# Alienation of the Disabled: Causative Factors, Mechanisms, and Patterns of Reaction Responses

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#### **Abstract**

The human society has, in general, always tended to isolate and segregate people with disabilities. Not just in India, across the world, individuals with disabilities are a discrete and insular minority, and subjected to unequal treatment. The prejudices they endure are generally based on characteristics that are beyond their control and result from stereotypical assumptions and biases in the society. Relegated to a position of psychosocial, cultural, economic and political powerlessness, the disquiet of social discrimination severely affects their self-belief, esteem, and social behaviour. Diverse patterns of alienation reactions emerge, dominated by a sense of meaninglessness, normlessness and severe isolation. As a result, they neither realise their potential nor get an opportunity to participate and contribute to the society.

The present essay, in its first part, uncovers the causative factors which produce alienation in people with disabilities, and in its latter part, portrays the effects of social discrimination on their psychosocial, cultural, economic and political well-being.

Each human being is a microcosm of their social macrocosm. A person's selfbelief, esteem, norms, behaviour and attitudes are born out of their experiences in life. Each individual converts or adapts to the needs of society and, in the process, becomes socialised. The sum functioning of a person is a derivation of multiple factors; yet, the values, purpose, goals and the role he envisages for himself in the society are a produce of his social interactions, experiences and groupings.

All human beings have a strong emotional need to be a part of social group. From early childhood, they

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continually strive to be accepted as a member of social groups in diverse sociological settings. This is a way for them to achieve a sense of security. Their position in the family, their adjustments with their peer group, their heterosexual development, each reflects a desire to belong to these groups and occupy a sought after status in each setting. If a situation threatens their position in the social system, it produces anxiety, may cause a disorganisation within the person, and provoke a reaction of alienation.

Historically, the human society has however always tended to segregate and isolate persons with disabilities. Despite some initiatives, social discrimination of people with disabilities continues to be a serious and pervasive global problem. Even in developed countries, people with disabilities are a discrete and insular minority, subjected to biases and prejudices, unequal treatment, and relegated to a position of socio-economic, political and cultural powerlessness in social fabric. This social discrimination is based on differences beyond their control and spawn from stereotypical assumptions prejudicial behaviour of the members of the society.

Collative data from different parts of the world establishes that people with disabilities occupy a low status in the society, and are severely disadvantaged in terms of educational, vocational, economic, and social status. The biases and prejudices are severe and the crass inequity affects them in critical life areas as education, employment, public accommodation, transportation, communication, recreation, health services, voting, and access to public services. They suffer due to a host of factors—architectural, transportation, and communication barriers, failure to bring changes in social norms and practices which produce social isolation, the set norms and criteria which are exclusionary in nature or relegates them to a lowly position in different spheres of life.

The present essay, in its first part, uncovers the factors which produce alienation in people with disabilities and, in its latter part, portrays the effects this social discrimination has on their psychosocial, cultural, economic and political well-being.

#### **Causative Factors**

People with disabilities continually live under the shadow of social biases and prejudices. Their quality of life is largely governed by beliefs, attitudes and behaviour of other people who have little or no patience to recognise their needs. The discriminatory behaviour is widely prevalent all over the world, in all cultures, strata of society, and afflicts even the most educated.

Such preconceived notions that no step, however generous or large, can help the lot of people with disabilities further queer the pitch. Be it the man on the street, be it political, social or religious leaders, or be it national and international agencies, suffer such prejudices and biases, and percolate discriminatory social behaviour without making suitable amendments in the legislations, policies and practices.

## **Cultural Notions of Disability**

The human society is plagued with a number of myths, misconceptions and superstitions with regard to disability. This generates aversion, neglect, abuse, fear, ostracism, and segregation of people with disabilities. Three levels of cognitive factors play a role in this social alienation:

- Cultural beliefs: Crass beliefs in a population, which operate at a fairly general level of culture, associate disabilities with cosmic events, religious dogmas, and in some cultures with the "misdeeds" of the past life.
- Attitudes: Some people develop beliefs and attitudes about people with disabilities based on a one-off experience or individual perceptions. These attitudes carry a strong emotional component.
- e Explanatory models: Explanatory models are tied to specific cases. They represent the process of recognition of the disabling symptoms, a labelling of these and a value judgement about the future of the disabled person. A number of social and political factors, general beliefs and attitudes of the people shape this process. Such a model may be shared by a community, which reaches a consensus regarding a specific disability.

