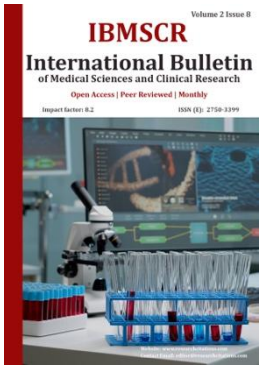

SOCIO-PHILOSOPHICAL FOUNDATIONS FOR THE INTEGRATION OF PERSONS WITH DISABILITIES INTO THE SYSTEM OF SOCIAL RELATIONS

Umurzakov Ilyosjon Mehmonaliyevich
Clinic of Andijan State Medical Institute,
Resident Physician, Department of Anesthesiology and Reanimation.
https://doi.org/10.5281/zenodo.21902757

Abstract: This article analyzes the socio-philosophical foundations of integrating people with disabilities into the system of social relations. It examines the social status and place of individuals in society, equality of rights and opportunities, social justice, and inclusiveness as important factors ensuring the full participation of people with disabilities in public life. The article substantiates the need to understand disability not only as a medical condition but also as a social, cultural, and philosophical phenomenon. It reveals the impact of social barriers, stereotypes, discrimination, and social exclusion on the integration of people with disabilities. The study emphasizes that creating an inclusive social environment, recognizing human dignity, and developing social interaction are essential conditions for ensuring an active civic position and the full integration of people with disabilities into modern society.

Keywords: people with disabilities, social integration, social relations, inclusiveness, social justice, human dignity, equal opportunities, social exclusion, discrimination, social interaction.

Disability can only be considered as a deviation from the norm in a specific situation, in the absence of a specific characteristic of a person or their behavior. In all other cases, disability is a social sign that limits a person. This trait is a social phenomenon that can be removed by changing the social environment, specifically by moving to another social group.

In the society of New Uzbekistan, people with disabilities are facing an increasingly harmonious integration into the life of society. Until recently, the education system and the media were not ready to adequately respond to this phenomenon. Because of this, the social system found it easier to classify people with disabilities, to define them as "different people," and therefore to alienate them from the ranks of "bookish" members of society. It should be noted that in this case, there were negative thoughts based on incorrect stereotypes and attitudes, such as grouping. Disability must have boundaries of social norms and conform to generally accepted standards. Therefore, there is a need to classify persons with disabilities as a social category of deviation from the "norm." That is, their physical and mental characteristics are studied.

A striking example of the attitude toward persons with disabilities is the article "Psychologist's Advice," published in the journal "Social Protection" in 1995. It defines a person with a disability as a "person with distinct deformities" or "a person with personality traits." The deformity is not only physical, but also due to the inability to start a family, "always at home," behavior is sometimes "a little animated"[1] qualities. They "stimulate," comfort, and make themselves happy. It is useful for them to communicate in this way"[2].

[1] Левченко И. Путь к себе. Советы психолога // Социальная защита. 1995. № 1. С. 81-84.
[2] Левченко И. Указ. соч.

In the new period of Uzbekistan's development, the attitude toward the phenomenon of disability in society is changing in a positive direction—rehabilitation centers are becoming more modern, and laws are being developed regarding their unhindered integration into the spheres of education and professional activity. At the same time, "the attitude towards people with disabilities in modern society is still very unpleasant, full of prejudice and class hostility"[3]. Despite the beginning of the integration of persons with disabilities into society, equality of opportunity has not yet been achieved, and the boundaries between "normal" and "deviant" remain strict, albeit symbolic.

Elements influencing the social behavior of members of a social group in a society with cultural roots, often expressed in the social mechanisms of production and consumption, are also observed in persons with disabilities. In studies conducted by American scientists[4] hard-of-hearing people do not consider themselves abnormal, but rather recognize the manifestation of their native language in their sign language, which has been persecuted by the majority of hearing people for almost a century with a special, communicative method.

