

The Concept of Disability and Disability in the Historical Process

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Introduction

The individual differences possessed by all individuals are the most important characteristics that distinguish them from one another within society. However, these differences do not affect their participation in society and do not cause problems in their lives (Spiridula, 2013). However, in some cases, differences that manifest themselves in one or more areas have given rise to the concept of disability, which has emerged throughout human history. This situation continues to be a disadvantage in today's societies (Genç, 2015). This disadvantage has been one of the most discussed current issues around the world. Disabled individuals, who have been referred to by different names and adjectives throughout history, have also been defined in different ways. It can be seen that definitions focusing on structural and mental deficiencies have become more humane over time, aimed at eliminating social problems and emphasizing the educational field (Kiose, 2016). In this context, three models are generally mentioned in these definitions. The “medical model” views disability as a deterioration of bodily functions (anatomical) or physical structure, while the “social model” argues that disability stems not only from individual deficiencies but also from societal barriers to equal participation in society (Kotsiatu and Panagiotu, 2004). The “Biopsychosocial Model” emphasizes that the development of individuals with disabilities cannot be explained by a single cause and must be addressed through an interdisciplinary approach (Sezer Korucu et al., 2021). Hartokollis (1981) defines disability as an inability to perform work and movement actions and a failure to meet social needs as a result of an incurable functional disorder, deficiency, or abnormality arising from illness or accident

(Argiriou, 2015). Gaming has been a part of our lives since the dawn of time, an activity in which people of all ages, young and old, spend a significant portion of their time. With technology making every aspect of our lives easier, it has also become increasingly widespread, particularly in the areas of entertainment and gaming (Özmen, Alıncak and Çağdanlıoğlu, 2023). According to Musayev, Ersoy and Avcı define disability from a medical perspective as follows: it is the inability of an individual to adequately fulfill the roles expected of them based on their age, gender, and social and cultural factors due to existing or subsequently developed impairments in their body. For example, a child who cannot speak will reveal their disability when they want to fulfill roles based on verbal communication at school, in class, or in society (Musayev, 2013). Attitudes are one of the important concepts in human life. Attitude is not a concept that can be measured directly, but it is possible to measure an individual indirectly through behavioral patterns (Öztürk et al., 2017). Kılıçarslan (2013), on the other hand, approached the same situation from a social model perspective, arguing that a person should not be considered disabled due to hearing loss. He stated that if sign language interpreters or assistive hearing devices were provided in the environments where this person participates, full participation could be achieved, and thus, a person defined as disabled could overcome their disability if environmental factors were adjusted. Looking at the concept of disability in international legislation, the Declaration on the Rights of Disabled Persons, No. 3447, annexed to the Universal Declaration of Human Rights, adopted at the meeting of the United Nations General Assembly on December 9, 1975 adopted at the United Nations General Assembly meeting on December 9, 1975, defines a person with a disability as “a person who, due to any congenital or acquired deficiency in their physical or mental abilities, is unable to perform the tasks that a normal person must perform in their personal or social life” (Çetin, 2016).

Aim of the Study

The purpose of this study is to examine the concept of disability and the types of disabilities in the historical process.

Disabled Concept

Disability has been a social reality seen in every society since the dawn of humanity. However, due to cultural differences, people with disabilities have periodically been invisible and ignored in social life, struggling to survive with their disabilities and other obstacles posed by society. With social changes, scientific advancements, and the increasing importance of human rights, social awareness of disability is beginning to emerge. Through increased awareness and sensitivity, individuals with disabilities have become socially visible and have begun to seek their rights. Undoubtedly, this increased visibility and awareness within society has resulted from the hard work, effort, and struggle of individuals with disabilities, despite the social culture and the barriers not

created by society (Meşe, 2015). A disability is the inability of individuals to properly demonstrate expected behaviors within society, resulting from inadequacies stemming from age, gender, social, and cultural differences (Cavkaytar and Diken, 2005). According to the Turkish Language Association (TDK), a disabled person is “a person who, whether congenital or acquired, has lost physical, mental, spiritual, sensory, or social abilities to varying degrees, and who has difficulty adapting to social life and meeting daily needs” (TDK, 2024). Disability is a problem an individual faces in the process of interacting effectively and adequately with the environment due to inadequacy caused by functional losses due to organ damage (Ataman, 2003).

