



Disability, Stigma and Social Exclusion

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ABSTRACT: Social exclusion and unequal development assuming an intimate relation between the social form of relations and the corresponding character of economic development is not only significant from the point of view of the constitutionally recognized excluded categories and classes of people but also has in its scope the cause of other disadvantaged segments of population. It implies that the processes such as liberalization, privatization and globalization, which are expected to ensure equity, parity and fair competitions, are in fact at crossroads due to the conditions that have emerged contrary to the expectations. Resultantly the chances of social exclusion for the socially marginalized disadvantaged and disabled, also including physically and mentally disabled have increased considerably. Though this paper does not deal with constitutionally identified categories like SCs and STs as exclusive categories but looks at disabled children as a form of exclusive category, who and whose families due to stigma attached with them are forced to suffer from social exclusion. This paper, a maiden attempt while highlighting, the plight of these children and their families also make a strong case that they be extended the benefit of inclusion policy and thus save these children from their continuous exclusion.

I. INTRODUCTION

Social exclusion and unequal development assuming an intimate relation between the social form of relations and the corresponding character of economic development is not only significant from the point of view of the constitutionally recognized excluded categories and classes of people, such as Scheduled Castes, Scheduled Tribes but also has in its scope the causes of other disadvantaged segments of population not belonging to these castes but certainly suffering from some form of exclusion on account of their disabilities. Assuming this as such I take this opportunity to present this paper Disability, Stigma and Social exclusion. The rationale of including the disabled children under the scope of this conference is their physical and mental disability, which is termed stigmatic by the society and consequently their exclusion from the normal.

This exclusion assumes extreme form in a society characterized by processes such as Liberalization, Privatization and Globalization (LPG), which though expected to ensure equity, parity and fair competition but in reality have caused inequity, disparity and unfair competition which have brought the marginal, disabled and almost all the excluded categories and segments of the population at crossroads due to the conditions that have emerged contrary to the expectations. Resultantly, the chances of social exclusion for the socially marginalized disadvantaged and disabled also including physically and mentally disabled are likely to intensify considerably with the intensification of market forces under the process. This paper, a maiden attempt while highlighting, the plight of these children and their families also make a strong case that such excluded categories be extended the benefit of inclusion policy and thus save these children from their continuous exclusion.

II. THE INTENSITY AND MAGNITUDE OF THE PROBLEM

The physically and mentally disabled children constitute 2.16 per cent of total population of India. (Census of India 2001), revealed them suffering from one or the other kind of disability. Among the total disabled in the country 12.6 million are males and 9.3 million females. The number of disabled is more in rural areas in comparison to urban areas. Their sex-wise distribution reveals 57.58 per cent males and 42.43 per cent females. The disability rate (number of disabled per 100,000 populations) for the country as a whole is 2130.

Among the five types of disabilities, disability in seeing is the maximum with 48.5 per cent of the disabled falling in this category. In numerically descending sequence the distribution of other disabilities is: Physical 27.9 per cent, mental 10.3 per cent, speech 7.5% and hearing 5.8 percent.

The distribution of the disabled by sex follows a similar pattern except for the proportion of disabled females, indicating higher number in the category in seeing and in hearing. The state wise distribution across the country reveal the highest number of disabled in Uttar Pradesh, which is 3.6 million. Significant numbers of disabled have also been reported from Bihar State 1.9 million, West Bengal 1.8 million, Tamil Nadu and Maharashtra 1.6 million each. Tamil Nadu is the only state, which has a higher number of disabled females than males. Among the states, Arunachal Pradesh has the highest proportion of disabled males 66.6 per cent. According to census of India (2001) the number of disabled in Himachal Pradesh is 2.60 per cent of its total population. Though numerically a small segment, the nature and magnitude of their problems related to social existence and rehabilitation call for sincere and concerted efforts from the society at large. The reason being such children face not only multiple disadvantage in relation to mentally and physically normal and able children but also confront numerous socio-economic and psychological problems in their day to day life. Their problems, though not uniform are also conditioned by their social, economic and cultural attributes as well as the topographical conditions in which they live (Gokhale, 1984). The empirical study on such children are their families through case history and case study method reveal that their problems further assume extreme proportions in hilly areas characterized by tough and rugged terrain, harsh climatic conditions and high inaccessibility on the one hand and distinct religious beliefs and underlying myths about physical and mental disabilities attributing something wrong with the person on the other. Their lives, therefore, become extremely difficult.