It is legally prohibited to consider the social problems of persons with disabilities solely from the perspective of their disability and to address them through treatment or withdrawal from society. The psychological identification and redefinition of life situations by persons with disabilities depends on the effectiveness of everyday communication.

In order to adequately analyze the perception of the world by another person, to recognize how a person with a disability evaluates a particular situation, the researcher must participate as much as possible in the perception of the person under study, get acquainted with him - this is how the sphere of hermeneutic reflection in philosophy arises.

The ethnographic method of studying mental retardation was first used in the USA by researcher M. Angrosino, when the country's government strengthened institutional control over patients in boarding schools, colonies, orphanages, and psychiatric clinics and allowed patients to live, receive treatment, and study comfortably. Services for foster families and socio-psychological support were provided. In this regard, the social policy of the state was aimed at providing all necessary services (social, medical, educational) for these categories of the population, providing them with humanitarian assistance while protecting their rights and human dignity, while mentally retarded people may not be able to say what they want themselves. In such conditions, it did not occur to the researchers that the clients themselves would perform ethnographic, that is, traditional actions, such as smiling at each other and greeting.

Disability is a complex result of social arrangements. Consequently, disability is not a property of a person or a characteristic of their behavior, but a distinctive sign of social origin. This can also be applied to the definition of intellectual deviations. If a person has a low level of education, they are perceived by others as a backward person, and various attributes associated with a deviation from the environment into such a social class are assigned. Therefore, a person in this social group is called low or mentally retarded by society.

[3] Добровольская Т.А., Шабалина Н.Б. Социально-психологические особенности взаимоотношений инвалидов и здоровых // Социол. исслед. 1993. № 1. С. 6266; Завражин С.А. Подростковая делинквентность: транскультуральпая перспектива // Там же. 1995. №2. - С. 125-131.

[4] Harris J. The Cultural Meaning of Deafness. Aidershot, Brookfield: Avebury, 1995; Enerstvedt R.T. The Model of Inequality. A Theoretical Contribution. Oslo: Skadalen Resource Centre for Special Education, 1995.

Educational groups for gifted children mainly include children from wealthy families, while correctional groups include those who have been deprived not only of a number of benefits (due to the low economic status of their parents), but also of the attention of teachers. People with mental disabilities are primarily victims of a stratified social system in which differences in age, gender, physical characteristics, and abilities are established in the form of social stratification.

Stratification is an evaluation system involving the ranking of social groups and the production of a hierarchy of values, the result of which, as a social fact, influences social behavior, is distributed by people, or is not actively recognized. Low self-esteem and lack of access to prestigious groups diminish the position of persons with disabilities in the status hierarchy. Currently, many people with disabilities find it difficult to exercise their right to work, which leads to social inequality. The socio-economic situation and social vulnerability of persons with disabilities and their families lead to their social isolation and marginalization.

The attitude of society toward persons with disabilities is also linked to the problem of human destructiveness. That is, the search for a way to demonstrate the negative nature of the inability to realize oneself or socialization, which includes the use of human capabilities in society, can be realized through positive thinking. A person with a disability must first be recognized as a citizen. Realizing the significance and social application of citizenship, it is necessary to feel one's participation in the common cause and to perceive society in the same way as society perceives one.

The emergence of a problem situation in the socialization of persons with disabilities makes it easy for them to oppose themselves to the surrounding world and, unable to find the opportunity to act at all, follow destructive ideas.

Such mechanisms are reflected in Erich Fromm's "Anatomy of Human Destructibility"[5] as well as E.O. Kubyakin's "Youth Extremism and the Communication Environment of Public Life in the Context of Information Globalization"[6] in the dissertation and in our country "Identification and upbringing of students prone to crime and delinquency"[7] discussed in more detail in the source. Of course, in this process, the principles of the development of destructive tendencies are considered, but it should be understood that for weak people who could not find ways to realize their potential, the choice of disaster became more important. A sense of benevolence tends toward the destruction of social norms, foundations, and principles as a response to social approval (a positive version of development) or a refusal to realize one's potential.