Defining disability is not an easy thing to do. The primary goal of theoretical approaches is to lay the groundwork for the subject and to show how the subject is viewed from which perspective. The most well-known theoretical approaches to disability are medical, social, political and cultural perspectives. In addition to these approaches, there are also model studies for the development of feelings and thoughts about disability. It is known that the medical model, which is the first theoretical approach to disability, emerged from the disease view used in medicine. This view explains disability in terms of individual disorders and biology. This view, which emerged in a period when it was very common to be “normal”, emphasizes the requirements for disabled people to be “normal” (Dönmez et al., 2016). Some definitions of disability arising from the theoretical approaches to disability or leading to these approaches are as follows (Darica, Abidoğlu, and Gümüüşcü, 2002).

According to the State Institute of Statistics (DİE), disabled people are defined as people who are unable to adapt to the requirements of normal life due to the loss of physical, mental, spiritual, sensory and social abilities to varying degrees, either from birth or for any reason, and who require special physical arrangements in buildings and open spaces to be able to move independently (DİE, 2004).

Historical Development of Disability

The history of disability is a long process that began with human history, and throughout this process, individuals with disabilities have gone through many stages, including murder, torture, abandonment, humiliation, exploitation, entertainment, isolation, charity, and, in recent years, protection, acceptance, and love (Velivasaki and Çivaliou, 2007). For a long time, until the emergence of major monotheistic religions, babies born differently than normal or children who failed to develop normally were either killed or abandoned to their fate (Baykoç Dönmez, 2010). One of the main reasons for this attitude towards disabled individuals in ancient times was the belief that they had been punished by the gods for crimes or sins committed by themselves or their parents. Furthermore, in some societies in ancient times, there was a belief that disabled individuals were

possessed by demons and should be killed. In societies with the opposite belief, disabled individuals were thought to have special powers and were therefore respected (Çitil, 2013). In the Middle Ages, there were both positive and negative practices towards disabled people. In addition to the negative practices of the early ages, mentally disabled individuals were sometimes considered innocent children of God, and their care was provided in monasteries. In some societies, however, killing disabled babies was a very rare practice due to the high value placed on children (Sucuoğlu, 2016). Additionally, negative attitudes toward individuals with disabilities have been partially replaced by interest, protection, and compassion over time, partly due to the influence of religions (Baybal, 2015). This shift is rooted in the religious motivation to earn merit or avoid sin, as promoted by major faiths (Baykoç Dönmez, 2010). Starting in the 1700s, the situation of people with disabilities in Europe gradually began to improve. A method developed around 1510 by the Spanish monk Pedro Ponce de Leon to teach communication to people with hearing impairments became widespread in Spain and France. These methods of teaching sign language inspired the establishment of boarding schools, first for children with hearing impairments and later for children with visual impairments (Çetin, 2016). Some studies conducted during this period served as guides and played a significant role in the development of disability. A brief review of some of these studies reveals that the first attempt to educate a 12-year-old mentally disabled boy, whom Itard found in the forest and named Victor, was made (Baykoç Dönmez, 2010). These studies, conducted by Itard and Victor, are considered the first systematic educational efforts for individuals thought to have intellectual disabilities (Sucuoğlu, 2016). Louis Braille (1809-1852), himself a blind Frenchman, developed a finger-reading system based on six raised dots that could be used by blind people (Baykoç Dönmez, 2010).

In Türkiye, the beginnings of special education actually date back to ancient times. After embracing Islam, the Turks established many institutions for the disabled, enabling disadvantaged individuals to benefit from these institutions (Baykoç Dönmez, 2010). Looking back to the 1950s, the first instance of the education of children with disabilities in 19 countries is the “Enderun School,” a system for the education of gifted children, purportedly implemented in the 16th century during the Ottoman Empire (Ataman, 2019). In Türkiye, the first institutional special education services were provided to hearing-impaired children. In 1886, upon the recommendation of an Austrian named Ferdinand Grati, the School for the Deaf, Dumb, and Blind was opened, and a department for the blind was later added to this school (Günay and Görür 2013). Before the Republic of Turkey was declared, in 1921, during the War of Independence, the “Special Izmir Institution for the Deaf and Blind” was opened in Izmir (Orhan and Genç, 2013). This school was later transferred from the Ministry of Health and Social Welfare to the Ministry of National Education, and it is known that it operated under the Ministry of Social Welfare until 1950. One of the most striking developments of the 1950s was

