.

BICKMAN, L. & ROG, D. J. (1998). *Handbook of Applied Social Research Methods*. London, Thousand Oaks, New Delhi: Sage Publications.

BURCHARDT, T. (2004). Capabilities and Disability: The Capabilities Framework and The Social Model of Disability. *Disability & Society*, 19 (1), 735-751.

BURCHARDT, T. & VIZARD, P. (2014). Using The Capability Approach to Evaluate Health and Care For Individuals and Groups In England. S. Ibrahim, & M. Tiwari (Eds.) in, *The Capability Approach* (pp.148-170). London: Palgrave Macmillan.

BURCU, E. (2011). Türkiye'deki Engelli Bireylere İlişkin Kültürel Tanımlamalar: Ankara Örneği. *Hacettepe Üniversitesi Edebiyat Fakültesi Dergisi*, 28 (1), 35-54.

BURCU, E. (2015). *Engellilik Sosyolojisi*. Ankara: Anı Yayıncılık.

CAMPBELL, F.K. (2008). Legislating Disability: Negative Ontologies and the Government of Legal Identities. S. Tremain (Ed.) in, *Foucault and the Government of Disability* (pp.108-133). Ann Arbor: Michigan press.

CAMPBELL, F. K. (2009). *Contours of Ableism: The Production of Disability and Abledness*. London: Palgrave Macmillan.

CROWTHER, N. (2011). From SEN to Sen: Could the 'Capabilities' Approach Transform the Educational Opportunities of Disabled Children?. S. Haines and D. Ruebain (Eds.) in, *Education, Disability and Social Policy* (pp.47-64). Policy Press.

ÇAKI, F. (2020). Afetler Sosyolojisi Bağlamında Pandemiye Bakış. F. Çakı (Ed.) in, *Maskeli, Mesafeli ve Kırılgan: Modernitenin Pandemik Halleri* (pp.23-56). Ankara: Nobel Yayınları.

DREGER, A. D. (2008). 'Introduction' From One of Us: Conjoined Twins and The Future of Normal. C. Malacrida & J. Low (Eds.) in, *Sociology of the Body: A Reader* (pp.127-133). Oxford University Press.

ENGELLILER.BIZ (2014). https://www.engelliler.biz/forum/ayrimcilik-haberleri-ve-yorumlar/139266-veliler-engelli-ogrenciyi-sinifta-istemedi.html [Erişim Tarihi 25 Aralık 2022].

ERGÜDEN, D. (2018). *Sosyal Dışlanma Açısından Bedensel Engelli Bireylerin Yaşantılarının İncelenmesi* (Basılmamış Yüksek Lisans Tezi). Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü.

ERYAR ÜNLÜ (2018). Toplumsal Yaşama Erişim Bir Demokrasi Sorunu, Dünya Gazetesi, 19 Ekim 2018 Cuma, https://www.dunya.com/kose-yazisi/toplumsal-yasama-erisim-bir-demokrasi-sorunu/430322 [Erişim Tarihi 25 Aralık 2022].

FINKELSTEIN, V. (1980). *Attitudes and Disabled People: Issues for Discussion (No. 5)*. New York: World Rehabilitation Fund.

GENÇ, Y., & ÇAT, G. (2013). Employment of Disabled People and Social Inclusion Relationship. *Journal of Academic Inquiries*, 8 (1), 363-393.

GERSCHICK, T. J. & MILLER, A. S. (1995). Coming to Terms: Masculinity and Physical Disability. D. F. Sabo & D. F. Gordon (Eds.) in, *Men's Health and Ilness: Gender, Power, and the Body* (pp.183-204). London, Thousand Oaks, New Delhi: Sage Publications.

GOFFMAN, E. (1963). *Stigma*. London: Penguin.

HANNA, W. J. & ROGOVSKY, B. (1991). Women with Disabilities: Two Handicaps Plus. *Disability, Handicap & Society* 6(1), 49-63.

HARPUR, P. D. (2019). *Ableism at Work: Disablement and Hierarchies of Impairment.* Cambridge: Cambridge University Press.

HAWKING, Wikipedia. https://tr.wikipedia.org/wiki/Stephen_Hawking [Erişim Tarihi 25 Aralık 2022].

KITCHIN, R. (1998). 'Out of Place','Knowing One's Place': Space, Power and the Exclusion of Disabled People. *Disability & society*, 13(3), 343-356.

KOTTAK, C. P. (2010). *Anthropology Appreciating Human Diversity.* (14th Edition) New York: McGraw Hill

MERRIAM, S. B. (2009). *Qualitative Research: A Guide to Design and Implementation*. San Francisco, CA: Jossey-Bass.

