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Historical-Social and Legal Aspects of People with Disabilities (PCD): A necessary discussion

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***Abstract* — This article focuses on addressing the contextualization of Persons with Disabilities (PCD). The historical-social and legal contexts of the disabled will be presented from a broad analysis from a scientific, cultural, and medical point of view - permeating social movements, representation initiatives in organizations and the creation of specific legislation that deals with the social rights of the person with disabilities, including in Brazil. It is noteworthy that since the beginning of humanity, the origin of man and the distinctions between races, creeds and civilizations were part of the construction and formation of the social base, from the distinctions between men and women, rich and poor, strong, and weak.*

I. INTRODUCTION

The person with a disability obtained, within the constitutional scope, a representation and protection that aims to guarantee their social rights. All this construction erupted from the strengthening of public policies and the need observed by the legislator to protect this minority group. The fight against discrimination is part of the construction of institutional and legal policies in the fight against discrimination and in the search for social guarantees; in addition, social integration and the protection of the human person were guidelines of great relevance for the development of the Brazilian constitution, thus strengthening the aspects of guaranteeing collective and diffuse rights.

It is important to highlight that the appreciation of the physical capacity of man has always been linked, in short, to his physical strength and his ability to develop skills and perform tasks to achieve something. Thus, the manifestation of majority groups, to the detriment of minority groups and with a certain limitation, was evident in the structural formation of society - it can then be observed and verified that the greatest civilizations in the world were built on the basis of a culture of eugenics, with prevalence of greater capacity in contrast to those who were in a state of vulnerability[1,2], which justifies the social, biological and legal discussion of people with disabilities.

II. THE SUBJECT WITH DISABILITIES AND HISTORICITY

Since ancient times, People with Disabilities have been present in the social context of civilization. In Ancient Egypt, serious illnesses related to physical and mental problems were directly related to evil spirits and religion. It was believed that the disabled were cursed and that there was a need for spiritual intervention, so the context of disability was intertwined with the culture and religion of the people. The presence of religiosity was quite frequent in the construction of the imagination of the disabled as an individual who was observed as a sinner or cursed, since in Greek culture, for example, deformity was presented because of the wrath of the gods[3].

However, Greece is seen as the first western civilization to start a process of assistance based on a movement of support to the civilian population and the physically disabled – as they were called. However, Greek culture did not allow the extension of this support to the child with a disability, because according to the eugenics culture of civilization itself, the destiny of the disabled child, when observed at birth, was sacrifice. This cultural extension was also observed in Roman society precisely because of Eugenia's policy, in which the child should not be born with any blemish and the practice of throwing children into abysses and performing sacrifices were part of the culture[2,3].

The social context of people with disabilities changed from the establishment of Christianity, mainly with the arrival of Christian movements in western society and the cultural transformation from the reduction of eugenics policies observed during antiquity. The presence of the Catholic Church together with religious leaders began to provide a practice of protection and assistance to the disabled, whether from birth or adult. This entire religious movement changed the social context of the Disabled Person in society, the figure of the disabled individual is linked to the need for care, assistance, and support on the part of social actors, including public authorities and civil society[4,5].

The emergence of the religious context of support for people with disabilities was merged with the conception of medicine and medical assistance that culminated in the creation of religious institutions with the support of medicine for the reception of marginalized groups. This historical context denotes an important period for the emergence of the first movements in medicine to study disability. During the Byzantine Empire, the church and the State came together to guarantee basic care and health promotion for the less assisted strata of society, including shelters and monasteries, which were transformed into specific spaces for the accommodation of people who had no conditions to support themselves financially or who were abandoned by their families[3,4].

During the 15th and 17th century there was a great period of discoveries in medicine, mainly driven by philosophical currents and by the diffusion of the ideals of human rights and citizenship. This context brought to the fore social issues and the need to expand care for disabled people with some physical limitation. The Renaissance period can be seen as one of the most revolutionary for the diffusion of science in the treatment of people with disabilities, as its broke barriers of prejudice with the development of medical practice[4].

