

CLASSIFICATION OF THE CONCEPT OF A PERSON WITH A DISABILITY

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Annotation. *This paper examines the evolving definitions and classifications of the concept of a person with a disability within international, legal, and academic contexts. It analyzes how various frameworks—medical, social, and biopsychosocial—have shaped the understanding of disability and influenced policy-making and service provision. Particular attention is paid to the definitions used by global institutions such as the World Health Organization (WHO) and the United Nations (UN), including the International Classification of Functioning, Disability and Health (ICF). The paper emphasizes the significance of adopting a holistic and inclusive definition that recognizes not only physical or mental impairments but also social and environmental barriers. This classification plays a critical role in promoting rights-based approaches and inclusive practices for persons with disabilities.*

Keywords: *disability classification, person with a disability, medical model, social model, ICF, WHO, UN CRPD, inclusive policy, impairment, accessibility*

Introduction. The experience of most developed countries shows that in the social protection of persons with disabilities, the primary concern is not the creation of social protection or social benefits, but the issue of their employment, that is, employment. As is known from the literature, 2/3 of all persons with disabilities in the world have the opportunity to engage in work to some extent at home, in ordinary or specially created jobs. However, only 11% of them are employed.

The most widely accepted definition of disability is found in Article 1 of the UN Convention on the Rights of Persons with Disabilities (CRPD), which defines persons with disabilities as “persons who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers hinder their full and effective participation in society on an equal basis with

others". The definition in this convention includes two important conditions that define disability:

- First, "disability" includes individuals with a chronic physical, mental, intellectual, or sensory impairment;
- Second, the impairment creates additional difficulties in combination with barriers (e.g. social, economic, political or environmental) that prevent the person from fully and equally participating in society. Understanding the second aspect is particularly important here, as removing barriers for persons with disabilities is a central principle of today's work to protect their rights.

The Law "On Social Protection of Persons with Disabilities in the Republic of Uzbekistan" defines a disabled person as "a person who is recognized as disabled in accordance with the procedure established by law due to limitations in life activities due to physical, mental, spiritual or sensory impairments and is in need of social assistance and protection".

Based on the studied analyses, from a socio-philosophical perspective, the system of persons with disabilities includes the following concepts:

Physical disability is defined as any condition that affects mobility or physical ability to move. This includes people with physical disabilities who use mobility aids such as wheelchairs, crutches, or electric scooters.

Sensory disability refers to any condition that affects a person's ability to sense things, especially hearing or seeing. These include people who are blind, partially sighted, color blind, hard of hearing, or deaf-blind.

Psychosocial disability - any condition that affects mental or emotional health. This includes, for example, anxiety, depression, agoraphobia (fear of public places), manic-depressive psychosis, schizophrenia, or post-traumatic stress disorder.

Intellectual disability is a condition that causes difficulties with learning and acquiring knowledge. An individual is considered to have an intellectual disability if their ability to learn and develop adaptive skills is below average and this condition has been present since childhood or adolescence. Examples include Down syndrome, fetal alcohol syndrome, or (in some cases) autism.

Disability also includes dyslexia, color blindness, diabetes, brain injury, HIV or AIDS, and others.

also see that in developed countries, the following categories of people are included in the group of people with disabilities:

1. Children with hearing impairments (children who are deaf from birth, children who are hard of hearing, children who later become hard of hearing);
2. Visually impaired (blind, visually impaired children);
3. Blind, deaf and dumb children;
4. Intellectual Developmental Disorders. This category includes mental and psychological developmental disorders resulting from congenital or acquired brain injuries before the age of 2-3 years, mental illness (epilepsy, schizophrenia, etc.). Cognitive impairment is the main criterion for this category;
5. Children with severe speech impairments.
6. Children with motor and skeletal muscle disorders. This category also includes children with cerebral palsy. Motor disorders are observed in various forms: immobility (paralysis, paresis), hyperkinesia (involuntary movements). At the same time, they can manifest themselves in varying degrees of severity - from mild coordination disorders to complete immobility;
7. Mental development disorders. This category includes mental retardation, damage, and disharmonious development.
8. Any anomalous development, depending on the cause of its origin, may be congenital or acquired during life.

As noted above, today there are different approaches and views on understanding the phenomenon of disability.

Based on this, let's turn to models of disability. As a result of scientific work and research conducted in developed and leading countries of the world, there are mainly two different views on disability and disabled people in modern society. These views are called "models", namely the "medical model of disability" and the "social model of disability". Currently, with the efforts of active disabled people and those who support their equal participation, views and concepts based on the "social model" are being promoted in developing countries of the world as well.