# **Discriminatory Behaviour**

A community's thinking, approach and behaviour with regard to people with disabilities is governed by its cultural beliefs, attitudes and explanatory models. Studies which enquire into such discriminatory behaviours are scarce, and further, these behaviours vary also between different communities.

The sight of a person who appears different or functions in a different manner evokes different kind of reactions in different people. While some people experience discomfort, the 'discrepancy' may generate petrifaction, pain, or fear, and produce an attitude of avoidance, stigmatism, distancing, denigration and stereotyping. These reactions and subsequent behaviour are guided by the desire of avoiding visual and physical contact with people with disabilities and maintaining the least possible communication with them.

In some parts of the world, discrimination against people with disabilities is so severe that the civilised world must hang its head in shame. Newborn babies with any visible impairment are put to death, and mothers who do not conform are threatened with severe sanctions. Equally, in many families, children with disabilities are kept hidden from the public eye. Parental and familial neglect is extremely common. Such harsh behaviours are widely prevalent, though not much talked about. Disability surveys published from a large number of countries bear this out.

The mortality rates in mentally retarded children and among the born deaf have been found to be far higher than in other children, though neither condition is a forerunner of premature fatality. In several countries, census of children with cerebral palsy has found that few survived till 15 years of age, yet

children living with similar disability in other parts of the world live much longer.

Similar biases exist when surveys are conducted in children with physical differences. The incidence poliomyelitis-a crippling disease caused by a virus- among girls and boys is about equal. Yet, number of boys paralysed by the disease outnumbers the girls by two to three times. These numbers indicate gross neglect of the crippled girl child in the society and in no way, a higher survivor instinct among boys.

# Effect of Public Beliefs on Polity and **Policymakers**

Very few economically weak and developing countries possess a clear set of policies for people with disabilities. This is a reflection of general system of societal beliefs. If the general public holds people with disabilities as 'useless' and carries the view that whatever may be done for them, they will remain so; no attempt is made by the policy makers to change the legislations, policies and practices.

Politicians, legislators and governments remain a prisoner of such harsh traditional beliefs and biases and do not work for policies which provide equity and a level playing field to people with differences. If a change has to be brought, thrust to educate the politicians, legislators and governments must also be made to bring about a change in their thinking and approach.

# **Violation of Basic Human Rights**

Due to widespread general beliefs and negative attitude of the people and polity, people with disabilities suffer crass

neglect and violation of basic human rights. This negativism is visible in each and every sphere of human life: be it the right to education, public service, and work, be it the right to quality living, be it the right to property, or be it the right to equality in law, people with disabilities suffer in comparison to those who are not disabled.

## **Patterns of Reaction Responses**

The effect of a disability on a person has multiple dimensions and is cumulative. It may bring functional limitations, with a detrimental effect on their personal and social life. However, the effect of a disability on a person's behaviour is often more indirect than direct. It is to a large extent controlled by social evaluation and behaviour, and the response of the person towards this cultural judgement.

The relationship between disability and handicap is not concordant. Physical disability is simply a deviation from the socially accepted norms of bodily characteristics. It consists of objectively defined impairment of structure and function. Though the deviation is physical, its repercussions are far more severe. A person with disability is not allowed to fulfil many of the 'normal' tasks and responsibilities. In effect, physical deviation leads to deviant behaviour. This person must make adjustments to cope with social expectations and behaviour. This generates sense of inadequacy, anxiety, insecurity and frustration and may produce extreme modes of behaviour, such as withdrawal, introversion, and aggressiveness. Parental, familial and social attitude and behaviour is largely

responsible for such sentiments, behaviour and personality disorders.

## Bearing on the self-concept

Each human being's aspirations are intimately tied to their self-concept. The kind of a person they consider themselves to be, is an important determinant of what they think they are capable of doing, what they expect themselves to do, and what they set out to achieve.

People's self-concept is, however, largely a product of other people's evaluation of them. A person's social culture, people who she/he attaches significance to, and other people with whom the 'developing self' is in contact, shape the self-concept.

People with disabilities can be more handicapped by their self-concept rather than by the disability itself. Their social influences affect their self-concept, since this mirrors other people's evaluations of them. People come to conceive of themselves as adequate or inadequate as they see themselves reflected in other people's social behaviour.

The complexities, however, do not end at this point. Establishment of realistic aspiration levels in a social setting, which requires educational and occupational attainment and calls for personal adjustments, is certainly complicated. This involves not only the person, particularly his/her self-concept but also their family, school and community-indeed their entire society.

