

# Disability in the Shadows: A Historical Reflection on Exclusion and Misunderstanding:

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## Abstract:

The lived experiences of people with disabilities are critically reflected in this paper. A period when the majority of society was ignorant and there was very little social awareness regarding disabilities. Disability was frequently misinterpreted, concealed, or stigmatized in many parts of the world, especially in less urbanized or marginalized areas. Instead of being seen as unique individuals with rights, potential, and contributions, disabled people were often perceived as burdensome, pathetic, or incapable. In order to investigate how these misconceptions influenced the lives of disabled people in the private settings of their homes, schools, neighbourhoods, and larger communities, this study goes back to that historical background. The study aims to reveal the layers of social neglect and emotional isolation that disabled people endure by using historical documents, firsthand accounts, and secondary data. In order to better understand their child's condition, parents frequently lacked access to trustworthy information or support networks, which left them feeling overburdened and unprepared to effectively advocate. Similar to this, educators and educational institutions were mainly unprepared to interact or accommodate students with disabilities, which led to their widespread exclusion from formal education. It was common for neighbours, extended family, and even members of the community to react indifferently, uneasily, or even discriminatorily. This paper also considers the psychological and emotional toll such systemic neglect imposed on disabled individuals. Many grew up internalizing societal rejection, with limited opportunities to express themselves, form peer relationships, or dream beyond the boundaries imposed on them. The cumulative impact of these experiences contributed to a cycle of marginalization, where the absence of institutional support and the silence of policy frameworks further entrenched disability as a private burden rather than a public concern. The research further highlights how this historical neglect was not merely the result of individual ignorance, but of broader structural failures, including lack of inclusive policies, poor disability representation in media and public discourse, and minimal investment in accessible infrastructure or rehabilitation services. The paper emphasizes the need to understand this period not only as a reflection of what was, but as a foundational context that continues to shape current disability discourses and the long journey toward inclusion. The study highlights the transformative significance of awareness, inclusive education, social acceptance, and policy advocacy by tracing these historical struggles. It urges a more knowledgeable and compassionate approach to disability, using historical silences as a wake-up call to the pressing need for inclusive and equitable futures. Thus, this historical reflection serves as a record of exclusion as well as a call to action for collective responsibility, rights-based frameworks, and empowerment.

**Keywords:** Disability, history, Exclusion, Misunderstanding, Discrimination, Stigma, and Lack of Awareness

## INTRODUCTION:

Throughout history, disability has often been relegated to the margins of society—enveloped in silence, misunderstanding, and exclusion. From ancient civilizations to modern states, persons with disabilities have been subjected to a range of responses, from reverence and care to neglect, pity, and outright discrimination. The very idea of what constitutes "disability" has been shaped and reshaped by religious beliefs, cultural ideologies, legal systems, and medical frameworks. Despite the strides made in disability rights and inclusive policies in the contemporary world, a critical historical reflection reveals how deeply rooted societal attitudes continue to influence the lived realities of disabled individuals. This paper, "Disability in the Shadows: A Historical Reflection on Exclusion and Misunderstanding," seeks to uncover and analyse the historical forces that have contributed to the marginalization and misinterpretation of disability across time and space (Barnes & Mercer 2010).

Disability has never been a static concept. It has changed over time, across regions, and in different sociopolitical contexts. For example, in ancient societies, disability could be both a sacred gift and a curse from God. Physical perfection was valued in ancient Greece and Rome, and people with disabilities were frequently seen through the prisms of eugenics, practicality, and beauty. On the other hand, some spiritual and indigenous traditions believed that some disabilities had spiritual significance or supernatural abilities. However, disability became medicalized, pathologized, and concealed as societies became more centralized and institutionalized, particularly with the emergence of nation-states and industrial economies. The disabled body became a subject of scrutiny, intervention, and control when it moved from a collective understanding to a bureaucratic and frequently clinical gaze (Shakespeare 2014).

During the Enlightenment and its aftermath, when reason, productivity, and individual autonomy became the prevailing ideals, disability treatment underwent a significant shift in history. Even though these principles are the cornerstone of contemporary liberal democracies, they paradoxically excluded people who were unable to meet the normative requirements of independence and reason. Individuals with disabilities were portrayed as "others"—deviants from the ideal citizen profile. In the 19th century, as medical science advanced, disability was increasingly described in terms of deficiencies and anomalies. The medical paradigm, which pervaded institutional and public perceptions well into the 20th century, perpetuated the idea that disabled people were patients who needed to be fixed or cured rather than unique individuals with rights, agency, and identities (Kalyanpur & Gowramma 2007).