Apart from the above, paradox of the life of disabled children runs between the lip sympathy shown by the people at large on the one hand and not sparing such mentally and physically handicapped children and their families from labeling them as spoiled or stigmatic identities on the other. While the family suffers the stresses and strains of taking care of the disabled child due to lack of organized services for such children at home and in the society, the general tendencies among the people at large to view such children with suspicion make their existence very hard. Stigmatizing them as abnormal, no part of the usual, etc. further make the things worse for such children as well as the families who develop anxiety syndromes with psychosomatic implications (Oliver, 2003).

This is further observed that there not only remains a void between the special needs of such children and the social and economic inability of the state and the affected families to meet their needs but their rehabilitation also becomes a problem in the face of prejudices and humiliation meted out to them.

The acceptance of the idea that experience of disability has been influence, up to the present day largely by perceptions of negative difference (deviance) and their evocations of adverse responses (stigma), also implies that work which says something about the social construction about stigma and deviance (Mishra, 2001). The argument suggests that he public often forgets that mental illness, of for that matter another illness can be cured (Gajendragadkar, 1983). Therefore, when people seek help or treatment for mental and physical ailments this must not be held against them. Because each one has the right to receive help regardless of their social status. Though such people should not be denied even employment wherever they are able to perform, but they receive negative and differential treatments because they once received help for mental illness. In other words, due to any other abnormality the identity of the person is spoiled is spoiled by declaring him or her stigmatic (Begab, Richardson, 1975).

Goffman refers to stigma as an attribute that is significantly discrediting. A stigmatic person is the one who is thought to be not quite human or normal. Stigma is therefore, "the negative perceptions and behaviours of so called normal people to all individuals who are different from themselves". The concept of stigma sums up an important social reality that the disabled faces. The individual is in a situation where he is disqualified from full social acceptance. A stigmatic person is seen as having a 'spoiled identify' which may transform him into a faulty interaction. He is viewed as being strange and different and this induces negative reaction (Goffman, 1961). Stigmatized persons, therefore, become discredited individuals who must be avoided so that others will not be polluted or defiled by them. Stigma may affect people in the following four ways: **First**, relatives, associates and friends tend to treat them as inferior;

Second, they are often refused employment;

Third, by question on the application form for employment which asks if an applicant has ever had mental illness or been in a mental hospital?

Fourth, the stigma is built into the label (Hwedie-Osei, 1989)

A question, however, arises why people attach stigma to persons with disability when their disability is not their own doing. It is suggested that the roots of prejudice may be the result of mental health organizational processes and interpersonal interaction experiences. In a mental health facility, the presence of prejudice educated or with little schooling, feel that the mentally sick, physically disabled are "dangerous, dirty, unpredictable, and worthless". It is, therefore, rooted in the social role of the patient

and its attendant attributes of inferiority and inability in the mental health facility (Dube, Sachdev, 1983). The sufferers of disability have a low level position in the status hierarchy. They are controlled and manipulated by force over which they have no control. For example, the time, place, type of activity and., method of treatment are dictated by the needs of the treatment rehabilitation process. In effect, choices and decisions are imposed upon them.

Informally there are words in the language which describe persons in devaluing terms. Words such as 'retarded', 'psycho', 'outs', and 'dummy' connote stigmatization (Broskowski, Marks and Budman, 1981).

The positive response bias of normal to the disabled is often interpreted as 'sympathy affect'. The non-disabled people may simply be appreciative of the apparent successes of disabled people in meeting difficult challenges (Panda, 1999). Parenthetically, if perceptions of the disabled as disadvantaged do underlie the positive response bias of normal, it is interesting to note that these perceptions are probably exaggerated. That is, disabled tend to think of themselves as less unfortunate, less depressed, anxious and hostile than others Judge them to be. They give the same rating as the non-disabled to add on their degree of satisfaction, frustration and happiness.

Interpretations of the negative response bias of normal to disabled people, almost always refer to Goffman's (1963) work Stigma. He contends that the normal's experience uncertainty and negative affect in the presence of stigmatized individuals and therefore the normal's seek to avoid having stigma spread to them by avoiding close association with such a disabled person.