Since the lives of people with disabilities tend to mostly revolve around their disabilities rather than abilities, their self-concept about themselves is generally extremely low. As a result, their self-expectation, motivational levels, and aspiration levels suffer severely.

Recognising this, some cultures try to encourage and motivate people with disabilities. When an entire culture places premium on a given ideal state, behavioural reinforcements help cover and minimise the deviations. Striving to act and compete like the others may then become the ideal pattern in a person's life.

#### Social isolation

The 'self-feeling' related to a sense of inadequacy operates a vicious cycle. A person who is chronically anxious about his/her role tends to be inadequate in their performance, which further accentuates their anxiety.

People with disabilities often tend to get isolated. For each human being, their social status in the family, neighbourhood and work group are vital. Yet, for people with disabilities, this possibility stands grossly impaired.

A person feels isolated if s/he is not a part of the social group. This isolation produces deep social disorganisation. An isolated person suffers a deep void of primary, personal and emotional relationships. Impersonal and rational relationships may exist but they fail to provide the satisfaction, which is critical for personal stability.

Social isolation and personality disorganisation feed on each other. A maladjusted person suffers more severe social isolation. No person can live in a social vacuum. A person unable to assume their roles properly sets off a chain reaction of social disorganisation.

Each person interacts with several others, particularly the other members of their family and their other immediate associates.

## Personality disorganisation

Human beings are socialised in the course of their growth and development. Life's experiences help them convert or adapt to the needs of society. A person's life organisation may be defined as the pattern of norms, values, attitudes, purpose, goals and roles which she/he sets for him/herself and which grow out of their social experience. Through these norms, values and rules, a person consciously, or unconsciously, hopes to make his/her life meaningful.

When a person deviates from the norms of a social group, she/he undergoes a disorganisation of the self. At the same time, it also weakens the norms and inter-personal ties in the group and causes social disorganisation.

When personal disorganisation becomes intense, it causes acute anxiety, which may lead to certain undesirable behaviour.

## Sufferance of limitations in life

A person with disability is likely to engage in far fewer and simpler activities and suffer from functional limitations. These disadvantages when combined with high levels of anxiety often result in a decreased flexibility of behaviour and ideation and a less coherent approach to life situations. Such restrictions are partially dictated by the extent of disability, yet social attitudes and cultural expectations have a close bearing.

When a child has many things done for him/her, when she/he does not use his/her own initiative, and when his/ her social relationships are few and stereotyped, she/he gets little opportunity for free and adventuresome ideation and activity. When a child, disabled or not, becomes used to a more simple and easier approaches to life's problems, she/he is not motivated enough to master the complexities of a more expanded world. Considerable evidence exists that the compensatory and restrictive social and personal mechanisms encumber a disabled child. The abilities and potential of these children is often either underestimated or neglected. This results in secondary handicaps, which are far greater than the primary disability.

If people with disabilities have equal opportunities to experience and experiment with life, it is a good measure of the index to which a society has endeavoured to provide for them.

#### **Deviant behaviour**

People with disabilities are more vulnerable to anxiety than other people. They feel threatened by the ordinary demands of their culture. This generates a high level of anxiety and reduces their ability to cope with their social environment. This may produce impulsive, compulsive, rigid, constricted, and/or fragmentary reaction responses.

These reactions may generate self-defeating, blind alley, and socially inapt behaviour. Such individuals may sport defences, which may restrict their activity unnecessarily, plummet their aspirations, and induce minimal

self-definition. The defence mechanisms are an attempt to minimise failure and reduce anxiety.

A person with disability may try to 'pass' as normal. She/he may withdraw from the field of competition as part of a defensive posturing, or become unduly aggressive particularly with regard to personal stigmatic characteristics. These reaction patterns are accompanied by considerable anxiety.

### Disability, Deviation and Society

Deviancy is not a problem restricted to an individual; rather it is an event that occurs in a given family, community, subculture and society. Deviancy can be understood only with reference to the social reactions it evokes and its meaning to the individual deviant. Just as people with different stigmas must face similar problems and adjust to them in similar ways, the problems of a family with a disabled is an instance of a universal experience, i.e. how the family copes with unexpected disappointment and trauma. Family crises, frustrated ambition, and occasional high levels of stress are experiences common to most families. The behaviour of the deviant is shaped by the actions and attitudes of others. The adjustments of the family of a disabled child can either limit and distort or encourage and facilitate the child's potentiality for growth.

Dominant cultural patterns of a society, the sub-culture to which a person belongs, and the community where s/he resides-all have a close impact on the person with disability.