Disability was simultaneously created through social and legal exclusionary practices. In the United States, Europe, and other colonial nations, institutionalization became the norm. Under the pretense of care and protection, institutions such as workhouses, special schools, and asylums developed as means of separating individuals with disabilities from the general population. These institutions were places of abuse, erasure, and neglect, and they frequently functioned under paternalistic control. Due to social pressure to conceal their disabled members, families were also frequently compelled to live in silence and shame. As a result, disability became significantly invisible in the political and public imagination—an erasure that had enduring effects (Oliver, 1990).

Colonialism had a big influence on how people talked about disabilities around the world. New methods of categorizing, treating, and disciplining disabled bodies were brought to colonized societies by Western medical paradigms and missionary fervor. Conventional knowledge systems that might have more

tolerantly accepted or accommodated diversity were frequently disregarded or destroyed. The reinterpretation of disability as an indication of moral failure, illness, or backwardness echoed and strengthened colonial hierarchies. Furthermore, especially in regions like South Asia and Africa, the combination of disability with race, gender, class, and caste resulted in multi-layered forms of exclusion. For example, disabled women experienced double marginalization and were frequently made invisible in the feminist and disability rights movements (Trent 1994).

The 20th century brought moments of both periods of resistance and regression. The atrocities of Nazi Germany's eugenics programs, in which thousands of disabled people were killed or sterilized as part of the T4 program, served as a clear example of the perils of extreme ableist ideologies. These incidents compelled international human rights discussions to face their moral obligations. New social movements that questioned the prevailing medical model of disability gradually surfaced in the post-war era, especially in the West. Disabled people, academics, and activists started calling for autonomy, accessibility, and recognition. The disability rights movement reframed disability as a social and political issue instead of just a medical one, drawing inspiration from civil rights struggles. A significant change in theoretical and activist thinking occurred with the introduction of the social model of disability, which makes a distinction between impairments and the social barriers that disable people (Burleigh 1994; Grech 2015).

The effects of historical exclusion are still noticeable in spite of these developments. Discrimination against disabled people persists in public life, healthcare, work, and education. Systemic barriers, stigma, and stereotypes continue to exist. Disability continues to be severely stigmatized and poorly studied in many parts of the world, particularly in the Global South. There aren't many historical accounts with disabled voices, and the prevailing historiography frequently ignores their experiences. The exclusion of disabled people from history is not just an accident; it is the result of systems and beliefs that have continuously disregarded and undervalued people who don't fit the mold (Charlton 1998).

The purpose of this research paper is to examine these historical processes of misunderstanding and exclusion. It accomplishes this by critically examining religious texts, policy documents, literature, oral histories, and archival records to track the historical construction and imagining of disability. The changing meanings of disability, the institutional systems that upheld segregation, and the cultural portrayals that either demonized or idealized people with disabilities will all be covered. The paper will also look at disability consciousness and resistance movements, asking how disabled people have fought against marginalization and taken back their identities and histories (Meekosha & Soldatic 2011).

"Disability in the Shadows" has both a literal and figurative meaning. It alludes to disabled people's physical invisibility—often kept hidden in institutions or family homes—as well as their symbolic marginalization in historical accounts and public discourses. In addition to representing fear, ignorance, and neglect, the shadows also represent the potential for emergence and illumination. In addition to providing a more inclusive understanding of the past, this paper seeks to challenge current injustices and envision more equitable futures by bringing disability out of the shadows and into the centre of historical inquiry (Garland-Thomson 2002).

By doing this, the paper embraces an intersectional perspective, acknowledging that disabilities are not isolated phenomena. Diverse experiences of exclusion and resistance result from its intersections with geography, gender, race, caste, and class. It is feasible to gain a deeper understanding of the underlying causes of modern ableism and to recognize the tenacity and contributions of disabled people across time by concentrating on historical reflections. Additionally, this method aims to dismantle the dichotomies of

normal/abnormal, able/disabled, and dependent/independent, which have long shaped societal thought but fall short in capturing the complexity of human diversity (Mitchell & Snyder 2000).

