

An Integrative Approach to Sociology of Disability: A Theoretical Recommendation

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Abstract

A common assertion on disability is that people with disability have disadvantaged living. They are disadvantaged because they have physical, intellectual or sensory impairments, and are exposed to a number of barriers. Furthermore, the combined role of impairment as internal and barrier as external aspect of disability cannot be overruled. Notwithstanding the fact that both impairment and barriers contribute, although not equally, to disabling an individual, key approaches to disability such as Medical Sociology and Disability Studies have tended to reject the aggregate role of impairment and barriers in disabling people; one has to either take side of Medical Sociology and suppose impairment as the key kernel of disability, or relate with Disability Studies and acknowledge social barriers as the sole spirit of disability. This paper however rejects the parochial extremes of both approaches, and assumes impairment and barriers as common determinants of disabling condition. I argue that the types of impairment impede individuals to carry out physical and intellectual work, and existing social barriers reduce their chances of utilizing existent strength thereby pushing them to more difficulties. To conclude, an integrative approach is necessary to enrich disability as a specialized field of sociological inquiry.

Keywords

disability studies, impairment, medical sociology, social barriers, sociological theory

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Living with disability has commonly been the most disadvantaged condition of human life. The disadvantaged situation includes living as harassed, oppressed, stigmatized, and with attributions such as polluted or ugly. It is because disability includes components both of impairment in a person, and more importantly, of barriers produced by society. Impairments can be categorized as physical, intellectual, mental and sensory, while barriers include social restrictions by which individuals are withheld from growth. Physical impairment is a disorder of human anatomy, which affects a person's mobility, capacity, stamina, or dexterity. It includes brain injury, spinal cord injury, cerebral palsy, hardness of hearing, blindness, multiple sclerosis, respiratory disorder, epilepsy, etc. Intellectual impairment is a cognitive disorder by which people experience difficulty in cognitive functioning. It makes people confused and as a result they lack some necessary skills to think and work. The ways people with intellectual disabilities communicate or respond to others may not seem very negative but are delayed, which are often difficult to mark. Reluctance to talk to others, lack of sufficient social interactions and limited self-care skills are some types of intellectual impairment. Mental impairment involves unusual dealing with others. It results in abnormal thinking, speaking, behaving and working, which sometimes harm others, making social rejection a common experience for mentally impaired people. Mental impairment is caused normally by brain injury or abnormal neurological development. Sensory impairment is a state in which one of the senses fails to work as is deemed appropriate. Some types of autism spectrum disorder, blindness, skin failure, permanent ageusia, permanent anosmia, and hearing loss are examples of sensory impairment.

Looking seriously at the impairment condition of people and the way society behaves to them helps to understand what disability is. Sociologists too have tried to define disability from different approaches. The widely cited conditions that have relegated the life of people living with disability (PLD) to disadvantaged situation as cited by the top-level scholars in sociology of disability are impairment in their bodies and social barriers. Whereas Bury (2000) describes impairment as key to understand disability denying the crucial role played by social

barriers, Oliver (1990) considers barriers as central turning down the role of bodies, but Shakespeare and Watson (2001) emphasize both. Beside this pure theoretical debate, a more developmentalist literature cites stigmatization (Steff et al. 2012), exclusion (Steff et al. 2012; UN 2006), illness (MoHP, New Era, and ICF International 2011; Wendell 2001; WHO and WB 2011) and abuse (Aryal 2003; Powers and Oshwald 2002) as important correlates of a disabling environment. By and large, not only are PLD living a poor, stigmatized, isolated and excluded life, but also are vulnerable to violence, accident, illness and poverty. Notwithstanding the particular trend that the sociology of disability has followed, a common feature among them is maximizing the gap in the body versus barrier- debate. In this context, this paper explores the impairment and barrier situations that have limited the lives of PLD.