the transfer of the planning and implementation of special education services to the Ministry of National Education (Kargın, 2004). When we examine legal regulations, we find numerous regulations concerning individuals with disabilities in Turkey since the 1950s. The primary legal basis for services related to individuals with disabilities in Turkey today is the 1982 Constitution. The phrase “persons with physical and mental disabilities” in Article 50 of the law directly refers to individuals with disabilities. Furthermore, although not explicitly stated in Article 60, the social security rights of individuals with disabilities are also guaranteed. Article 42, in the section on the right and duties of education and training in the third part of the 1982 Constitution, states, “The State shall take measures to render those who need special education due to their condition useful to society.” This article protects the educational rights of our citizens with special needs, as they did in the 1961 Constitution (Çitil and Üçüncü, 2018). The “Law on Children in Need of Special Education,” enacted in 1983, includes sections on definitions, principles, institutions and their duties, and diagnosis, placement, and monitoring. This law is particularly important because it addresses inclusive education. The concept of inclusion was further developed and addressed in Decree Law No. 573, issued in 2000. While this law emphasized inclusive education, it also established a more comprehensive legal framework for the provision of individualized and special education support (Kargın, 2004). Article 7 of the same Decree Law stipulates that preschool education is compulsory for children diagnosed with special needs and that this education be provided in special education schools and other preschool educational institutions (Koçyiğit, 2015). Law No. 5378, “On Amendments to Disabled Persons and Certain Laws and Decree Laws,” enacted in 2005, is of significant importance for individuals with disabilities. This law, which includes numerous regulations related to individuals with disabilities, is the first law enacted directly for individuals with disabilities (Baykoç Dönmez, 2010). The purpose of the Disability Law is to prevent disability, address the problems of individuals with disabilities related to their health, education, rehabilitation, employment, care, and social security, and establish the necessary regulations for the coordination of these services (Çitil, 2013).

Causes of Disability

Disability generally arises as a result of physical, mental, or psychological factors (Kikeri and Gogka, 2016). When examining the causes of impairment in these areas, two approaches are commonly highlighted in various sources. One approach focuses on the various causes arising during the prenatal, perinatal, and postnatal periods that lead to individuals being affected by disability. Prenatal causes include genetics, infections suffered by the mother, accidents, medication use, X-rays; causes during birth include premature or difficult birth, breech presentation, umbilical cord entanglement, oxygen deprivation during birth; and postnatal causes include infections suffered by the child, measles, mumps, meningitis, accidents, malnutrition, neglect, lack of education, harmful

traditions and customs, hip dislocation, etc. (Öztürk, 2011). Another classification distinguishes between genetic and environmental factors. Genetic (organic) classification addresses prenatal genetic abnormalities, while environmental classification addresses conditions that develop as a result of exposure to adverse circumstances (Stavris, 2009).

Prenatal Causes

Genetic factors, hereditary diseases resulting from consanguineous marriages, blood incompatibility, and chronic diseases in the mother (e.g., diabetes, hypertension, epilepsy, and heart disease) are among the significant causes of disability that arise before birth. In addition, infectious diseases contracted by the mother during pregnancy (rubella, parasites, hepatitis B, chickenpox, and sexually transmitted diseases), advanced maternal age, uncontrolled medication use during pregnancy, chemicals causing poisoning, exposure to X-rays, malnutrition, and stress are also causes of prenatal disability (Kabak, 2019). Children with mental disabilities often have a strong physical build, but if this strength is not properly channeled, it can turn into aggressive behavior. However, with the right education, this physical strength can be channeled into a positive direction that contributes to the baby's development (Kınalı, 2003).

Causes During Birth

Problems experienced during birth can also lead to disability. These problems include oxygen deprivation due to prolonged labor, improper interventions during birth, and premature or late births (Kabak, 2019).

Postpartum Causes

Conditions that cause disability after birth include high fever and seizures, head injuries, accidents, prolonged jaundice, and excessive antibiotic or medication use. These factors also include metabolic syndrome encountered during the newborn period, psychosocial traumas, workplace accidents, accidents at home, traffic accidents, environmental factors, and natural disasters. In developed countries, the most common factors that cause disability include unhealthy nutrition, infectious viruses, inadequate prenatal health care, accidents, and injuries. People may partially or completely lose their physical, mental, emotional, and social abilities at birth or as a result of illness or accidents that occur later. This makes it difficult for individuals to sustain their lives and can seriously hinder their participation in social life (Kabak, 2019).