A disabled person's life is extremely difficult. The general public significantly lacked knowledge and comprehension regarding disabilities. Even other family members, parents, teachers, administrators, and neighbours were ignorant of this. It is unknown to others how a disabled person could read, write, or perform daily tasks. People with disabilities had an extremely difficult time because of this ignorance (Shakespeare 2014).

### **Lack of Awareness and Understanding:**

The society had very little understanding of how to support disabled individuals. Parents often felt helpless and unsure of how to assist their disabled children. They lacked the resources and knowledge needed to provide the appropriate care and education. Teachers, too, were unprepared and unequipped to handle the needs of disabled students. There were no specialized training programs or support systems in place to help them. In many cases, disabled individuals were viewed as a burden, both financially and socially. The cost of medical care, specialized equipment, and support services is often high, and many families struggled to afford these necessities. This financial strain, coupled with societal prejudice, led to disabled individuals being seen as dependent and unproductive members of society. This perception contributed to their marginalization and exclusion from mainstream society (Charlton, J. I. 1998).

Disability has traditionally been viewed through moralistic, superstitious, or religious lenses. Many cultures considered mental and physical disabilities to be signs of moral failings, curses, or divine punishment. The dehumanization of disabled people resulted from such interpretations, which also served as justification for their exclusion from public life. Adults with disabilities faced social exclusion, and children with disabilities were frequently institutionalized or hidden away. These reactions were the consequence of a pervasive ignorance of the nature of disability itself, not just of overt cruelty (Meekosha, H., & Soldatic, K. 2011).

The lack of inclusive representation and education made this ignorance even worse. Myths and stereotypes are fostered when disabled voices are not included in political, scholarly, and cultural discourse. The social and environmental barriers that led to the marginalization of disabled people were not given much consideration in the centuries-long medical or philanthropic studies of disability. As a result, disabled people were further alienated from the mainstream because disability was portrayed as an individual tragedy rather than the outcome of social exclusion (Imrie 1996).

Systemic exclusion began with this historical misinterpretation. The requirements of disabled populations were not taken into account when designing institutions, regulations, and public areas. The ignorance was a structural problem woven into the very fabric of society, not just a result of personal bias. A cycle of limited opportunities and social isolation was reinforced by educational systems' frequent failure to provide accommodations for children with disabilities. Similar to this, historically, the employment sector has excluded disabled people due to presumptions of incapacity rather than an awareness of the range of potential and abilities (Slee 2011).

Furthermore, this history of misinterpretation has frequently influenced how people with disabilities are portrayed in literature and the media. Disabled characters have rarely been presented as complex, free-thinking people throughout history, instead being objects of fear, inspiration, or sympathy. These portrayals have strengthened limited and frequently damaging ideas about disability, further separating society from a complex and compassionate view of the lives of people with disabilities (Munyi, Chomba.

2012).

### **Isolation and Stigma:**

People with disabilities were frequently viewed as burdens by society. Often, they were kept in seclusion in their rooms, isolated from the outside world. People hardly ever tried to comprehend or help them, and their existence was rarely acknowledged. Instead of support and inclusion, the dominant mindset toward disabled people was one of neglect and exclusion. There was very little knowledge of disabilities in society. This ignorance permeated every sphere of life, including work, education, and even simple social interactions (Titchkosky, T. 2000).

Throughout history, people with disabilities have frequently been marginalized and hidden in the shadows of social stigma, systemic neglect, and cultural misunderstanding. Many cultures saw disability as a social anomaly rather than just a personal tragedy, and they occasionally saw it through the prisms of superstition, moral failings, or divine punishment. In ancient societies, people with disabilities were often excluded from community life because they were seen as symbols of sin, karmic retribution, or curses. Due to this historical context, long-standing attitudes that combined ignorance and fear were established, which in turn strengthened the barriers that restricted the visibility and voice of individuals with disabilities (Barnes, C. 1991).

Disabled people experienced both physical and symbolic isolation. Many traditional communities kept disabled people hidden away in institutions or homes, keeping their lives out of the public eye. Their rights went unacknowledged, and their stories went unsaid. People with physical and mental disabilities, for instance, were frequently placed in poorhouses or asylums in the early industrialized world under the pretense of care and protection. These places, however, were rarely therapeutic; instead, they served to keep people who were thought to be "unfit" out of the general population. The idea that a disability was a private matter to be handled rather than a distinction to be embraced in society was strengthened by this institutionalization (Goffman, E. 1963).