Barriers that the PLD face, in general, range from restriction in communicating to studying, playing, singing and dancing, and often interacting freely with other people in the open space. PLD may have expert knowledge over a theme, but are socially stereotyped as strange. They may have adequate abilities, but are made disabled. They may perform well, but are denied to join the work. Disability, therefore, invites and exacerbates poverty. Besides, PLD are widely stigmatized. They are excluded not only from the society they belong to, but also from the circle that is supposedly close to them. As a result, falling prey to illness or being abused has been a common outcome for PLD. It also means that PLD are not only poor, stigmatized, isolated, oppressed, or excluded individuals, but are also the most vulnerable people during violence, accidents, disasters, and other unwanted situations. Contrary to the realization that impairment within a person and barriers of a society jeopardize people's life, many scholars give unnecessary value to one side of the body-barrier-dichotomy and isolate impairment from barriers while analyzing the approaches to disability. This paper, however, breaks this trend, and attempts exploring the difficulties faced by disabled people with regard both to the impairment and barrier side.

DISABILITY AT A GLIMPSE

People simply give a reference of a blind person, a deaf person, or those people, who have difficulty in walking, seeing, hearing, or any other day-to-day functioning, to indicate disability. This basic way of understanding disability in general emphasizes the incapacities of individuals rather than the environment built around them as a disabling condition, and, as a result, disability becomes more a personal tragedy than a socially constructed reality. The common views on disability are made not only irrespective of the fact that each individual has some special talents, but also by isolating the individuals from the society in which they live. The truth that each individual has different ability to understand, analyze, imagine, accomplish, or win in competition, is underestimated by this ordinary way of defining disability. Also, this view tactfully conceals the dark side of society, which is not only unequal but also is highly oppressive. Society by and large is made friendly and compatible to some and unfriendly and oppressive to others, and this reflects the reality of disability more appropriately than others.

Many examples regarding the unequal and oppressive nature of society can be given to illustrate how some people are privileged above some others. Imagine an intellectual with two strong legs, perfect vision, accurate hearing and proper communication skills. He can expect to be given more and more facilities such as a road to walk on, a book to read, stairs to climb up, a script to speak, a car to transport, or a jet to fly. This is not to blame a particular person in general, but just to show how a society is behaving unfairly to some others in particular. A man is supposed to walk because he has two strong legs, he can see the entire world because he has a clear vision, he can hear each and every sound because he has good hearing ability, and he understands well because he communicates well to other people. It seems as if he can do everything on his own, but a safe road is built to ensure his smooth walk, a car is designed to ensure his fast travel, and a script is made to ensure his intellectual growth. On the contrary, many people without legs are given no ramps to climb up or no wheelchair to travel, people with hearing difficulty are given no proper script to read or write, and many blind people or people with low vision are left aside

by the society by not giving information via audio tapes or recordings.

Now, one may be puzzled on whether society solely is disabling the individuals, or impairments in their body are also responsible for disabling them. Some scholars deny individual biological conditions' relevance in theorizing disability, while others insist on the integration of the social structural and individual biological conditions of disability. This paper combines the role played by social structure and human anatomy, and attempts to balance the one-sided explanation of two key approaches to disability. If disability is understood as a type of oppression, then it is a different type of oppression, which is not an exact reflection of oppression against women, blacks, illiterates, unemployed or other underprivileged groups and minorities. It is a distinct type of oppression, which evolves through impairment and is prolonged as long as impairment exists. It therefore seems prudent to review key literature on how disability is understood or defined in sociology.

DISABILITY IN SOCIOLOGY

Disability in sociology is fully agreed to be a social construct, but some activism-oriented discourses have offered a popular but deeply flawed understandings that makes a sharp divide between should be discarded from more social models. Oliver (1990) talks about the individual and social model, while Johnson (2011) and Maharjan (2015) conceptualize disability through moral model, medical model and social model. The moral model views disability as a result of moral failure in the previous, current or later life. So, the disabled are either neglected and excluded by the family, society, and the state or are viewed as unfortunate ones who are to be pitied on and provided for, much like the poor. This model stresses for charitable measures in order the disability-related problems to be solved. PLD according to this model are taken as victims to be pitied for their inability to work and earn (Kampen, Zijverden, and Emmett 2008). They are taken as different because they are unable to carry on independent living; hence, the public needs to be empathetic toward their pitiable life and provide whatever food or goods they require. "Disability remained an individual affliction caused by God, although whereas the Jews tended

to see disability as evidence of God's punishment, early Christians saw it as indicating closeness to God and an opportunity for charity" (Johnson 2011:2-3).