The creation of charitable entities and groups to assist people with disabilities in Europe can also be seen as a milestone in the development of social policy. In the spotlight, the so-called “Poor Law” enacted by King Henry VIII guaranteed the so-called “charity fee” that required the people to pay a fee to guarantee the creation of charities and hospitals to care for people who had physical problems. and health limitations. The Renaissance movement also acted on the manifestation of the Church, because from the progress of science and the spread of new medical techniques, it collaborated so that the sacrifice and prejudice of people with disabilities were mitigated in society[3].

The diffusion of scientific knowledge and the advancement of medicine were fundamental for the emergence of shelters and support societies for people with disabilities. The growth of corporate initiatives among civil society, the church and donors brought a reality of greater protection for these people, whose work was autonomous in nature with the support of the academic and scientific community. A highlight during the late 18th century was the creation of the Society and Home for the Disabled, created in Denmark by an autonomous group of collaborators, whose purpose of the institution was to shelter people with disabilities in conditions of social vulnerability, which in many cases, abandoned by family members[4].

However, the formation of society was also marked by social movements in defense of minority and vulnerable groups. The institutionalization of the protection of groups with social vulnerability was guided by organizations such as the church and social defense groups, which expressed their protection to social groups displaced from the protection of the State. The presence of social movements in the defense of these groups has been observed since the mid-14th century with the presence of civil society to defend groups considered excluded from society[2,6,7].

At the end of the 19th century until the beginning of the 20th century, support for people with disabilities was expanded due to the emergence of the formation of the Welfare State, whose movement was initiated in Europe with a great appeal from society to create policies public policies to support the most socially vulnerable groups, including people with disabilities[3]. In his work, Silva[8] argues that the need to create welfare policies emerged with greater force after the end of the 1st World War and, later, with the end of the 2nd World War, whose number of physically and mentally disabled people grew dramatically, accentuated not only by the disasters of the war, but also by the spread of communicable diseases, mainly the Black Death and the Spanish Flu.

According to Maior[2], the process of the emergence of initiatives to protect minority social groups from the 20th century began to trigger a process of welfarism on the part of the government and society. The social marginalization of vulnerable groups, including people with disabilities (called at the time as "physically disabled or indigent") began to be adopted by social strata, among them, the disadvantaged strata, whose need for visibility began to be demanded in the face of to social and public neglect. The UN presented Resolution nº 37/52 - called World Action for Persons with Disabilities, whose proposal was to present a postulate on equality and the rights of people with disabilities worldwide, ensuring that there were equal rights for this group. of people, at all social levels: transport, education, basic sanitation, rights, civil rights[4,9].

Maior[2] notes that the Post-War period was a crucial period for the expansion and propagation of the rights of people with disabilities in the modern world, considered one of the pillars of the creation of later specific legislation. In 1919, the UN created the Central Commission for the Care of the Disabled, considered an important step to discuss the guidelines and actions of countries to ensure the protection of people with disabilities. Subsequently, in 1975, the UN established the Declaration of the Rights of Persons with Disabilities, and then the year 1981, known to this day as the International Year of Persons with Disabilities - legitimized as an act of great relevance to solidify the struggle for the social rights of people with disabilities. people with disabilities around the world.

During the 1990s there was considerable progress in legislation and measures to protect people with disabilities worldwide. In 1992, the UN promoted the Day of the Disabled and institutionalized, together with some countries in Europe, a General Assembly to guarantee the standardization of procedures to equalize social rights in defense of the protection of people with disabilities - this initiative was called Procedures- Standards for the Equalization of Opportunities for Persons with Disabilities focuses on the struggle to guarantee basic rights in favor of persons with disabilities at a global level[4]. According to Pereira and Saraiva[3], after the initiative of the UN with the General Assembly, the so-called “Declaration of Salamanca” was established in 1994, considered until then and by many analysts, to this day, as a major milestone of social inclusion. of people with disabilities, being the most important document that supported the creation of other future initiatives on the subject.