The non-disabled majority tends to maintain a certain social distance, often

treating the disabled as outsiders. Many normal people feel uncomfortable in the presence of a disabled individual. They find it difficult to accept and mingle with the disabled as they do with other people, and since they have a greater prestige and power, they end up restricting the opportunities of people with disabilities. The handicapped are often forced either to associate with each other or become socially isolated. They are frequently segregatedphysically, psychologically and socially. The disabled person, sensing social discrimination gravitates to his own kind who can accept him without reservation. However, people with disabilities resent this group identification.

# Social stigmatism

People with disabilities endure social prejudices, discrimination, segregation and stigmatisation.

*Prejudice* is a pattern of hostile attitude. It places an individual in a particular category and judges them accordingly.

Discrimination refers to overt acts committed against individuals and minority groups because of the prejudice of the dominant minority.

Segregation is a special form of discrimination whereby the minority group is denied access to such institutional facilities of the larger society as schools, hotels, restaurants, recreational facilities and transportation.

While prejudice is essentially a state of mind, discrimination and segregation are specific acts or series of acts. Prejudice is the root of discrimination and segregation and provides the major motivating force for stigmatism.

## **Economic and Social discrimination**

Discrimination implies a denial of opportunity, unequal treatment, and exclusion from the main channels of economic and social life. Economic discrimination is a serious issue, which dents their socio-economic security. It is an observed fact that people with disabilities who are economically independent are better accepted in the society than those who are dependent. While some vocations may need to be circumscribed for people with disabilities. restrictions are often extended to areas where the limitations are not inherently confining. This closes the doors of employment to many people with disabilities.

People with disabilities often suffer social discrimination. The social effects of physical disability tend to create a social distance between the disabled and their families and the community. This distancing is often expressed by the non-acceptance of the people with disabilities in social functions, religious service, educational programmes, work places, and marital relationships. This causes a social and economic isolation, and may result in the development of a non-social or anti-social attitude in people with disabilities.

Subjected to constant prejudices and humiliation, people with disabilities tend to feel discouraged, frustrated and estranged from the society. They may consider ways to bring fundamental changes in the social system. They may strongly want to disregard the set of

values that classifies them as deviants and marginal human beings and at best, accords them a status of second-class citizens.

However, a new value system that serves to ease the frustrations of people with disabilities is not easy to propose. The laws of the land are penned by a privileged few; they are the keepers of the prevailing value system. They set up rules that forces out the others. However, by defining people with disabilities as deviants, the society contributes to the very phenomenon that they see as the problem: underperformance, dependency and segregation.

#### Conclusion

People with disabilities inhabit and inherit a cultural, political and intellectual world which is not of their making. Their relevance in this psychosocial, cultural, economic and political environment is generally restricted to being considered as problem cases. Scientific knowledge, including sociology, is frequently used only to reinforce and justify this exclusion. However, the new sociology of disablement needs to challenge this 'objectivity' and 'truth' and replace it with knowledge which arises from the position of the oppressed and seeks to understand that oppression. Enactment of legislations which ensure a level playing field, their keen enforcement, and a revolutionary change in the attitudes of the people and polity towards people with special needs is basic to bringing a civilised change in the society which at this time is heavily at odds against people with disabilities.

#### REFERENCES

- Helander, Einer. 1992. Introduction to Community Based Rehabilitation: Interregional Programme for Disabled People. United Nations Development Programme, New York.
- Baquer Ali and Anjali Sharma. 1997. Disability: Challenges versus Responses. Concerned Action Now, New Delhi.
- Mohapatra, C.S. (Ed.). 2004. Disability Management in India: Challenges and Commitments. NIMH and IIPA, New Delhi.
- Bruun F.J. and B. Ingstad (Eds). 1990. Disability in a Cross-cultural Perspective. Department of Social Anthropology, Oslo, Norway.
- Helander, Bernhard. 1990. Mercy or Rehabilitation? Culture and the Prospects for Disabled in Southern Somalia. In: Bruun F.J. and Ingstad B. (Eds) Disability in a Cross-Cultural Perspective. Department of Social Anthropology, Oslo, Norway.
- Manton, K.G. and E. Stallard. 1996. Report on the Sample Survey in Nepal.
- MERTON, R.K. 1968. Social Theory and Social Structure, Collier-Macmillan Ltd., London, UK.
- Jose Murickan, S.J. and Georgekutty Kareparampil. 1995. Persons with Disabilities in Society. Kerala Federation of the Blind, Trivandrum. India.