Advances in medical knowledge and medicalization gave rise to the medical model of disability. The medical model considers disability in relation to human body such as a chronically ill stage. Disabled people are either seen as individual victims of accidents or bad luck, or convicted for causing disability in themselves. Thus, the responsibility of taking initiatives for medication or addressing the problems related to disability or chronic illness goes to the concerned individuals. Medical treatment or rehabilitation could be the strategy by which personal tragedy of disability could be ended.

From around the 1960s and 1970s, disabled people (in line with women and other subordinated groups such as poor, racial minorities, gays and lesbians) started questioning oppressive social and political arrangements, giving rise to mass uprisings and disability rights movements. The social model was a by-product of a politically-inspired disability rights movement, which drew a strong contrast with the popular medical model: "you see disability fundamentally as a personal tragedy or you see it as a form of social oppression" (Finkelstein 2001:5). According to this advocacy movement, disability had to be interpreted as social oppression than a personal tragedy.

The social model argues that the social environment must change, more than the individual. It criticizes the medical model for its overemphasis on biological failure, and demands for the responsibility to take care of disabled people to be fulfilled by society (Maharjan 2015). The "strong" social model as advocated by Oliver (1990) is however "unhelpful in understanding the complex interplay of individual and environmental factors in the lives of disabled people" (Shakespeare 2006:202). It underestimates the role of impairment and overestimates the role of attitudinal, environmental and institutional barriers that have caused the disadvantaged living of PLD. This strong version of the social model is unwilling to believe that the PLD are unable to work but keeps on claiming that their working potential is thwarted due to a disabled-unfriendly environment (UN 2006; WHO 2001). The only concern of this model is to remove attitudinal,

physical and institutional barriers that have blocked the life-chances of the disabled people.

All the above-mentioned models of disability reflect the gloomy world that the disabled people have lived, while differing in their understanding what disability is and how can problems arising from disability be transformed. The moral model considers disabled people as helpless and recommends help, charity, sympathy and welfare to them. Equality, choice, freedom, inclusion, prosperity, development, etc., are not the concern of this model. Likewise, medical model too fails to rise above the individual level; it defines disability in terms of individual deficit, which is largely unconnected to the social, cultural, political and geographical environment or barriers (Shakespeare 2006). Finally, the "strong" social model connects disability with the broader social, cultural and political structure but denies the relevance of impairment, the fundamental condition in which activity limitation, participation restriction, exclusion, oppression, stigmatizations are associated.

SOCIOLOGICAL APPROACHES TO DISABILITY

Two leading approaches, the Medical Sociology and Disability Studies, dominate the field of sociology of disability. A group of scholars, who often claim 'Disability Studies' as their genre, define disability as inequality, oppression, exploitation, and exclusion. "Impairment neither equals, nor causes disability; rather, disability is a form of social disadvantage that is imposed on top of one's impairment" (Tremain 2006:191). Another group of scholars, who consider 'Medical Sociology' as their genre, argue for keeping the focus on impairment and chronic illness as the foremost cause of disability or disabling condition. "In any overview of disability in modern society, chronic illness remains its most significant cause" (Bury 2000:179). Now, issues emerge on whether disability is only an impairment in human body, or an oppressed condition of individuals, or a new type of human experience that discards or combines both the impairment condition and oppressive social environment.

The United Nations (UN) defines disability as a condition of people, who are obliged to live with long-term physical, mental, intellectual or

sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UN 2006). This accepts impairment as a precondition of disability, and recognizes the interplay of impairments and barriers as common determinants of disability. Disability from this vantage can be seen as the sum of bodily impairment and social barriers that impede some people to enjoy life as other people do. In a similar vein, the World Health Organization and World Bank defines disability as the complex sum of impairment, activity limitation and participation restriction (WHO and WB 2011).