In the early 2000s, other important treaties were created on the protection and struggle of social rights and equal guarantees for people with disabilities, among them the Amsterdam Treaty, which was important for the legitimation of rights, among them other social areas, that of equal access to the labor market based on the establishment of guidelines that would guarantee equality of conditions. In 2000, the Council of the European Union, in a meeting with leaders of the allied countries at the UN, voted for the establishment of rules and conditions that establish measures to combat direct and indirect discrimination in the labor market for people with disabilities. This measure was widely accepted by the European community, serving as a model for other countries that began to adopt the measure and intensify the fight against discrimination and prejudice in the work environment[4,9].

Currently, the initiatives of movements to support the protection and guarantee of social rights of people with disabilities have expanded the space for the main social and decision-making fields: politics, economy, public power, private initiative, and movements in civil society. According to the most recent data from the UN, from 2012, the process of expanding public policies to serve people with disabilities in the world went from 21% to 45% in a decade, which proves that the institutionalization of legal measures of protection was adopted within the construction of public policies of the State[2,3].

III. THE HISTORICAL CONTEXT OF PEOPLE WITH DISABILITIES IN BRAZIL - SOCIAL AND LEGAL ASPECTS

The beginning of the historical context of people with disabilities in Brazil emerged in the mid-sixteenth century with Father Anchieta and with the Jesuits' religious movement, whose teaching development already allowed a specific work to help students who were disabled, especially in the help with those with mobility difficulties. From the 18th century onwards, there was the development of projects aimed at the blind and the deaf, coming from France, with the purpose of guiding children and young people towards learning through the creation of a specific language system that would serve the blind and deaf. – this system itself was the basis of which the Braille system was created[10].

In mid-1854, the National Institute for the Education of the Deaf was created, based on the presentation of specific knowledge aimed at blind and deaf youth and adults; whose project was presented to Emperor D. Pedro II with the proposal to serve this public with a more specialized service. Then, through Imperial Decree nº 428, in Rio de Janeiro, the Instituto dos Meninos Cegos was founded, currently known as the Benjamin Constant Institute - considered until then as one of the precursor institutions and of great importance for the development of specific actions for the education of the blind and deaf in Brazil[2,3,10].

From the 19th century onwards, driven mainly by special education for the blind and deaf, the Braille writing system for the blind was introduced during the 1880s. disabilities in Brazil were still infrequent in society, which can be related to the lack of interest of society itself in developing actions for this audience[2]. The role of the church and the community was fundamental for the basic formation of public policies and has a collective aspect and is based on the claim of rights and the achievements of equality, especially in access to basic education and specialized health care.

According to Pereira and Saraiva[3] Brazil was heavily influenced by the social movements of Europe in the 19th century, and the movements formed in the country sought to develop a culture of acceptance and adaptability to start an inclusion movement in the country. One of the first aspects, in addition to the creation of the Braille system, was the creation of special schools, and then a process of reordering education in Brazil began with the development of special education based on the applied and specific methodology for people with disabilities. Perhaps one of the pioneer schools for special education in Brazil was the Association of Exceptional Parents and Friends (APAE) which was established by the Pestalozzi Associations - a philanthropic institution to support special education through the pedagogical application of the inclusive method in basic education, mainly for work with children and young people[2].

At the beginning of the 20th century, from the 1920s, the first welfare policies were developed in the country based on the repercussion of European social movements, mainly from the UN manifesto in favor of people with disabilities. After World War II, the government began to adopt a campaign for the rehabilitation and support of people with disabilities, with the creation of rehabilitation centers and hospitals with specialized care to treat this type of public. The integration of efforts between the government and society triggered the need to standardize care and ensure a more comprehensive care model, as there were still not enough professionals to work with people with disabilities[2,3].

In the late 1950s, integration centers for people with disabilities were established. A very important aspect for the development of assistance policies came from the need to expand support activities, whose service niche was still very restricted to the medical aspect, with the need to integrate with social and economic development. This period of inclusion established a renewing moment for the social scenario of people with disabilities in Brazil, since from the 1970s and early 1980s onwards, large urban centers, such as São Paulo and Rio de Janeiro, adopted public support policies in addition to the emergence of collaborative actions arising from civil society[2,10].