MITCHELL, W.J.T. (2001). Seeing Disability. *Public Culture*, 13, 391-97.

MITRA, S. (2006). The Capability Approach and Disability. *Journal of Disability Policy St*udies, 16 (4), 236-247.

NICKERSON, C. (2021). Labeling theory. Simply psychology. www.simplypsychology.org/labeling-theory.html [Erişim Tarihi 15 Ocak 2022].

OLIVER, M. (1990). *The Politics of Disablement.* London: Palgrave.

OLIVER, M. (1999). Capitalism, Disability and Ideology: A Materialist Critique of The Normalization Principle. R.J. Flynn & R. A. Lemay (Eds.) in, *A Quarter-Century of Normalization and Social Role Valorization: Evolution and Impact*, http://www.independentliving.org/docs3/oliver99.pdf.

PALMER, M. (2011). Disability and Poverty: A Conceptual Review. J*ournal of Disability Policy Studies,* 21(4), 210-218.

PUNCH, K. (1998). *Introduction to Social Research: Quantitative and Qualitative Approaches*. London, Thousand Oaks, New Delhi: Sage Publications.

SEN, A. (1992). *Inequality Reexamined*. Oxford, England: Clarendon Press.

SEN, A. (1999). *Development as Freedom*. Oxford: Oxford University Press.

SHAKESPEARE, T. & WATSON, N. (2002). The Social Model of Disability: An Outdated Ideology? *Research in Social Science and Disability*, 2, 9-28.

SHAKESPEARE, T. (2010). The Social Model of Disability. L. J. Davis (Ed.) in, *The Disability Studies Reader* (pp.266-73). New York: Routledge. URL: http://thedigitalcommons.org/docs/shakespeare_social-model-of-disability.pdf

SIEBERS, T. (2008). *Disability Theory*. Michigan: University of Michigan Press.

SIRI, A., LEONE, C., BENCIVENGA, R., ZAVIRSKEK, D. and BEZJAK, S. (2020). *Women, Disability, and Culture*. New York: Nova Science Pub Inc.

SMART, J. F & SMART, D. W. (2006). Models of Disability: Implications for The Counseling Profession. *Journal of Counseling and Development*, Winter, 84, 29-40.

ŞİŞMAN, Y. (2014). Engellilerler Açısından Eşitlik, Ayrımcılık ve Eğitim Hakkı. *Sosyal Politika Çalışmaları Dergisi*, 0(32), 57-85.

TURNER, B.S. (2001). Disability and the Sociology of the Body. G.L. Albrecht, K. Seelman, and M. BURY (Eds.) in, *Handbook of Disability Studies* (pp.252-267). London, Thousand Oaks, New Delhi: Sage.

TÜİK (2019). Engelli İstatistikleri. Engelli Bireylerin Eğitim Durumu, Okuryazarlık Durumu ve Cinsiyete Göre Dağılımı, https://data.tuik.gov.tr/Search/Search?text=engelli&dil=1 [Erişim Tarihi 15 Ocak 2022].

UNa Turkish Disabiliy Act, https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Turkey_Turkish-Disability-Act-TDA-No.-5378-of-2005.pdf [Erişim Tarihi 15 Ocak 2022].

UNb Department of Economic and Social Affairs, Disability, https://www.un.org/development/desa/disabilities/about-us/frequently-asked-questions-faqs.html [Erişim Tarihi 15 Ocak 2022].

UNc United Nations Standard Rules on the Equalisation of Opportunities/or Persons with Disabilities. https://www.ohchr.org/en/instruments-mechanisms/instruments/standard-rules-equalization-opportunities-persons-disabilities [Erişim Tarihi 15 Ocak 2022].

VAN LAAR, C. & LEVIN, S. (2006). The Experience Of Stigma: Individual, İnterpersonal, And Situational İnfluences. C. Van Laar and S. Levin (Eds.) in, *Stigma and Group Inequality* (pp.15-32). Mahwah: Lawrence Erlbaum Associates.

WHOa (2021). World Health Organization. https://www.who.int/news-room/fact-sheets/detail/disability-and-health [Erişim Tarihi 15 Ocak 2022].

WHOb (2007). International Classification of Functioning, Disability and Health. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/43737/9789241547321_eng.pdf [Erişim Tarihi 15 Ocak 2022].

WHOc (2022). Disability, World Health Organization. http://www.who.int/topics/disabilities/en/ [Erişim Tarihi 15 Ocak 2022].

ZITZELSBERGER, H. (2008). (In)visibility: Accounts of Embodiment of Women with Physical Disabilities and Differences. C. Malacrida and J. Low (Eds.) in, *Sociology of the Body: A Reader* (pp.252-57). Oxford University Press.