Disability is contextual indeed. It can be mild or severe, constant or episodic; but whether a person is considered to have a disability is highly dependent upon the physical, cultural and legal environment (Braithwaite and Mont 2008). Similarly, individuals receiving disability insurances and other benefits from their respective states are more privileged than many people with disability in other countries. And often, "society's labels do not always fit the people to whom they are applied" (Wendell 2006:245). Notwithstanding the trend of defining disability or categorizing people as disabled or non-disabled, some of the words that were used previously to refer to disability such as crippled, handicap, etc., were declared as offensive and more respectful terminologies such as people with disability, people with hearing loss, etc., were invented. The gradual replacement of offensive words like handicap by disability is the outcome of the extension of disability movements across the world after the 1970s, which disowns micro-level and individualistic medical model of disability and forwards the relatively broad and macro-level social model (WHO and WB 2011; Shakespeare 2006). Also, disability activists came to find the term handicap was offensive, since it implied only a diagnostic approach to solve disability-related problem, while overlooking the structural barriers faced by the PLD. In such a juncture, disability came to be felt as a complex phenomenon, reflecting the interaction between oppressive structure and the impaired individual. Overcoming the difficulties faced by PLD thus requires removal of existing social barriers as much as individual level medical interventions.

After drawing together the literature on disability, a serious

concern regarding what disability constitutes of in common needs to be made. The definitions of disability made by the United Nations (UN 2006) as 'long-term physical, intellectual, mental and sensory impairment' interacting with social barriers for creating disabling conditions is fully convinced of the integrative role of impairment and barrier conditions. The WHO and WB (2011), another two global governing bodies of health and research, have also underlined the role of structure and agency for creating a disabling environment; structure here refers to environmental and social barriers and agency refers to bodily discomforts or any impairment, which a particular individual lives with. In the 1970s, the WHO started advocating disability rights worldwide by differentiating the concepts like impairment, handicap and disability with each other noting that the disability was the complex interaction of agency and structure in which impairment, activity limitation and participation restriction occurred as end results (WHO 1976). The defining of disability (WHO 1976; UN 2006; WHO and WB 2011) has thus taken impairment and barriers as two separate but interrelated conditions of disability, however, approaches to disability are as much severing as they are reluctant to consider the existence of each other and the combined role of impairments and barriers in creating a disabling environment.

WHAT MAKES DISABLED PEOPLE DISADVANTAGED?

Being disadvantaged is being excluded from reaping commonly available benefits. Disadvantage invites vulnerability, which makes people susceptible to physical, mental and emotional harm. People during tough times are exposed to contingencies with only a few options left for surviving. Vulnerability includes the external side of risks, shocks, and stress to which an individual is subject; and an internal side which is defenseless, meaning a lack of means to cope without damaging loss (Chambers 1995). In addition, vulnerability is shaped by the degree of resilient capacity and responsiveness of the recipient. All the people are bestowed with some assets and with the help of those assets people counter the hazards. Means of resistance are assets and entitlements that individuals, households, or communities mobilize and manage in the face of hardship. The more people have

access to assets the less is their chance of suffering, and the greater the erosion of people's assets, the greater is their susceptibility to disadvantage and insecurity.

In addition to hazards, impairment in organs, discriminatory social practices, infancy or old age, femininity, fragile economic condition, etc. pose serious threat to human living (UNDP 2004). Now, one may query, 'are disabled people vulnerable?' Various studies have explored the vulnerable living of PLD. Aryal (2003) has made a rigorous study on blind and visually impaired women and their likelihood of being sexually exploited. Not being able to read facial expression and body language of perpetrator, difficulties in escaping, inability to defend, difficulty in identifying the perpetrator, total dependence upon others, social recognition like 'blind women cannot continue a marital life', poverty, etc. are some vulnerable conditions that ignite the incidences of sexual violence of blind women (Aryal 2003).