Popular initiatives and the formation of a political-social basis for the defense of people with disabilities establish the need to broaden the debate on specific public policies for this group. In the 1990s, the creation of associations and institutionalization based on UN treaties and international movements made it possible for the 1st Convention on the Rights of Persons with Disabilities to take place in Brazil. All this social and political movement culminated in the creation of the National Policy for the Integration of Persons with Disabilities, which originated the National Council for the Rights of Persons with Disabilities (CONADE) and which, later, was transformed into the National Secretariat for the Promotion of Human Rights. People with Disabilities – linked to the Presidency of the Republic and responsible for proposing policies, actions, laws, and decrees about this group in Brazil[2].

The institutionalization of the protection of people with disabilities also resulted in the creation of specific legislation aimed at protecting and guaranteeing social rights for this social niche. The first federal law created in 1989 stands out, law nº 7.853, whose provision of the law deals with social integration and governmental and social support for people with disabilities. Another important law highlighted in Brazil that deals with the protection of people with disabilities was the creation of Law nº 10.098/2000, which was also established in Decree nº 5.296/2004, was essential to address a topic that was heavily demanded by movements for the defense of people with disabilities, which was the issue of guaranteeing priority in care due to its special condition[10].

Regarding the socio-educational emphasis, law nº 10.436/2000 was of paramount importance to assist the deaf person. This law deals with the officialization of the Brazilian Sign Language - Libras, so the written Portuguese language is maintained as a second language. This officialization brought an important redesign of Brazilian education within the aspect of inclusion and accessibility, as the deaf could be assisted based on the regulation of the public power, something that was not yet treated as regulated in the Brazilian educational system. Later, through Decree nº 5626/2005, there was a bilingual definition with the training of translators and interpreters of languages, making it mandatory for these professionals to work in educational institutions in Brazil, whose profession was later regulated by law nº 12.319/2010[2].

The development for the social assistance field in Brazil was foreseen from the enactment of law nº

8.742/1993, which established the care of people with disabilities in different types of specialized services for personal, emotional, and professional support through Social Assistance. Law nº 8.742/1993 expanded the service to cases that, until then, did not have any support for people with disabilities, such as: domestic violence, physical aggression, child abuse, moral abuse, among others. In addition, this law was also important for the definition of a basic income through the granting of the continued benefit (BPC), which is a guaranteed minimum income for people with disabilities in a situation of social vulnerability in a state of poverty and misery[2,3].

A constitutional landmark in Brazil was the institutionalization of the denomination of “people with disabilities” in the official nomenclature of the country, since previously there was still the denomination “people with disabilities” and “people with physical disabilities”. This legitimation of terminology came to meet a global standardization established by the UN during the World Convention of Persons with Disabilities, whose proposal presented was to guarantee the universalization of terminology and the distancing of expressions with a pejorative content[2,11].

Given the advances in discussions on the rights of persons with disabilities in the world, Brazil participated in the promulgation of the International Convention on the Rights of Persons with Disabilities and Optional Protocol, in 2007, signed in New York City in the United States. This convention was fundamental to deepen the discussions between the countries mediated by the UN to debate on the promotion of the guarantee and the full and equitable exercise of all human rights and freedom for people with disabilities in the world. Brazil participated as one of the participating States in the convention, with the objective of aligning its participation with the fulfillment of objectives and obligations adopted to meet the legal, administrative, and social measures to comply with and strengthen the reduction of crime and the promotion of people's human rights. with disabilities[12].

Movements in support of people with disabilities within the political and legal spectrum have been strengthened by the need to develop actions for equality and combating discrimination. According to Bezerra[11], Brazilian society has undergone numerous social and cultural transformations for years from the perspective of coexistence with people with disabilities, which can be clearly observed in the gradual construction of public policies and the creation of specific legislation that meets the needs of people with disabilities. to this minority public in society. Also, according to the author, even though late, social, and legal reconstruction in support of people with disabilities in Brazil has been more present in the country's legislative spectrums, despite the inequality and discrimination that are still present today.