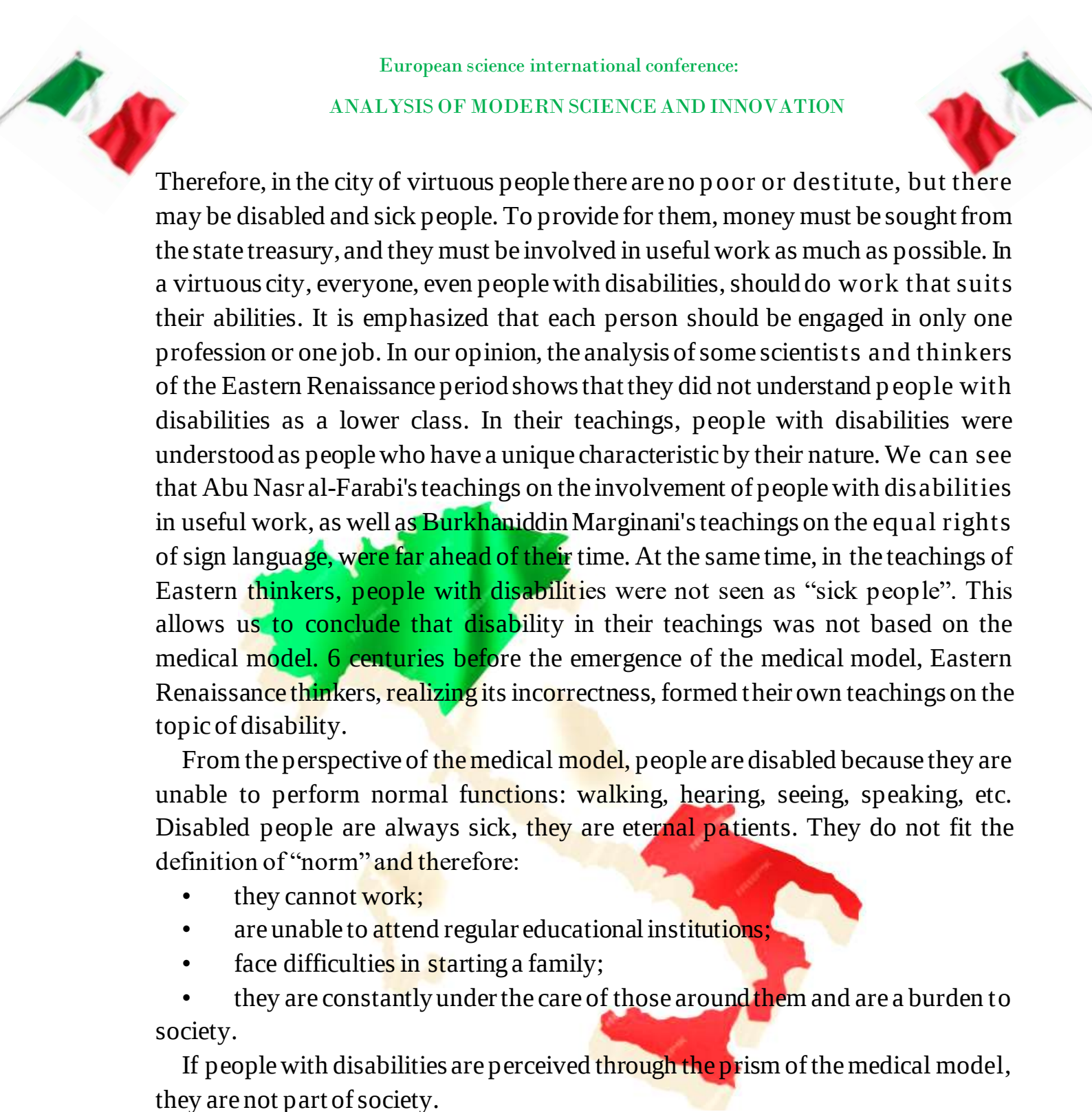
Models are of great importance in understanding the phenomenon of disability. The model of disability is understood by people with disabilities themselves and by society as a whole. The model is necessary for developing approaches to solving disability problems and for formulating social policies for people with disabilities.

A disability model is a system of views on disability that has developed in society. Although there are currently 12 conceptual models of disability, according to K.S. Shigaeva and N.A. Mazunova, they can be divided into the following 4 groups.