It is noteworthy that consumer culture is formed in accordance with the needs and desires of the members of society. For example, it is noteworthy that in the modern world, the concept of "moral disability" poses more danger than physical disability in a situation where the unnaturalness of material need in popular culture is compared to physical disability, that is, in an excessively exaggerated situation that causes more moral harm than the nature of disability. Apparently, moral disability is a psychological trait, so it is easier to correct than physical

[5] Фромм Э. Анатомия человеческой деструктивности. М.: Изд-во АСТ, 2007. 624 с.
[6] Кубякин Е.О. Молодежный экстремизм в условиях глобализации информационно-коммуникационной среды общественной жизни: дис. ... д-ра социол. наук. Краснодар, 2012 г. 351 с.
[7] Жиноятчилик ва ҳуқуқбузарликка мойил ўқувчиларни аниқлаш ва уларни тарбиялаш. Т.Н. Қори Ниёзий номидаги Ўзбекистон педагогика фанлари илмий тадқиқот институти. Педагогика фанлари доктори, профессор Н.И.Тайлоқовнинг умумий таҳрири остида. 1-китоб. Т., “Камалак” - 2017 й

defects. But in reality, "moral disability" is dangerous, at least because of the problem of identification. Thus, the physically disabled and the morally disabled as a result of obtaining modern achievements of modern civilization are compared. Furthermore, while in the first case the state's social system can rehabilitate a person through managed socialization, in the second case the psychological conflict, as a rule, changes only in a negative direction. Consequently, based on the current state of society, it becomes necessary to implement comprehensive measures to strengthen moral identity at the level of self-awareness.

It is precisely the development of spiritual and moral guidelines that increases the percentage of healthy people in society and, in certain cases, in the country. The fact that people with disabilities are equated to healthy people, either by society or through self-awareness, is an essential aspect of their relationships. They will be able to realize their potential for the benefit of the individual, society, and the family, and will realize their needs and significance. A person who has reached a high moral level becomes a full member of society, and this also determines the quality of life for persons with disabilities. This is a very important task for the state.

Traditionally classifying people according to a given norm—that is, dividing them into healthy and disabled—supports social inequality. Educational institutions and the media, which are forced to intervene in the integration of persons with disabilities into society, determine whether the treatment of persons with disabilities in "social prison" leads to their recovery in these institutions or vice versa. Relationships between persons with disabilities, parents of children with disabilities, and specialists are carried out from the perspective of dominance over them.

It is impossible to consider the social problems of persons with disabilities from the perspective of the pathology of the entire group based on general rules. Daily communication and finding ways for people with disabilities to cope with difficult life situations requires a great deal of work.

In the 1960s, a detailed study was conducted by Dr. Jane Mercer at a boarding school for mentally retarded young Americans. After analyzing the research documents, Mercer found that patients from wealthy and stable families often continued to stay in the boarding school after treatment. Such families agree with the doctors' diagnosis and send the child for treatment. This is because parents with ineffective education and high economic income believe that a delay in a child's development leads to an inability to lead a socially comfortable life, adequate communication, and an independent lifestyle.

The opposite can be seen in low-income families with low social status and an unsatisfactory level of education. They communicated, in a word, the struggle for survival brought the disabled back to life. In such families, initially, parents rarely agreed with the doctors' diagnosis. Mercer cites a Spanish woman as an example. He refused to acknowledge his son's inability to read and write as a weakness because he, too, had not learned to read and write.

Similarly, Jane Mercer highlights several differences between these families:

1) "the criterion for determining mental retardation used by family members and its compatibility with the 'official sign' (medical and public diagnosis);

2) the level of confidence in the patient's ability to change and the nature of the environment;

3) observation and conclusion of a person's ability to live independently outside the boarding school;

4) the initiative to transfer the child to the boarding school (by a doctor, expert, or the parents themselves)"[8].