IV. DEFINITION OF THE PERSON WITH A DISABILITY - SCIENTIFIC AND LEGAL CONCEPT

The concepts about the terminology “disability” have been observed in the scientific, political, and social context for years, since the first manifestos about regulation and the struggle for the social rights of people with disabilities. This concept can be defined in two aspects: scientific and legal. From a scientific point of view:

Scientific concept of disability today can be found in the UN Convention itself: “Persons with disabilities are those who have long-term impairments of a physical, mental, intellectual, or sensory nature, which, in interaction with various barriers, may hinder their participation. fully and effectively in society on equal terms with other people (art. 1)[5].

Science has determined the use of the terminology for “disability” to designate any impediment or limitation of a physical, mental, or intellectual nature, so that there is a barrier, that is, that there is a natural difficulty in carrying out actions commonly performed by people without disabilities. According to Madruga[5], the resignification in the use of terminology to designate the person with a disability came from a social context, not merely a scientific one. The use of the nomenclature was determined, within the scientific aspect, to characterize this group of people based on their identification from the perspective of characterizing the types of disabilities, which are distinct and can be deferred for each case[5,13].

The scientific approach to disability started from the definition of a medical protocol established by the UN and determined by the International Classification of Functioning, Disability and Health (ICF/WHO) through an analysis in a biopsychosocial scope that understands disability as a limitation of the individual from the corporal and mental structure in view of a series of influences that determine its limitation in social and environmental character. The conceptual development of disability in a scientific way was an important step to dissipate the incorrect and prejudiced use of certain terminologies that were used without any single characterization, even making the legal process of inclusion of the term in the legal system of the countries difficult[5,14].

The ICF consolidated the term within the scientific and social character, but changed the terminology, which was previously determined only for “disability” and started to include the terminology on disability for acquired diseases classified within “health components”. The 1st classification presented in 1980 was criticized for having a medical connotation, without considering the social aspects of the disabled, in addition, this terminology had to be changed by the UN and considered. The determinations for terminologies started to be adopted in a single character, considering the social and environmental aspects[14].

According to art. 2 of the International Declaration of the Right of Persons with Disabilities and, in Brazil, under Federal Law nº Art. 2 A person with a disability is one who has a long-term impairment of a physical, mental, intellectual, or sensory nature, which, in interaction with one or more barriers, may obstruct his or her full and effective participation in society on an equal basis with other people. other people.

The Basic Guidelines Guide developed by the Federal Senate in 2005 also characterizes the person with a disability based on Federal Law No. to perform one or more essential activities of daily living”[15]. The characterization of disability as a scientific term and linked to the medical field was important to determine the typology of disability and individualize the types of symptoms, limitations, and particularities for each disabled person, which was necessary for the process of social and legal regulation[5,16].

However, the use of terminologies in their temporal context has changed according to their use. According to Nishiyama[16], the conceptual definition of people with disabilities comes from a historical path, in which their conception was built based on a trajectory of changes stimulated by the social, political, and medical context itself. One of the first terms used was “physically disabled”, in which its characterization limited the typology to only people who had some disability in their physical structure, not observing then for the other types of limitation. This nomenclature was changed in the UN Convention, in which it was pointed out that the term, in addition to isolating only a characteristic of disability, also advocates an adjective character for the person, since the "physically disabled" deals more with the disability than with the person, observed as prejudiced[16].

In the 1980s and 1990s, the term “person with a disability” began to be widely used to represent people with disabilities. The term, in addition to being used in society, was also presented in some medical reports and research in the areas of public health and psychology. However, even in the late 1990s, the term was contested for not meeting the requirements for characterizing people with disabilities and for presenting, through the term “carrier” a false representation, since the use of this term can indicate that the person has a disability. temporary, which is not an absolute truth, since in most cases there is a permanent deficiency of a congenital nature, that is, with no outlet for healing[5,14].

Madruga[5] notes that: Note that the disability is inherent to the person who has it. You don't carry it, you don't carry it, you don't carry it with you, as if it were something spare or with an object. Neither does disability bring any synonymy with disease and is not an antonym for disability (which has its opposite in inefficiency)[5].