Perception of Disability

The challenges of having a child with a disability aren't limited to the family experiencing the disability. This is because the family lives within a society. And that society, in turn, has an order created by the individuals within it. Therefore, those who don't conform to this order are immediately noticed. These individuals are often perceived by society as

needy, disabled, needing to be removed, or repulsive (Özgür, 2017). The most important factor in the formation of this order is the perception society develops toward people with disabilities. The word “perception” comes from the Latin word “capere,” meaning “to receive.” Perception is the cause-and-effect relationship established between the external world and a person’s inner world (Ertan, 2017). According to another definition, perception is described as “awareness, comprehension, evaluation, consciousness,” indicating that the process of perception is a cognitive process. After analyzing the mass of information generated around us with our sensory organs, we are able to understand the world outside ourselves by subjecting it to the perception process (Bakan and Kefe, 2012). Perceptions play an important role in explaining the behaviors of people within a social group. Since people perceive the same stimulus from their environment differently, they respond differently. Different responses vary depending on individuals’ perception characteristics, forms, knowledge, and experiences (Stephen and Timothy, 2024). In perception, our previous life experiences play a role in determining which stimuli in the environment will be perceived, which ones will be responded to, and how (Ekici, 2004). Therefore, since the perception process is variable and subjective, people can be influenced by environmental factors, culture, and different views throughout this process (Tufan, 2022).

Diğer and Yıldız (2021a) consider the perception of disability as the attitudes and behaviors exhibited towards individuals with disabilities in many processes of social life. Social perceptions of people with disabilities are fundamentally shaped by social attitudes shaped by social representations. Therefore, when existing attitudes towards disability are “positive,” they tend to be inclusive of people with disabilities, while when they are “negative,” they tend to be exclusionary (Aslan and Şeker, 2011). In short, when the perception of people with disabilities is positive, social acceptance increases; when it is negative, the tendency to reject and speak negatively increases. Significant improvements have been made in the lives of people with disabilities through legal regulations and administrative measures. However, despite all legal and administrative measures, people with disabilities are still viewed as “pitied, excluded, unaccepted, ridiculed, belittled, and distrusted.” This attitude creates a negative perception of people with disabilities and leads to their exclusion from society (Aslan and Şeker, 2011). This established perception has spread over time and persisted until today. In this context, it is believed that the reason individuals with disabilities encounter the perception of disability at every stage of their daily lives is the accumulation of negative perceptions from the past to the present (Diğer and Yıldız, 2021b). Therefore, changes in negative social perceptions and attitudes toward individuals with disabilities will have an impact on their participation in social life (Gencer, 2019). Families with children with disabilities spend a significant portion of their time supporting their children and meeting their needs. However, like all people, these parents are social beings and need socialization. In this regard, parents need companionship, friendship, the feeling of not being alone, and

emotional support for socialization (Kaya, 2020). Parents' psychological well-being will enable them to more easily support their children, who face many challenges (Üstüner Top, 2009).

Types of Disabilities

Disabilities are classified as follows:

- 1)Physical disabilities,
- 2)Intellectual disabilities,
- 3)Hearing impairments,
- 4)Visual impairments,
- 5)Spasticity,
- 6)Learning and attention deficits,
- 7)Emotional and behavioral disorders (MEB, 2015).

Physical disability

It is generally not possible to clearly distinguish between different types of disability. Some illnesses can lead to mental or physical impairments even when left untreated or after treatment. Therefore, in terms of disability, it is not so much the problem itself that causes the disability, but rather the resulting functional impairment or lack of work capacity in the individual that is important (Çakmak, 2006).