Hadi and Mutoni (2012) have explored some facts about how the staffs, project partners, and community members make sexual offences among persons with disabilities. In their four-level analysis of sexual and gender-based violence (SGBV), individual (person with disability) factors such as living with physical, visual, hearing, mental and intellectual impairment and being a young girl or a woman; family factors like isolated or neglected home environment; community factors like disability stigma and weak community responses; and social factors such as harmful cultural and social beliefs related to sex with a person with disability are highlighted as key factors of sexual abuse (Hadi and Mutoni 2012). This analysis makes a balance account of a body versus barriers- debate. But the lines below highlight the impairment aspects of a disadvantaged living.

I endeavored to move my hands around, but failed. My fingers were seemingly devoid of a capacity to stir even a little. My lips were eager to speak, but not a word or sentence came out of them. My legs did not have the capacity to support my body-weight either. As it gradually dawned on me that the limbs of my body-frame were dysfunctional, I felt extremely helpless and succourless, as also wretched. I had also nurtured, like all children in general, desire to walk

around and reach places near and far. But my legs did not support me, thus compelling me to drag and haul myself around. (Ghimire 2012:21).

METHODOLOGY

The research tried to collect participants' responses to four types of interview questions: 1. As a person living with disability, would you please tell me the most difficult situations that you have experienced to date? 2. Could you please share with me some tough moments that you have gone through in which your body or body parts were not supporting you? 3. Can you remember any incident in which you were being abused or harmed by others? and, 4. How much is your body or your society responsible for your disadvantaged living?

Interview is supposed to be a qualitative research tool, which can be taken to a wide variety of respondents, and a face-to-face interview was planned at the initial stage. But half of the total respondents were unable to meet in- person, and were interviewed via mobile phones. It was more like a semi-structured interview, because respondents expected to reply to four types of questions, which were asked differently to make them sure that they understood the intended meaning of the questions. In total, only a dozen disabled people, each six from visual and physical disability, who had earned a First University Degree (Degree hereafter), were selected as the sample for this study supposing that the information they provided would not only be reliable and but also be sufficient for the research. Respondents with a Degree qualification could also be expected to provide information without any difficulty or communication gap with the researcher. People with other types of disability such as hearing disability were deliberately excluded due to author's inability to readily communicate with them. Snowball was the selected sampling type, which was followed to make easy access of the respondents and the amount of information to be collected from them.

Kathmandu Valley was selected as the research area for this study because the Valley consisted of many people with physical and visual disability. The size of sample chosen for this study was slim due to the difficulty in finding the Degree-holding disabled people on the

one hand and the realization that the qualitative research relies more on reliable and authentic data than a large number of samples on the other hand.

Data collection took place in June and July 2023. Before that an inquiry was made with one possible respondent in April regarding the proposed research. Once he was convinced by my research plan and agreed to help me find the respondents, all other schedules were made. In the first phase, a telephone call was made to each respondent to know whether they could give the information in-person for the study. Then, face-to-face interview was taken to eight respondents in the first round followed by the telephone interview to the remaining four respondents, who were accessible to telephone-conversation than meeting in-person. The interview was focused on whether impairments in body or barriers in society was responsible for disabling the individuals. All the interviews were recorded in loose sheets, and then translated into English language by the author while writing the full paper.

RESULTS

Information collected from respondents regarding the difficulty they have faced during their lifetime is given in detail and analyzed simultaneously. The respondents were asked to choose whether impairment or barriers has pushed their life into trauma and whether they align to any side of the 'body versus barrier'-debate. A respondent with physical disability, who was working in a disabled peoples' organization (DPO) as a disability rights advocate narrated his experience as:

"I can handle many activities, but I need support from others both in home and in office... You know, others like women, people from ethnic and lower-caste, minorities, LGBTIQ, and many others are oppressed by society to some extent, but not constrained by their body like we people are."

The experiences of a respondent as indicated above highlights the difficulties, which were the results of a limited capacity of his body parts and the support he received from others. The respondent was of the view that the disabled people should be demarcated with other

people in terms of their impairment status, which could be helpful to understand disability and the oppression faced by disabled people.

The next respondent stated the view:

"Of course, disabled people have some unique qualities, and they sometimes prove superior than others. But limitations in bodies do not allow them to try for more options like selecting their desired subjects for higher studies, areas of employment and work, place of living, etc. Also, we need to be clear that we are not only the socially oppressed people."