Stigma further deepened the isolation of disabled people. Stigma, which had its roots in fear, cultural myths, and a steadfast ignorance, was a potent social force that resisted inclusion. It affected how people with disabilities saw themselves as well as how society viewed disability. The silent burden of internalizing shame and inadequacy frequently results in a decrease in aspirations and self-worth. The cycle of stigma also ensnared families, who occasionally decided to hide a family member with a disability in order to escape social condemnation or sympathy. Social invisibility exacerbated emotional suffering in many cultures (Oliver, M. 1990).

Even with the advancements made by disability rights movements in the 20th and 21st centuries, attitudes today still reflect the effects of past exclusion and misinformation. Although policies have evolved, social perceptions frequently do not. The transition from a medical or charitable model of disability to a social and rights-based model signifies a significant change in perspective. But unless society addresses the more profound, long-standing stigmas and narratives that still define disability, inclusion will remain performative and partial. It is imperative to dispel these persistent myths through education, representation, and the amplification of disabled voices (Kabue, S., Mombo, E., Galgalo, J., & Peter, C. B. Eds.). 2011).

### **Historical and Contemporary Challenges of Parenting Disabled Children:**

Parents of disabled children often found themselves at a loss, unsure of how to support their child's

development and integration into society. Without proper guidance or resources, many parents felt overwhelmed and helpless. Parents of disabled children in Kashmir faced significant challenges in providing education and support. Despite societal and infrastructural hurdles, their relentless efforts have borne fruit. These parents knew that educating their disabled children was the key to ensuring they would not be dependent on others. As a result, many disabled individuals have excelled in various fields, proving that with proper support and education, they can achieve great things. With immense struggle, some parents educated their disabled children and made them capable enough to progress and not be a burden on anyone. Today, these very disabled individuals are presenting their community to the world and fighting for their rights. Twenty years ago, there were no facilities available in Kashmir, but now there is some relief, thanks to a few disabled individuals. Now, some people in Kashmir are aware of disabled persons and help them gain access to good platforms (Siebers, T. 2003).

Throughout history, parents of disabled children have frequently had to navigate a world of uncertainty, loneliness, and false information. Many societies stigmatized disability, which led to more silence than discussion. In response, the social, educational, and medical systems either institutionalized and segregated disabled people or ignored their needs. There were few options available to parents in this situation for getting advice or creating communities of support. Families frequently fell for cultural superstitions, antiquated ideas, or pseudoscientific justifications because they lacked reliable information sources. As a result, many parents suffered from feelings of guilt, shame, and confusion about their child's condition rather than receiving knowledgeable support (Baumgardner D.J. 2019).

During the 19th and early 20th centuries, disabilities were often seen as moral failings or divine punishments, even in nations with developing health systems. Parents had to interpret their child's condition within limited and frequently detrimental cultural frameworks in the absence of disability advocacy or inclusive public health narratives. The medical community itself lacked the requisite understanding and compassion, frequently making ambiguous diagnoses or recommending institutional care with little regard for family-centered approaches. Parents felt more powerless and alienated (Ali, Farman & Hussain, Zakir & Khan, Muhammad. (2024).

The absence of support systems made these difficulties worse. There weren't many places where parents could get helpful advice, exchange stories, or develop group advocacy. Many families dealt with their problems in silence, sustaining cycles of marginalization for both themselves and their kids, in the absence of professional counseling or peer support. Beyond policy, the historical disregard for disabled people influenced how families perceived and dealt with disability in day-to-day interactions. This systemic failure denied generations of disabled people the chance to participate meaningfully in the community and exercise self-determination, in addition to impeding the development of inclusive care (Davis, N. A. 2005).

### **The Inadequate Response of Schools to Disability Inclusion:**

Teachers, who are vital to children's development, were also unprepared to meet the needs of students with disabilities. Specialized training programs for teachers on how to instruct students with disabilities were scarce. Many disabled children were consequently either placed in special education programs, which frequently lacked the funding and resources needed to deliver a high-quality education, or excluded from mainstream education. Due to this educational segregation, disabled people were further marginalized and had fewer opportunities for both professional and personal development (Smyth, R., & Dhami, R. 2024). educational institutions have played a central role in reproducing social norms and maintaining exclusionary structures, particularly when it comes to students with disabilities. For a significant part of

modern educational history, the prevailing attitude toward disability was steeped in misunderstanding, fear, and marginalization. Educators, often lacking proper training or awareness, were unprepared to effectively engage with students who had physical, sensory, intellectual, or emotional impairments. This lack of preparedness was not merely a matter of individual ignorance but reflected deeper institutional failures to view disabled learners as rightful members of the classroom community (Smith, J. D., & Hilton, A. 1997).