The above conclusions can also be observed through other socio-cultural experiences. Consider, for example, the results of a series of surveys. A total of 30 parents and 60 specialists—defectologists and master's students—participated in the experiment. The purpose of this survey was to identify the difference between the definitions of general and special educational goals by parents and specialists. The survey participants were asked several questions: the first was "why should all children study?" and the second was "why should children with intellectual disabilities study?" In both cases, alternative answers were proposed. In the first and second cases, the parents of the lagging children answered each question in approximately the same way. According to them, the need to educate all children is linked to the aspirations of their country and the entire world civilization, as well as the need to benefit society and achieve moral maturity like everyone else.

Unlike parents, experts argue that these approaches apply only to children in general education schools. Children with intellectual disabilities primarily require training to acquire the self-care and independent skills necessary for adults (this accounted for 91%), while social adaptation to determine "positive" or "negative" criteria—profession and employment—accounted for 89%. In response to the question of whether children become full members of society after receiving an education, the opinions of experts and parents were almost identical. 78% of specialists and 58% of parents are confident in the full social adaptation of mentally retarded children. It should be noted that the educational levels of the respondents in these two studies differ significantly.

Note that in the first case, a social system with a low level of education differs more from the formal definition of normality. In the second study, matching the difference in the educational level of parents and specialists did not lead to the same similarity in the assessment of children's definitions of normality.

Despite this diversity in results, we can draw parallels with J. Mercer's research and agree with his conclusions that intellectual disability is contractual, socially constructed, and based on racial and ethnic criteria. However, the research conducted in our country differs slightly from Mercer's research, as it does not involve authoritative and attentive parents—primarily due to the fact that such parents sometimes send their children to boarding schools, but in most cases, it is considered sufficient for such families to receive education at home or in regular educational institutions and to receive only nominal education and upbringing.

Western researchers have concluded that not all mentally retarded people have organic diseases. More than 85% of people are labeled as mentally retarded because they cannot adapt to the unusual norms of society[9].

In the 1970s, J. Mercer[10] He conducted another study in California schools. Dr. Mercer found that Hispanic and African-American children were sent to special education more often

[8] Mercer J. Labelling the Mentally Retarded // Social Problems. 1965. Vol. 13. № 1. P. 21-34.
[9] Rossides D.W. Social Stratification: The American Class System in Comparative Perspective. Englewood Cliffs, New Jersey: Prentice Hall, 1990. P. 21-22, 165-171, 228.
[10] Mercer J.R. Sociological Perspectives on Mild Mental Retardation // Haywood H.C. (Ed.). Socio-Cultural Aspects of

than white Americans with the same IQ. Naturally, this had an impact, and he emphasized that the influence of the social environment on the development of dementia is high.

In many cases, society labels children with disabilities and their families as deviant, discriminates against them, and creates an artificial social stratification without equality. This is characterized by the fact that as a result of the examination of the degree of deviation of persons with disabilities, the specialists themselves - teachers, medical workers, psychologists - have developed uneven views based on determining a person's natural predisposition, but the United Nations experts on the index of social well-being of a family with a disability, taking into account the socio-economic interests of society, determine their number and provide the following information. Today, more than 1 billion people in the world live with disabilities, which is an average of 15% of the world's population[11], about 25% of the population suffers from chronic diseases.

Among the social criteria that cause disability, the following factors are appropriate. Factors leading to disability, unemployment and poverty, unrealistic working conditions, low-quality products, as well as social contradictions in norms and values, such as errors in antenatal care and imperfect expert assessments, are among the causes of ineffective socialization of disability.

In the mid-20th century, the analysis of the scientific essence of mental illness, which is one of the issues in the attention of sociologists, indicates that it is related to social class. Representatives of the research studied the number and type of mental illnesses in their relationships, as well as the aspects of their dependence on the result of professional effectiveness and the total amount.

Society is one of the factors that undermines the natural development of intellectual abilities of persons with disabilities due to their class affiliation. A person with physical disabilities often becomes a victim of social socialization.

In our view, our judgments are that modern society, in the course of its activities, increases the number of people with disabilities and disabilities as a social phenomenon, serving as a space for social stratification, social inequality, and the discrimination of certain social groups.