1. Moral (religious) model.
2. Medical model (rehabilitation model or functional limitation model, economic model).
3. The social model of disability, which has different versions. British models of disability (materialistic model and independent living model); American models of disability (psychosocial model socio-political, cultural, human diversity).
4. The “newest” paradigm of disability. There is no specific time frame for the application of a particular model, but several models may exist in the same historical period.

Despite the widespread medical model of disability today, one can see unique approaches to disability in the teachings of thinkers who created in the Middle Ages during the Eastern Renaissance. The approaches developed by them are characterized by the fact that people with disabilities are equal members of society, and the fact that society should create conditions for people with disabilities as much as possible is reflected in the teachings of Eastern thinkers. One of such works is the book “Khidoya” by the famous jurist Burhan al-Din al-Marginani. This work is of interest to most Islamic scholars and has gained wide popularity in the Muslim world. This work covers a number of issues related to disability. According to the thinker, if, for example, a person with a disability is accused of a crime or offense, he should be given relief due to his disability. This work also states that a mute person can marry a wife, divorce her, sell his property, and buy things.

At the same time, his communication through gestures is considered to be equal in power to language. Based on this, it can be concluded that the great thinker believed that sign language should be accepted as an official language and given official status. Another thinker widely known for his social teachings is Abu Nasr al-Farabi. In his works, he paid great attention to issues such as state administration, education, morality, peace and war. Al-Farabi, in his work entitled “The City of Virtuous People”, specifically teaches the rights of people with disabilities to work and the need for their economic support by the state. It is written in it that justice is expressed, first of all, in the correct distribution of good things that belong to all the inhabitants of the city and the correct preservation of wealth among those who are distributed. These are good things, wealth, health, honor, respect, positions and other similar things, of which a person should receive a share that is appropriate for him. It is unfair to receive more or less of these.



Therefore, in the city of virtuous people there are no poor or destitute, but there may be disabled and sick people. To provide for them, money must be sought from the state treasury, and they must be involved in useful work as much as possible. In a virtuous city, everyone, even people with disabilities, should do work that suits their abilities. It is emphasized that each person should be engaged in only one profession or one job. In our opinion, the analysis of some scientists and thinkers of the Eastern Renaissance period shows that they did not understand people with disabilities as a lower class. In their teachings, people with disabilities were understood as people who have a unique characteristic by their nature. We can see that Abu Nasr al-Farabi's teachings on the involvement of people with disabilities in useful work, as well as Burkhaniddin Marginani's teachings on the equal rights of sign language, were far ahead of their time. At the same time, in the teachings of Eastern thinkers, people with disabilities were not seen as “sick people”. This allows us to conclude that disability in their teachings was not based on the medical model. 6 centuries before the emergence of the medical model, Eastern Renaissance thinkers, realizing its incorrectness, formed their own teachings on the topic of disability.

From the perspective of the medical model, people are disabled because they are unable to perform normal functions: walking, hearing, seeing, speaking, etc. Disabled people are always sick, they are eternal patients. They do not fit the definition of “norm” and therefore:

- they cannot work;
- are unable to attend regular educational institutions;
- face difficulties in starting a family;
- they are constantly under the care of those around them and are a burden to society.

If people with disabilities are perceived through the prism of the medical model, they are not part of society.

Rehabilitation of disabled people is considered only from one point of view - the restoration of work opportunities. From this point of view, the concept of “disability” in the public mind is perceived as equivalent and interchangeable terms, which is actually incorrect.

The medical model sees the solution to disability problems in diagnosis, treatment, rehabilitation, and prevention.



The negative side of the medical model is the formation of stereotypes about people with disabilities. Thus, a disabled person is not socially significant. A disabled person and his family do not have the right to choose and self-determination, they cannot influence the solution of their problems. However, medical measures cannot completely change the situation, since many diseases that lead to disability are incurable.

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The social model of disability considers disability as a concept that develops as a result of the interaction between people with health impairments and environmental barriers – “people with disabilities include those who have permanent physical, mental, intellectual or sensory impairments who, when interacting with various barriers, may hinder their full and effective participation in society on an equal basis, and mechanisms for overcoming these barriers should be developed”.

The social model of disability is an alternative to the medical approach. If, from the point of view of the medical model, a person is disabled because of certain diseases, then from the point of view of the social model, a person becomes disabled because the conditions for his normal life are not created in society, there are barriers that separate people with disabilities, which do not allow them to function normally.