Madruga[5] then points out that the terminology “carrier”, in addition to referring to an expression of “someone who carries something” or “has something temporary that they carry” brings an illusion that the disability can be fleeting, bringing to the use of the term a feeling of prejudice and distinction between those who, by chance, have a disability on a transitory basis and those who have a disability on a permanent basis. The use of inappropriate terminology, according to Atique and Veltroni[14], can bring a less humanized perspective to the person who has a disability, so, from a legal point of view, the inappropriate use of terminology can result in sanctions, as it brings a sense of stigmatization and exclusion of this subject in relation to another.

The attempt to conceptualize the person with a disability, also addressed by Araújo[13], shows the use of the nomenclature through some expressions: individual with limited capacity, handicapped, lessened, invalid, disabled, exceptional, disabled person, among others. This lack of standardization of the term and the misuse of terms with a prejudiced connotation was banned from common and legal use, as in addition to opening a list of interpretations, it also gave rise to the inappropriate use of the term in relation to the type of disability of the person. According to Maximiliano[17] the use of the terminology “person with disability” tries to characterize the person not by the type of disease or limitation that he has, but by the definition of a group that he is a part of, so that there are no interpretations. dubious and imprecise that characterize it.

Madruga[5] notes the use of the term “special” for people with disabilities. This term in question was widely used in the psych pedagogical structure to meet the demands of special education, especially in working with children and young people. The nomenclature “people with special needs” was widely used as a way of characterizing the person with a disability as “special”, with the purpose of alleviating or euphemizing their disability. However, the term came to be seen as subjective, because in the common point of view, anyone can be “special”. Thus, the term “special rights” was also used to characterize the social rights of people with disabilities, but it had a connotation of specialty or privilege[5].

There is also a need to dissociate terms such as “disability” and “disability”. According to Madruga[5] there is a differentiation for each term: the first refers to the work character, that is, limitations or lack of work capacity; while the second refers to a characteristic of the person, regardless of the environment in which he finds himself. For Araújo[13] the denominations cannot be observed in a static way, as they evolve according to social demand and the need to adapt the person with disability to society.

Gaudenzi and Ortega[18] note that: The debates on the meaning of “disability” did not end with the approval of the ICF. Furthermore, as we can see, the term disability disappears in this classification and the terms functionality and disability gain prominence. The WHO proposal is that the ICF is not just for those with disabilities but is about all people. What is at stake, therefore, is the relationship of the individual to society.

The use of inappropriate terminology provides, in addition to a semantic distortion, a difficulty in establishing a legal standard. For Madruga[5] the language and vocabulary attributed can relate the person with a disability to medical or social identification. From a legal point of view, Gaudenzi and Ortega[18] argue that the definition “person with a disability” establishes a more accurate characterization of the term, as it manages to relate the person with the disability without overlapping the context, that is, there is no understanding dubious or that gives vent to prejudice in using inappropriate terminology or without really defining the social and average issue of the individual.

Thus, the standardization of terminology and the standard suitability from a social, medical, and cultural point of view was the reason why the study chose to use the term “people with disabilities”. In this sense, the use of standard language is inherent to the topic addressed, observed in the legal and academic field the use of placement in the face of the subject addressed, whether in the identity aspect or merely punctual in some statement. In this way, the presentation of the term by Madruga[5] guides the use of “people with disabilities” in a uniform, comprehensive and appropriate way for the issues of public debate.

The typology of disability is divided into the following characteristics: congenital and acquired. The first concerns a disability that the individual has at birth, that is, he is born with that disability since birth, it was not acquired; the second concerns a disability acquired during life, that is, after birth, the same disability not acquired at birth. Another deficiency that can be related to congenital deficiency is hereditary, in which the individual acquired the disease through gene transmission, that is, he already has it[19].

Regarding the types of disabilities, they can be classified as follows: physical (motor), visual, mental (intellectual), auditory, multiple, and cerebral palsy. According to Xavier and Oliveira[20] the types of disability are defined according to the specificity of the individual's limitation or barrier, in which they differ from one to another, so there is no unilateral characteristic that interconnects the types of disability, other than the fact that they have different characteristics from an ordinary person without a disability.