Stigma is often not seriously taken into consideration in rehabilitation and after care of mentally sick. It is also evident that studies, which have used social variables to predict success of rehabilitation, have focused on static factors such as age, self and self concept rather than the dynamics that result during the process of interactions (Young, 1997). The way a person sees himself affects his ability to carry through a successful rehabilitation course. Since being stigmatized effects behaviours, this affects progress in rehabilitation too. It is in this regard that three sets of variables must be considered in predicting success of rehabilitation these are:

- a) The experience and reality problems which the mentally sick or ex-patient must cope with;
- b) The variety of emotional and behavioural responses with which the person reacts to these experiences;
- c) Identifying the dynamic processes with related objective experiences and behavioural and emotional responses. Stigma should therefore be discussed as part of rehabilitation process and objective (Mohan, 1973).

Given the empirical realities of the world of the disabled, stigma and consequent exclusion, I end this paper with a question whether what needs to be done in terms of formulation of an inclusion policy within the framework of existing policies, programmes and the general response of the society at large.

REFERENCES

- Barnes, Oliver (2003), Discrimination, Disability and Welfare : From Needs to Rights in Disabling Barriers-Enabling Environments, Sage Publication, New Delhi, p.71-80.
- Begab, Michael. J., Richardson, Stephen. A., 1975, The Mentally Retarded and Society: A Social Science Perspective, University Park Press, Baltimore, p.442-450.
- Broskowski, Anthony, Marks Edwards and Budman, Simon, (1981), Linking Health and Mental Health, Sage Publication, London, p.103-115.
- Dube,s and Sachdev, P.S., (1983), Mental Health Problems of the Socially Disadvantaged, Mc Graw-Hill Publishing Company Ltd, p.51-59.
- Gajendragadkar, S.N. (1983), Disabled in India, Somaiya Publications Pvt. Ltd, Mumbai, p. 132-152.
- Goffman, Erving, (1961), Asylums: Essays on the Social situations of Mental Patients and Other Inmates, Cox and Wayman Ltd, p.119-122.
- Gokhale, S.D. (1984), Rehabilitation Policies and Programmes, Somaiya Publications, New Delhi, p.211-230.
- Gottlieb, Benjamin. H., 1983. Social Support Strategies: Guide Lines for Mental Health Practise, Sage Publication, New Delhi, p.31-37.
- Hwedie-Osei, Kwaku (1989), Mental Health: Perspectives on Resolving Social Stigma in Employment for Ex-Mental Patients, Journal of Social Development in Africa 4, 1, Zambia, p.61-67.

- Mani, Rama (1988), *Physically Handicapped in India*, Ashish Publishing House, New Delhi, p. 14-16.
- Mishra, Kumar Vinod, (2001), *Career Opportunities for the Disabled*, Somaiya Publications, New Delhi, p.32-46.
- Mohan, Brij, (1973), *Social Psychiatry in India-A treatise on the Mentally ill*, The Minerva Associates, Calcutta, p.11-44.
- Panda, K.C. (1999), *Education of Exceptional Children*, Vikas Publishing House, New Delhi, p.112-125.
- Young R. William (1997), *Disability: Socio economic aspects and proposal for Reform*, Canada, p.95-99.

Journals, and Articles and Census:

- Census of India 2001, Himachal Pradesh, Disability Population Data.
- Discrimination Based on Sex, Caste, Religion and Disability (2004), *Addressing Through Educational Intervention*, New Delhi, p.17-25.
- Hand Book for Rehabilitation of Persons with Disabilities, (2003), Govt. of India Ministry of Social Justice and Empowerment, New Delhi, p.1-10.
- Indian Journal of Population Education (2008), National Documentation Centre on Literacy and Population Education, New Delhi, p.48-59.
- International Journal of Disability Studies Vol. 2, No. 1 (2006), *New Directions for Future*, New Delhi, p.97-101.
- National congress on Disability Studies in Secondary and Higher Education in India (2008), New Delhi, p.34-39.
- National Mental Health Programme (1982), Government of India Publication New Delhi, p.15-25.
- National Policy for Persons with Disabilities, Government of India (Ministry of Social Justice and Empowerment). New Delhi, p.10-15.
- NCPED, Policy and Law, New Delhi, 2008, p.1,5.
- People with Disabilities in India: Status Challenges and prospectus, (2007), Govt. of India Ministry of Social Justice and Empowerment, New Delhi, p.58-60, 132-135.
- People with Disabilities in India: Status, Challenges and Prospects, Joint Workshop of the World Bank and Ministry of Social Justice and Empowerment, 2007, New Delhi, p.115-120.