From the perspective of the social model, people are disabled because:

- environmental barriers, inaccessible housing, inaccessible transportation;
- due to lack of access to information and communication;
- due to lack of access to regular schools and universities;
- because they are not given equal opportunities to find work;
- due to society's negative attitude towards people with disabilities.

The social model was developed by people with disabilities themselves and allows us to look at disability from a different perspective. The social model recognizes that people with disabilities, like everyone else, need medical care from time to time. However, the model says that they should not be seen as objects of

medical intervention. It is important to involve people with disabilities in solving their own problems.

Despite his in-depth analysis of disability models, we believe that M. Oliver did not pay attention to the phenomenological aspects of the disability phenomenon. For example, some people with disabilities like to play the role of “sick” people who are outside the norm. This is because it suggests that the disease gives them certain privileges. We believe that the internal experiences of people with disabilities are not only related to their desire, but also arise from the fact that they have become accustomed to the stigmas that society places on them.

That is why the head of our state is gradually transitioning to a “social model” of disability recognition in Uzbekistan, in line with world standards. President Shavkat Mirziyoyev stated this in his Address to the Oliy Majlis on December 29, 2020. After that, practical steps were taken to transition to this model. The implementation of this model in Uzbekistan will help create conditions for persons with disabilities to realize their potential on an equal basis with other members of society, promote an inclusive society, and lead to social cooperation. In addition, the fact that Article 1 of the New Constitution defines Uzbekistan as a sovereign, democratic, legal, social, and secular state with a republican form of government actually means that the social protection of all segments of the population is a priority task of the state.

Also, the definition given in Article 3 of the Law of the Republic of Uzbekistan “On the Rights of Persons with Disabilities” is of particular importance in revealing the general content of this concept. “A person with a disability is a person with persistent physical, mental, sensory (sensation) or mental impairments who need social assistance and protection, the creation of conditions for full and effective participation on an equal basis with others in the political, economic, and social life of society and the state.” In our opinion, the definition given in the Law of the Republic of Uzbekistan “On the Rights of Persons with Disabilities” is not able to reveal this concept in legal terms. Therefore, the content of the definition was developed mainly based on medical and

As the concept of a person with disabilities evolves from a medical model to a socio-legal model, the integration of this category of persons will also develop in proportion to the emerging models. The socio-legal model plays an important role in the integration of persons with additional needs. That is, based on the rules of this model, society's attitude towards persons with disabilities is stabilized.

At the level of our physical existence, diversity is a completely natural state, and outside the hierarchical statement of differences, that is, without placing people with other body and thinking characteristics that differ from the norm accepted by society, our general acceptance is needed, inferior, and labeling them is considered pathological.

In conclusion, it should be said that based on the analysis and study of disability models above, when we pay attention to their socio-philosophical and ideological aspects, we also have to say that there are some problems in understanding, comprehending, and distinguishing between the models.

As a result of scientific work and research conducted in the developed and leading countries of the world over the past 30 years, there are mainly two different views on disability and people with disabilities in modern society. These views are called “models”, that is, the “medical model of disability” and the “social model of disability”. The ideological core of these models is fundamentally different from each other, which is why misunderstandings arise between the supporters of these models. Currently, disability issues are rapidly changing at the international level and in developed countries from the “medical model” to the “social model”. Such movements first began in the mid-70s in the USA with the initiatives of people with disabilities. The “social model” was developed by people with disabilities as a response to the “medical model”. The main emphasis is on the full participation and equal rights of people with disabilities in society. Currently, through the efforts of active disabled people and those who support their equal participation, views and concepts based on the “social model” are being promoted in developing countries around the world. Let us take the “medical model of disability”. According to this model, disability is understood as a problem that a person faces due to illness, injury or trauma to his body and mental disorders. As a result of such conditions, these people cannot fully participate in society, cannot receive an education on an equal basis with others, cannot obtain a profession and get a job, cannot satisfy their daily personal needs, cannot move freely on the street, cannot communicate freely with others and are deprived of the opportunity to start a family, which is based on the idea of the “medical model”. This model proposes the treatment of the person’s injuries, the restoration of body functions (rehabilitation), the monitoring of his mental state and the adaptation of him to society to “normalize” him. The problems that people with disabilities face in society can only be solved by changing them.

According to the “social model,” all people are different from each other in certain ways. In order to ensure the equal participation and functioning of all people in society, it is not necessary to change individuals, but to eliminate barriers in society. This model recommends a two-pronged approach. The first is to remove barriers and make society equal and free for all, and the second is to increase the potential and personal power of individuals, that is, this includes obtaining information, developing abilities and skills, and medical rehabilitation.

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