Physical disability according to Brasil[21] is a type of disability that affects the individual in terms of mobility impairment, motor coordination, speech control and motor impairment in general. This deficiency may arise from congenital or acquired formations, from neurological, neuromuscular, or orthopedic injuries. Physical disability or – also called motor – refers to the impairment of the locomotor system, which can be compromised to the Neurological System and the Muscular System, observed jointly or separately, being variable and defined according to the degree of limitation[20].

The main types of physical disability are: paraplegia (loss of all motor functions), paraparesis (partial loss of motor functions of the lower limbs), monoplegia (partial loss of motor functions of only one type of limb), quadriplegia (total loss of upper and lower limbs), tetraparesis (partial loss of motor functions of the upper and lower limbs), triplegia (total loss of motor functions of the three limbs), triparesia (partial loss of motor functions of the three limbs), hemiplegia (total loss of the motor functions of a zone of the body) and the hemiparesis (partial loss of the motor functions of a zone of the body)[19].

Mental or intellectual disability is characterized by a certain reduction in intellectual capacity compared to the normal capacity of the Intelligence Quotient (IQ). This variation to a below-normal standard can be identified even as a child or adolescent and, depending on the case, in adulthood and its association is directly linked to limitations of behaviors and capacities to demand normal aspects of daily life: communication, socializing, social and cognitive skills, aspects of social relationships at home and at work[19,20]. There is a sub-specification of the types of mental disability: mild, profound, severe, and moderate – in which it is crucial to note that there is a distinction between mental disability and mental illness – as the former refers to an insufficiency of intellectual capacity, the second concerns a present pathology that can compromise the individual's global performance.

Visual impairment is the gradual or permanent loss of basic eye functions, it can be sudden or severe, congenital, or acquired. This type of disability can be present in both eyes or just one, corrected using lenses, glasses, or a surgical procedure - in the case of a type that can be corrected by procedures. It can be of the following types: low vision (distortion of the visual functioning of the eyes), partial blindness (distortion in visual perception more often) and total blindness (total loss of vision and ability to see)[19].

Deafness or hypoacusis – is characterized by the total or partial loss of the individual's hearing capacity. The degree of loss for hearing impairment of forty-one decibels or more (dB) and the disabled cannot optimally hear sounds between 25 to 90 dB, compared to people with the normal auditory system. It is basically classified into two types: conductive deafness, sensorineural deafness, mixed deafness, and central deafness – subclassified by degrees of disability. A topic about the deaf and the more specific definitions of deafness, from a medical and legal point of view, will be discussed later.

Multiple disability, as the terminology of the name defines “multiple”, refers to a combination of one or more disabilities in an individual. These combinations of disabilities may be present concurrently or both may be lifelong acquired, diagnosed during the individual's lifetime. They can be classified as follows: sensory and physical, sensory, and psychic, physical, and psychic or sensory, physical, and psychic. As observed by Xavier and Oliveira[20], multiple disabilities are usually composed of deficiencies present in the individual, of one that has a more present frequency, that is, from a clinical point of view, there is, among the deficiencies, the one that stands out the most. limits a person's ability, whether physical, psychic, or sensory.

V. CONCLUSION

Social inclusion and the fundamental guarantee of individual rights are pillars of Brazilian constitutional formation. It is observed that the inclusion of people with disabilities is positive and guaranteed by law from the guarantee of housing, education, access to the job market, among others. This entire process of formation in the Federal Constitution of 1988 aims to reduce the discriminatory practice in society, mainly in meeting the needs of the most vulnerable public by guaranteeing social rights - which includes the feasibility of instruments that reduce the degree of disparity in actions of legal law.

The Brazilian legal system, despite the historical advances in its construction and formation from the social achievements made over the decades, still presents legal inconsistencies from the doctrinal and material point of view, which can be observed in the absence of regulations and in the uncertainties. legal provisions on certain aspects of social inclusion in terms of the law, particularly about persons with disabilities.

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