Hearing Impaired People

The ability of people to form thoughts in their minds and communicate these thoughts to others is a fundamental element of social life. When we consider the connection between human behavior and sound, we see that the hearing mechanism plays a critical role in the process of combining and adapting human activities with the constant influences of nature (Mert, 2005). Healthy hearing requires the smooth functioning of all auditory pathways in the ear. A disease, problem, or abnormality in one or more of these systems can lead to hearing loss. Hearing impairment is defined as the decrease in an individual's hearing sensitivity, preventing them from developing, adapting to social life, and adequately performing verbal communication tasks (Özsoy, 1982). Hearing impairment is defined as a disability that can range from mild to severe (Ertürk, 2003). Hearing impairment is a condition that makes it difficult for an individual to communicate with the outside world and develop social relationships. Hearing impairment is the partial or complete absence or reduction of hearing sensitivity, resulting in difficulties with an individual's speech, language, and communication skills, which negatively impacts their educational performance and social adaptation (İlhan, 2021). Hearing-impaired individuals are defined as individuals who require special education and support services due to the partial or complete loss of hearing sensitivity (MEB, 2010). People with hearing impairments require the use of hearing aids due to the partial or complete loss of

their ability to perceive and recognize sounds (Karaağaç, 2017).

Speech and Language Impairments

Individuals with speech impairments are defined as those who have impairments in the flow of speech, rhythm, and stress, or the accurate production of phonemes (Atala, 1996; MEGEP, 2009). People live their lives communicating and socializing with others. They use a common language to share their feelings, thoughts, and desires with those they share a common environment, and to exchange information with them. Individuals with language and speech disabilities lack the ability to speak, a crucial skill for human life, and this leads to difficulties in adapting to social life. Language and speech disabilities are disorders of the flow, rhythm, pitch, emphasis, articulation, and meaning of speech (MEB, 2011). These individuals are unable to speak for any reason or have problems with the speed, fluency, expression, and volume of speech. These include those who can hear but cannot speak, those with larynx removal, those who use devices to speak, stutterers, aphasia, and those with disorders of the tongue-lip-palate-jaw structure (TUIK, 2010).

Visually impaired individuals

Visual impairment is a health problem that occurs when the eyes cannot perform their necessary functions and can range from blindness to partial vision loss. This condition can significantly impact an individual's quality of life. According to the International Classification of Obligations (ICD) (ILO, 2007), visual impairment encompasses conditions such as moderate low vision, severe low vision, and blindness (Julka et al., 2014). Individuals with low vision must be able to perceive objects and environments with environmental and optical aids in their daily lives. On the other hand, individuals who rely on contact or hearing, cannot benefit from optical devices, and cannot read are defined as "blind." According to the World Health Organization (WHO), visual impairment is a condition that cannot be corrected with standard glasses or contact lenses and that partially or completely impairs an individual's ability to perform certain tasks. Blindness is defined as the inability to distinguish between light and dark, or the complete loss of vision (Abdulah et al., 2019). Congenital visual impairment can result from genetic factors or adverse conditions in the womb during pregnancy. Later-onset vision loss is linked to factors such as trauma, infections, diseases, or aging (Gürel, 2019). Social interactions developed through eye contact and observation can impair social development in visually impaired individuals. Increased fear of strangers in children, ambiguity in facial expressions, and differences in nonverbal communication are possible consequences of this (Sterkenburg et al., 2022). Visual impairment can be defined as the partial, partial, or complete loss of vision due to various causes, including hereditary factors inherited from the family, febrile illnesses experienced by the mother during pregnancy, premature and difficult birth, various accidents, poisoning, and aging, which negatively impacts individuals' social life and educational life (Özdemir and Başkonak, 2018). Visually impaired individuals may exhibit specific behaviors such as swaying

back and forth, waving their fingers and hands, rubbing their eyes, and walking slowly, depending on the nature of their disability. Other characteristics of these individuals include delays in motor and cognitive skills and deficiencies in abstract thinking. The other sensory organs of visually impaired individuals are more developed than those of individuals with normal development; they can notice fine details more quickly, are more attentive, and participate more in social activities in these areas (MEB, 2015). Today, visually impaired individuals have access to educational services in various fields at boarding schools for the disabled, special education schools, inclusive classrooms, special education and rehabilitation centers, and support education rooms (Karakoç and Çelik, 2020; Yarımkaya and Töman, 2021). Visual impairment is classified in different ways, and the most common types of classification in the literature are as follows: according to the time of onset of impairment, according to the cause of impairment, from a legal and educational perspective, in terms of visual acuity, and from a sporting perspective (Örer, 2020).