An analysis of the stratification of disability is presented in a number of works by Russian sociologists. For example, A.E. Kotlyar in his book "Marginalization in the Labor Market"[12] in the study, mothers of children with disabilities spoke about the problem of employment, emphasizing that this social category is a poorly competitive labor market and therefore requires social support. Researchers - T.A.Dobrovolskaya and N.B.Shabalina - "Socio-psychological features of relationships between people with disabilities and healthy people"[13] addresses the issue of prejudice against persons with disabilities in society and the social segregation of persons with disabilities from those without disabilities. The impossibility of using prestigious forms of culture for persons with disabilities leads to the formation of a character that leads to a decrease in self-esteem and social status.

Mental Retardation. N. Y.: Appleton-Century-Crofts, 1970. P. 378-391.

[11] https://kun.uz/news/2023/10/13/ozbekistonda-imkoniyati-cheklangan-insonlar-qanday-qollab-quvvatlanyapti.

[12] Котляр А.Э. Маргиналы на рынке труда // Россия накануне XXI века. М.: ИСПИ РАН, 1994. С. 72.

[13] Добровольская Т.А., Шабалина Н.Б. Социально-психологические особенности взаимоотношений инвалидов и здоровых // Социол. исслед. 1993. № 1. С. 62-66.

In modern Uzbekistan, opportunities for people with disabilities to work to achieve well-being are increasing dramatically. All of this led to a decrease in social inequality. The needs of persons with disabilities are primarily related to the direction of movement, including the inclusion of design conditions that take into account the specific needs of persons with disabilities for convenient movement and proper housing, the availability of accessible parts of public buildings, and even war disabled people in a certain sense have a special position in society and require special attention. However, the insufficiency of such opportunities occupies a key place in practice.

The emergence of social stratification among persons with disabilities can be explained from an anthropological perspective. In primitive societies, a system of natural social stratification already prevailed. In it, the ability to use violence was dominant, and the main issue was the physical suppression of nature and people. At the same time, it should be noted that the social relations of persons with disabilities, their parents, and specialists also consist of relations between the strong and the weak, which are hierarchical in nature.

As M. Heidegger noted, "the transformation of the external and internal world of a person with a disability into judgments and actions by another subject must have the ability to 'divide' to understand the internal meaning, that is, to be a translator." It is necessary to understand this directly"[14]. Neither the creator, nor the reader, nor the commentator, can claim the only possible correct interpretation.

It is noteworthy that mentally retarded people usually have difficulty speaking and listening attentively, which is why they often remain silent. In this regard, some specialists, such as T. Boothe, M. Angrosino[15] promote the necessity of talking to mentally retarded people, as this allows one to hear a non-speaking person in everyday life. Methods proposed with them: expression of good mood, interviews, participant observation, storytelling, etc. P.V. Romanov calls this approach ethnographic[16]. Often, this approach reveals qualitatively new features of well-known places, conditions, and groups. Such knowledge can radically change the views of the listener.

M. Angrosino described two institutions that included socialization programs for adults with intellectual disabilities. This includes housing for 10-12 people where rehabilitation, special education, social work, and medical workers worked. For families, this group implies that older children with disabilities have a safe life. The idea of such houses is based on the humanistic idea that mentally retarded people can be in harmony with the social world.

M. Angrosino primarily studies the life skills of such home clients as volunteers in the programs and later as a specialist, distinguishing them by demographic characteristics—gender, socio-economic status, race, ethnicity, etc.—as well as by groups of people considered mentally retarded or ordinary. The level of mental retardation is not excluded in relation to individuality. The scientist conducted research on questions such as whether it is possible to create a program that prevents people with intellectual disabilities from being stereotyped as

[14] Хайдеггер М. Время и бытие. М.: Республика, 1993. С. 391.