the dominant models of education were based on ideals of standardization, discipline, and measurable outcomes. These frameworks did not recognize the potential of students with disabilities or provide for a variety of learning needs. If segregated education was provided at all, it became the norm and was frequently marketed as "special education." But the idea that students with disabilities were inherently different, less competent, or even uneducable was strengthened by this kind of segregation. This resulted in a vicious cycle whereby exclusion fueled more misunderstanding, which in turn supported further exclusion (Milsom, A. 2006).

The absence of accessible facilities and inclusive teaching strategies also made disabled students less visible in popular educational narratives. Curriculum design did not take differentiated instruction into consideration, and disability awareness was rarely included in teacher training programs. As a result, many teachers either shunned working with students with disabilities or, at best, came up with paternalistic strategies that prioritized care over empowerment. Long-term effects of this historical lack of preparation include not only limiting the academic potential of disabled people but also sustaining societal attitudes that see disability as a deficiency rather than a component of human diversity (Chu, M.-W., Craig, H. L., Yeworiew, L. B., & Xu, Y. 2020).

### **Understanding social and structural barriers for disabled:**

Extended family members and neighbors frequently lacked awareness and understanding of how to engage with people with disabilities. Feelings of loneliness and exclusion resulted from this lack of social support and acceptance. Many disabled people were confined to their homes due to social barriers and prejudices, not because of their disabilities in and of themselves. They were frequently viewed as invisible, and their rights and needs were disregarded. Administrative bodies and policymakers also failed to prioritize the needs of disabled individuals. There were few, if any, policies in place to ensure that public spaces, transportation, and workplaces were accessible. This lack of accessibility made it incredibly difficult for disabled individuals to navigate their communities and lead independent lives. Public transportation systems were often not equipped to accommodate wheelchairs or other mobility aids, and buildings rarely had ramps or elevators. This physical inaccessibility created significant barriers to employment, education, and social participation (Munyi, Chomba. 2012).

Systemic failures made the problem worse. There are very few inclusive policies because administrative bodies and legislators have historically ignored the needs and rights of people with disabilities. Workplaces, public areas, and transit systems were not created or altered to meet the needs of individuals with disabilities. For example, their mobility and independence were limited in public spaces, government buildings, and schools by the lack of accessible restrooms, tactile pathways, elevators, or ramps. Wheelchair users and those with other mobility issues were unable to access public transportation systems, which limited their access to healthcare, work, and education. This inaccessibility, both socially and physically, was a result of broader societal marginalization and neglect as well as inadequate infrastructure. Disabled people were made invisible in public life due to a lack of inclusive planning. They were refused

freedom of movement, access to essential services, and full social participation. According to Chomba Munyi (2012), these difficulties are caused more by structural and social barriers than by the actual disabilities. Addressing disability necessitates more than just medical fixes; in order to guarantee everyone's dignity, inclusion, and equal opportunity, a fundamental change in institutional policies, community support networks, and societal attitudes is needed (Kors, A. 2022).

### **Challenging the Legacy of the Medical Model in Disability Care:**

Professionals in the medical field were also lacking in knowledge and comprehension. Insufficient training prevented many medical professionals and therapists from meeting the unique needs of people with disabilities. The lives of disabled people were made more difficult by the frequent misdiagnosis and subpar treatment that followed this lack of specialized care. It was also difficult to get rehabilitation services, which are essential for enhancing quality of life (Hammond, A. M. 2022).

This lack of specialized knowledge contributed to the perpetuation of outdated beliefs and stigmatizing practices. Therapists and physicians were frequently ill-equipped to recognize or address the multifaceted nature of disability, which spans physical, cognitive, emotional, and social dimensions. The failure to adopt a holistic and person-centered approach left many disabled individuals without appropriate interventions or care. Moreover, access to rehabilitation services—crucial for improving mobility, independence, and overall quality of life—was either severely limited or entirely absent, especially in marginalized communities and rural areas (Artiles, A. J., Dorn, S., & Bal, A. 2016).