Physical Disability

A physical disability is a condition that affects all or part of an individual's body and is caused by nervous system damage, diseases, accidents, or genetic factors, and prevents an individual from performing daily activities (Phetrasuwan et al., 2009). Polat (1998) divides the concept of physical disability into five main categories to further explain it:

- 1) Nervous system disorders and disabilities
- 2) Muscle disorders and weakness
- 3) Joint disorders and diseases
- 4) Psychomotor disorders and disabilities
- 5) Skeletal system disorders

Physical disability is a condition in which a person's anatomical structure loses its expected functionality, either for a long period of time or permanently. The causes of this condition may originate from the prenatal, perinatal, or postnatal periods, as mentioned above. Physical disability can also be defined as the limitation or complete loss of physical abilities due to any deficiency or disorder in a person's anatomical structure or physical form (Cumurcu et al., 2012). It is a condition in which the skeletal, muscular, and nervous systems are damaged due to unwanted accidents and genetic problems, resulting in the inability to perform their functions (Kırlioğlu, 2015). Another definition describes it as a dysfunction of the muscular and skeletal systems (Öztürk, 2011). Physical disability can also result from congenital causes, infections, febrile illnesses, systemic diseases, or accidents experienced by the individual after birth (Gürsel, 2006). Physical disability is the most common type of disability and is also known as orthopedic disability (Yücel and Bulut, 2020). According to a 1981 World Health Organization publication, physical disability is the loss of some or all bodily functions in the musculoskeletal or nervous system, whether congenital or acquired, due to illness or accident. This disability makes

it difficult for an individual to perform daily activities and increases the individual's need for personal care and rehabilitation. Physical disability is the impairment of movement skills due to diseases and problems in the musculoskeletal and nervous systems that make up the body's movement system (Yıldırım and Arslan, 2015). Physical disability, on the other hand, is the condition in which individuals with physical disabilities experience anatomical or physiological functional impairments that prevent them from participating in educational activities (Atasaoy, 2020). People with physical disabilities may experience difficulties maintaining their daily lives and adapting to social life due to the loss of physical functions resulting from deformations in their musculoskeletal systems. They must benefit from personal care, protection, rehabilitation, and counseling services (Ministry of National Education, 2011). Common characteristics of people with physical disabilities include limited movement coordination and mobility skills, a generally sedentary lifestyle, a unique gait, balance disorders, and frequent complaints of fatigue and pain (Ministry of National Education, 2011). Öztürk (2006) classifies individuals with physical disabilities into three groups according to their degree of disability: Individuals with mild physical disabilities can meet their personal needs independently and do not require any devices during daily activities. However, without necessary interventions, deterioration in motor and sensory skills may be observed. Individuals with moderate disabilities need occasional support to sustain their lives. These individuals may experience involuntary muscle movements, pain, or soreness. They may also use assistive devices such as crutches. Perceptual and sensory impairments are common in this group. Individuals with severe physical disabilities are dependent on constant support and use assistive devices in their daily lives. They need the help of others to meet their basic needs. Severe pain limits these individuals' functioning, and perception and sensory-perception disorders negatively affect their academic success and motor skill acquisition.

Individuals with intellectual disabilities

Children with intellectual disabilities are generally observed to have considerable physical strength. However, this strength can often turn into aggressive behavior when used in an uncontrolled manner. Yet, this physical energy can be channeled in a positive direction that contributes to the child's development if properly directed (Kınalı, 2003). In the field of education and training, children with intellectual disabilities are generally classified according to the intelligence quotient (IQ) scores they consistently receive on intelligence scales. These classifications are based on intelligence tests that have proven validity and reliability. For example, according to intelligence test results:

- 1) those with IQ scores of 0–24 are classified as “idiots” or severely mentally disabled,
- 2) those with IQ scores of 25–44 are classified as “trainable mentally disabled,”
- 3) those with IQ scores of 45–74 are referred to as “trainable mentally disabled” (Özgür, 1993). Mental disability is defined as the brain's inability to complete its development,