[15] Booth T. Sounds of still voices: issues in the use of narrative methods with people who have learning difficulties // Disability and Society: Emerging Issues and Insights / L. Barton (Ed.). N.Y.; L.: Longman, 1996. P. 237-255; Angrosino M.V. The Ethnography of Mental Retardation//Journal of contemporary ethnography. 1997. Vol. 26. № 1. April. P. 98-109.

[16] Романов П.В. Процедуры, стратегии, подходы «социальной этнографии» // Социол. журн. 1996. № 3/4. С. 138-148.

completely identical and passive, and whether the ethnographic method can be used to understand the life and culture of such people. Researchers in Los Angeles used the life story method to rehabilitate people with mental illnesses[17]. Since the interviews took place in clinics and were conducted by their official representatives, mentally retarded people felt under the pressure of the researcher and were not always able to focus on the topic of the conversation.

In our view, it is necessary for the researcher to try to integrate himself into the society of his interlocutors as much as possible, to become "one of his own," that is, to live with people with disabilities and intellectual disabilities. As a result, patients perceive him not as a boss or authority figure (teacher, social worker), but as a close relative or peer, and they get the expected result.

Researchers from the American University of Los Angeles showed that all the data obtained from the interviews was a generalized result. These were not stories told to the control researcher. Some people told disjointed, disjointed stories that at first glance seemed unnaturally chaotic. However, when studied carefully, they were almost poetic lines, connected to each other. Others told short stories with a clear structure. The others seemed to raise a controversial issue. Some imagined their lives as a spiral leading to deep addiction. Those who are guilty consider themselves to be defective and blame others, while others take all the blame upon themselves. Some did not believe in their disability and tried to prove their abilities, while others (tactically dependent) sought sympathizers who would help them do something for them.

All the clients of the American M. Angrosino were men. One of his students specializing in clinical psychology became interested in the project. He also used an ethnographic method to interview mentally retarded women. The people she worked with had different demographics: white, African American, and Hispanic; From 20 to 40 years old; rural and urban population.

All the female clients felt the need to talk about themselves. Mentally retarded women are very dependent on others, while others want to be treated with kindness and harmlessness. Moreover, their inability and uncertainty are taken for granted. Most female patients get used to this, and in the process of communication, they tried to realize that they were weak and helpless people, which could provide them with care.

The right to make mistakes is, of course, impossible for the mentally retarded. Researchers observed that caregivers of these people treated them as if they were subjected to the cruelty of the ordinary world and could not constantly protect themselves from it. Of course, such a feeling was the result of strict control over them, and they needed constant strict control. M. Angrosino concluded that to understand the inner world of mentally retarded people, it is necessary to conduct open dialogues with them.

During our study, we analyzed the essays of 15-year-old mentally retarded children studying at a boarding school. The children had everyday ideas about the lives of adults and the social role of parents in the family. The future is also very simple and includes work, marriage, having children, and raising them. These essays are almost indistinguishable from the thinking of healthy people. All of this suggests that children are simply memorizing social norms without

[17] Edgerton R.B. The cloak of competence: Stigma in the lives of the mentally retarded. Berkeley: University of California Press, 1967; Edgerton R.B. (Ed.). Lives in progress: Mildly retarded adults in a large city. Washington, DC: American Association on Mental Deficiency, 1984; Langness L.L. and Levine H.G. Culture and retardation: Life histories of mildly retarded persons in an American city. Dordrecht, Netherlands: Reidel, 1986.

understanding what they actually are. It should be said that children who spend a lot of time in boarding schools do not have personal experience of close human relationships.

For mentally retarded children, guides and helpers are important, and their parents and adults at the boarding school are reflected in these essays. Children who were in constant contact with strong, healthy people expressed a desire to live with them as a family. Thus, it can be seen from these essays that the boarding school has a high attitude of helplessness and dependence on such mentally disabled people. Therefore, they adhere to appropriate behavioral patterns, which means that an environment with adequate living conditions that is safe for the mentally retarded is sufficient for them.