The dominance of the medical model also obscured other critical viewpoints, like the social model, which emphasizes how social barriers cause people to become disabled. The emphasis remained on "fixing" the individual rather than promoting accessibility and inclusion. This historical omission has had long-lasting effects, limiting the opportunities for disabled people to succeed and perpetuating stereotypes (Reddy, C. R. 2011).

Disability rights movements and advocacy initiatives have only recently started to address these historical injustices. Medical practice is gradually changing due to a move toward patient-centered care, interdisciplinary collaboration, and inclusive training. The lived experiences of disabled people are nevertheless still impacted by the legacy of ignorance and exclusion, necessitating a more knowledgeable, considerate, and fair approach in all professional fields (Bagenstos, S. R. 2009).

### **Conclusion:**

The general perception of disability is one of charity and sympathy rather than inclusion and empowerment. People with disabilities were frequently viewed as charitable objects rather than as unique people with potential and rights. Despite their good intentions, charity drives and fundraising events frequently served to perpetuate the idea that disabled people could not lead independent and satisfying lives and were instead reliant on the kindness of others (Sudesh, V. 2008).

the lack of awareness and understanding has played a critical role in the historical exclusion of persons with disabilities. It has allowed stigma to persist, justified exclusionary practices, and impeded the development of inclusive societies. To move beyond this legacy, it is essential to promote disability awareness, center the voices of disabled individuals in policy and discourse, and reframe disability not as a personal deficit, but as a social construct shaped by historical attitudes and systemic barriers. Only then can we begin to dismantle the shadows of exclusion and build a more inclusive and understanding society (Ergün, M., Angelova-Mladenova, L., & Yavuz, B. 2023).

In order to acknowledge historical injustices and create inclusive futures, it is essential to comprehend the historical trajectory of how societies have treated disability. By considering the trends of stigma, isolation, misunderstanding, and exclusion, scholars, decision-makers, and communities can start creating more fair and compassionate frameworks. Disability needs to be recognized and appreciated as a part of human diversity, not as a problem that needs to be solved (Koller, Donna & Pouesard, Morgane & Rummens, Joanna. 2017).

In conclusion, , this study is a call to critically examine the histories we inherit and the narratives we create, not merely a look back. It challenges academics, decision-makers, and communities to consider how history can influence and change how we currently and in the future understand disability. It also emphasizes the significance of memory, visibility, and justice in disability studies.

The study emphasizes how disability is ingrained in social, cultural, and political discourses and is not just a medical or biological condition. Whether viewed through the prisms of deviance, charity, care, or dependence, historical constructions of disability have had a big impact on social attitudes and policies today. These constructions frequently dictate whose experiences are made visible or invisible, whose voices are heard, and whose bodies are valued. The study challenges prevailing paradigms and encourages more complex, intersectional, and lived understandings of disability by highlighting these historical frameworks.

The role of memory is central to this investigation. Both individual and collective memory are essential for forming a sense of self and community. Recalling the past is not just a personal exercise for many disabled people and their families; it is also a social and political act that validates existence, resiliency, and resistance. The study makes the case for the importance of remembering as a means of advocacy and empowerment. It highlights how erasing or forgetting histories of marginalization, institutionalization, or exclusion not only feeds injustice but also stifles the wealth of varied experiences that could guide more just and compassionate actions.

Another important theme that emerges is visibility. The potential for recognition and change is significantly impacted by who is seen and how they are perceived in academic research, public discourse, and policy discussions. The report highlights the continued lack of visibility of disabled voices, especially in marginalized settings, and advocates for a radical change in emphasis that puts disabled people's agency, creativity, and knowledge front and center. Being visible is more than just being represented; it's about recognizing the worth, complexity, and deservingness of scholarly, social, and political attention of disabled lives.

The study concludes by highlighting the importance of justice in discussions about disabilities. Here, justice is not just about enacting laws or changing institutions; it's also about fostering a culture that values and upholds the rights, ambitions, and dignity of every person, regardless of ability. Dismantling ableist structures, changing attitudes, and creating conditions that allow for full participation are the goals. Overall, this research encourages a renewed interest in history as a dynamic conversation that informs the present and the future rather than as a static archive. By emphasizing memory, visibility, and justice, it advances the larger goal of disability studies, which is to change the circumstances that lead to inequality and exclusion in addition to understanding disability.

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