which is the organ in our body with the most nerves and blood vessels, and the loss of brain function due to factors affecting brain functions during development, resulting in the brain's inability to function normally. Mental disability is caused by a combination of multiple, interrelated conditions (Karakoç, 2015). Mental disability is a condition that can occur before, during, or after birth, involving factors that affect the central nervous system and slow down mental development and brain functionality, preventing the development of adaptive behaviors in the affected brain and causing permanent deficiencies in social and academic behaviors (Çoban Esen, 2003). Individuals with limited ability to comprehend messages received from the environment in terms of mental functioning, limited socialization and adaptation skills, and all these symptoms observed before the age of 18 are defined as mentally disabled (MEB, 2006; Koç, 2014). Individuals with intellectual disabilities, whose intelligence functions are below what is considered normal, experience difficulties in maintaining basic skills such as communication skills, meeting daily household needs, academic success, self-management, self-care, and social skills (İlhan, 2008). The number of individuals with intellectual disabilities is quite high, yet they are not recognized by society. Even if they are not recognized by society, prejudices against individuals with intellectual disabilities are prevalent in social life. One of the greatest prejudices that exacerbates the disability of individuals with intellectual disabilities is the belief that nothing can be done for them from a young age. Contrary to this belief, individuals with intellectual disabilities can achieve success in many different areas. Even if they lag behind in social adaptation, meeting their personal needs, and using their language skills, there are many things they can do that are within their intelligence level (Özer, 2010).

Mental and Emotional Disabilities

Mental and emotional disabilities, like other types of disabilities, have become increasingly accepted by society. Over time, attention has been drawn to the problems they face in social life, and efforts have been made to develop solutions. Many international institutions and organizations conducting research on mental and emotional disabilities have developed various definitions (Oktay, 2022). The World Health Organization (2018) defines mental health as a state of well-being in which individuals are aware of their abilities, can cope with the stresses of life, work productively, and contribute to society. Therefore, mental health does not simply mean the absence of mental illnesses (disorders) or disabilities (WHO, 2018). Psycho-emotional illness is generally defined as abnormalities in thinking, perception, emotion, behavior, and communication with others (WHO, 2019). The loss of behavioral functions in human communication, as mentioned above, resulting from psycho-emotional illnesses is referred to as mental disability (WHO, 2011). The term psycho-emotional disability refers to the disability status expressed as a percentage due to loss of function due to psycho-emotional disorders (Prilleltensky, 2012). Mental and sensory disabilities encompass many disorders. Examples include depression,

attention deficit and hyperactivity disorder, conduct disorder, schizophrenia, and autism. Individuals with mental and sensory disabilities share certain characteristics. Some patients are gifted, while others may exhibit intellectual disabilities. Individuals with disabilities in this group also experience educational interruptions and serious problems with communication and socialization skills. They are also prone to crime (MEB, 2011).

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Introduction

Individuals who exercise and athletes have frequently used sports supplements to improve their performance and physical appearance. This has become a widespread and accepted practice today (Koncic & Tomczyk, 2013). Globally, it is estimated that between 40% and 88% of athletes use supplements (Silver, 2001). A study conducted by the United States Olympic Committee in 2004 found that approximately 90% of athletes used various supplements. Such high demand has produced countless products specifically designed for individuals who exercise or play sports. However, these products are not scientifically substantiated for use in sports. They are often advertised as containing certain illegal substances added intentionally or unintentionally to enhance the product's effectiveness, despite manufacturers' inadequate controls and storage conditions. Given this, there is growing evidence that the use of these products may not be reliable (Koncic & Tomczyk, 2013). The general belief is that sports supplements consisting minerals, vitamins, and herbal products are natural and safe. However, these products have a wide range of adverse effects, including headaches, muscle cramps and digestive problems, as well as short- and long-term cardiovascular complications, gout, kidney stones and even kidney failure (Jairoun et al., 2020). As these supplements have been found to contain substances such as heavy metals, potent stimulants, or various banned ingredients, concerns regarding their safety extend far beyond simply reviewing the list of ingredients stated on the supplement label (Harty et al., 2018). Cohen (2009) emphasised in his study that the dosage of substances found in supplements can vary widely, from low/therapeutic/detectable doses to potentially toxic doses. Ultimately, the supplement industry has produced numerous products whose efficacy, quality, and contents are questionable (Koncic & Tomczyk, 2013; Deldicque & Francaux, 2016). The benefits provided by sports supplements remain controversial (Suzic Lazic et al., 2011), and their inappropriate use can lead to various organ damage (Thorsteinsdottir et al., 2006; Dara et al., 2008; Whitt et al., 2008) and even death (Fong et al., 2010). Therefore,