This statement above realizes the impairment of human bodies and their functional limitation. Equally important is its realization that other people are also oppressed by society. But the type or degree of oppression, which is not equal for all oppressed people, means that impairment is one genuine factor of disability. Also, varieties of oppression according to the types of disability means that impairment condition is also equally important while dealing with disability.

Another respondent said:

"I have a pretty loving wife. My kids are also caring to me. I served in some offices as Head as well. It looks fine, yeah? But I also have bitter moments to share. You cannot imagine how much I suffer while taking bath or during latrine. Doing up and down on the stairs is bothersome."

The difficulties faced by a person with permanent lower-limb amputation as indicated above indicates that the catchy word 'an independent living' used by the disability rights advocacy group with which the respondent was employed is quite impossible even if the social barriers of disability are removed. Impairment in organs, therefore, should be considered as equally contributing factors of disability.

Experience of a blind person is narrated below:

"When I am given more kinds of foods on the dining table, it means I also have difficulties in selecting them while eating. Just like, a friend is only a friend and not a girlfriend, a white cane is also a support and not an alternative to eyesight. We know that the road can be made wheelchair-friendly, curriculum can be replaced to make blind-friendly, people with hearing disability

can be repeatedly instructed, but eyesight is eyesight, and body is body."

Of course, salt can be used sometimes while someone is making tea and sugar is in short supply, but sugar cannot replace salt in curry. Society can be blamed for not making a blind-friendly structure or environment, but blind-friendly objects do not enable people to see the world. Referring to disabled people as people with extra talents or addressing them as people with different abilities distorts the reality of their experience scarcely less than excessive negative statements like 'disabled people know nothing'.

A blind person working as a leader of disability rights movement shared his ideas as:

"Often, I collide with some physical objects and fall down in my personal bedroom, who is to blame? My body or the walls? So, blaming the society alone is as equal as blaming myself. We cannot be prejudiced to family and society always. My home was not designed well while it was being constructed, but more obvious is the frequency of falling down and being injured. Let's stop isolating limitations in person with difficulties and barriers."

Based on the opinion above, we can say that society can be constantly blamed, but the blame would have no end as it can be extended by saying it is all because of society that men are impotent, women are infertile, people are poor, etc. Such a thesis justifies that people deserve no quality or they are incapable of anything.

Another person with low-vision expressed his ideas as:

"I feel self-harassed more than being bothered by others. Always taking support from others, may be from family members or friends makes me over-conscious. Independent living is political rather than practical. The fact that I teach in the University does not mean that I need no assistance while going to the class."

Another blind person working as a disability rights campaigner said:

"Even in my home, I move around the kitchen to find food but I fail. I don't know whether passengers deliberately push me down while travelling in a bus. I do not see, he does not speak,

whom to blame?"

A person with low vision said:

"I was stopped to join the birth-to-death-ceremonies in my community or kinship circle and left alone in home supposed that my presence in the ceremony downscales my family prestige. I could not join the ceremony myself, nor was I taken by the family members."

Now, let's try to understand disability in terms of how disabled people are normally responded to by people in different specialized settings. A respondent narrated the activities in an administrative sector as:

"We are unnecessarily delayed in a government office. A senior staff gives to his junior some hints, which we could not see, and we are advised to wait for hours or come some other day."

It exposes the administrative weaknesses of a service-providing sector, which was working in a way that is unaccountable to its stakeholders, and as a result, disabled people are unnecessarily victimized.

A respondent with physical disability said how he was often cheated by public transport:

"I pay the bus fare while traveling. You know a seat is also reserved for us, but the bus does not stop for me. I cannot forcefully stop the bus, nor can I manage to make a complaint."

This story conveys that people with disability have limitations in their organs due to which they cannot stop the vehicle or make a complain to higher authority regarding the misbehavior of the transport sector. It at the same time illustrates that the transport sector is oppressing disabled people.