Our research also showed that our clients exhibited perfectly normal social patterns of gender role distribution. For example, "A husband must perform heavy labor and raise children." A wife should cook, wash, and keep the house clean. independent life, professional status, and family values ("School feeds me now, then I feed myself," "The family needs a warm home"); their image of the social future has a positive connotation (for example, "I will become the person I dream of becoming"). However, due to experience and uncertainty, there were children who had no idea about their future.

Our study is an interactive and reflective process that does not complicate the limitations that intellectual disability as a serious disability does not create.

List of references:

1.Левченко И. Путь к себе. Советы психолога // Социальная защита. 1995. № 1. С. 81-84.
2.Добровольская Т.А., Шабалина Н.Б. Социально-психологические особенности взаимоотношений инвалидов и здоровых // Социол. исслед. 1993. № 1. С. 62¬66; Завражин С.А. Подростковая делинквентность: транскультуральпая перспектива // Там же. 1995. №2. - С. 125-131.
3.Harris J. The Cultural Meaning of Deafness. Aidershot, Brookfield: Avebury, 1995; Enerstvedt R.T. The Model of Inequality. A Theoretical Contribution. Oslo: Skadalen Resource Centre for Special Education, 1995.
4.Фромм Э. Анатомия человеческой деструктивности. М.: Изд-во АСТ, 2007. 624 с.
5.Кубякин Е.О. Молодежный экстремизм в условиях глобализации информационно-коммуникационной среды общественной жизни: дис. ... д-ра социол. наук. Краснодар, 2012 г. 351 с.
6.Жиноятчилик ва ҳуқуқбузарликка мойил ўқувчиларни аниқлаш ва уларни тарбиялаш. Т.Н. Қори Ниёзий номидаги Ўзбекистон педагогика фанлари илмий тадқиқот институти. Педагогика фанлари доктори, профессор Н.И.Тайлоқовнинг умумий таҳрири остида. 1-китоб. Т., “Камалак” - 2017 й
7.Mercer J. Labelling the Mentally Retarded // Social Problems. 1965. Vol. 13. № 1. P. 21-34.
8.Rossides D.W. Social Stratification: The American Class System in Comparative Per¬spective. Englewood Cliffs, New Jersey: Prentice Hall, 1990. P. 21-22, 165-171, 228.
9.Mercer J.R. Sociological Perspectives on Mild Mental Retardation // Haywood H.C. (Ed.). Socio-Cultural Aspects of Mental Retardation. N. Y.: Appleton-Century-Crofts, 1970. P. 378-391.
10.https://kun.uz/news/2023/10/13/ozbekistonda-imkoniyati-cheklangan-insonlar-qanday-qollab-quvvatlanyapti.

11.Котляр А.Э. Маргиналы на рынке труда // Россия накануне XXI века. М.: ИСПИ РАН, 1994. С. 72.
12.Добровольская Т.А., Шабалина Н.Б. Социально-психологические особенности взаимоотношений инвалидов и здоровых // Социол. исслед. 1993. № 1. С. 62-66.
13.Хайдеггер М. Время и бытие. М.: Республика, 1993. С. 391.
14.Booth T. Sounds of still voices: issues in the use of narrative methods with people who have learning difficulties // Disability and Society: Emerging Issues and Insights / L. Barton (Ed.). N.Y.; L.: Longman, 1996. P. 237-255; Angrosino M.V. The Ethnography of Mental Retar¬dation//Journal of contemporary ethnography. 1997. Vol. 26. № 1. April. P. 98-109.
15.Романов П.В. Процедуры, стратегии, подходы «социальной этнографии» // Социол. журн. 1996. № 3/4. С. 138-148.
16.Edgerton R.B. The cloak of competence: Stigma in the lives of the mentally retarded. Berkeley: University of California Press, 1967; Edgerton R.B. (Ed.). Lives in progress: Mildly retarded adults in a large city. Washington, DC: American Association on Mental Deficiency, 1984; Langness L.L. and Levine H.G. Culture and retardation: Life histories of mildly retarded persons in an American city. Dordrecht, Netherlands: Reidel, 1986.