A blind person shares how and why he was unequally treated by his family in financial matters:

"Disabled is cheated by the family indeed. You know, I was not given the parental property on an equal basis because I was told that I could not take care of my parents. We have law, but we do not have social justice here. Neither the society, nor the relatives, nor the civil society activists are serious on this issue in practice."

The suffering of disabled people while they become ill and the difficulties they face while visiting the doctor is mentioned here:

"The most difficult stage I have ever had was my communication with the doctor. I cannot see the doctor's room. Even if I find the doctor, I doubt that he is seriously taking my issue. He always has very little time to listen to me, and I could not properly communicate what really was happening to me. I feel absolutely weaker in front of the doctor."

Hospitals are normally the places, where more care and attention to patients needs to be given. But mostly, the hospitals and doctors in Nepal are less responsive and accountable to patients. The doctor is not giving the necessary service to the blind, instead he is taking advantage of the blind patient by not making proper communication or giving more time to him.

Schools are also the places, where disabled people are victimized. Some examples include:

"I was the product of a blind school. I know many blind students are abused there. They are not given edible foods. Lack of eyesight in us is one problem, but taking advantage of our blindness and providing inedible food, playing with our body and poisoning our health is really tragic."

Media often reports the abuse of blind students in their schools. Blind people normally take support while eating, drinking, clothing, shopping, and they are made victims. Eyes are not supporting them to guess what is happening and the perpetrators are looking for the right time to abuse them.

One of the underreported sectors, which has long been oppressing the disabled people is state politics. Political parties are less supportive for the disability rights to be implemented. Here is an example of how political parties are misusing disabled people:

"I started joining in political activities 40 years ago when I was a teenager. At that time, I expected that my party would eradicate all the inequalities and oppressions including those faced by disabled people, but that has not come true... I know, I lack an ability to speak in front of a mass people and become an influential leader. But I can be a member of parliament by

political appointment, and contribute to making better policies in a legislature. You know, many reservation quotas for us are deliberately vacant."

The above expression indicates the failure of political parties of Nepal to provide equality and justice to disabled people. They also have misused disabled people over the years by making unfulfilled promises.

The most obvious is that disasters make weaker populations to suffer. Here is an example of how disabled people witness and respond to disasters:

"Disasters are seldom selective of making people victims, but other people can escape the risks more easily than us because we cannot do what they do (see, hear and move). Of course, poorly-designed infrastructure is also responsible."

The response above makes us clear that people are made disabled by both the bodies and society. It is clearly seen that the inability to see, hear or move is internal incapacity of disabled people and government's reluctance to make disabled-friendly structure is causing barriers to so many people.

A distinct story of a respondent with low-vision regarding his romantic love life is shared as:

"You know, I studied in the Indian University after receiving international scholarship. Also, I have received scholarships from the Universities in Canada and Australia... But I have bitter experience about my conjugal life; I do not blame the girls for not accepting me, but I could have influenced them if I was supported by eyesight. I know the limitations of my body and my failure to express my romance via symbolic gestures."

With regard to his failure to join the rituals, a respondent with physical disability said:

"I cannot be a member of a marriage procession, nor can I join Bhajan Kirtan (singing in the name of God), nor have I attended someone's death ritual. To attend such ceremonies requires walking, which I cannot."

It can be said that a road is made, so that people with legs are joining the cultural functions. Night is equal to people with or without

blindness, but a torch has helped people without blindness to walk during dark. But for people with physical disability walking during the night is impossible, and their desire to join the rituals is unfulfilled.

DISCUSSION

Interview-participants highlighted how both their bodies and barriers in society were sources of disadvantage in their lives. There was not a single respondent, who had given credit to impairment-only or barriers-only as a decisive cause of disability. This section discusses the field-data and explains the logical ground of endorsing an integrative approach to disability.

Disability as Diversity

Individuals differ from others based on the uniqueness of their physical, intellectual, mental or sensory organs. Such differences can be visible sometimes, but not always. However, such a visibly marked difference between individuals becomes a starting point for them to define a particular identity. The unique presence of an organ is simply a kind of diversity in itself, but we cannot underestimate the role that the difference has played in forming an identity. Now, a serious issue emerges, if diversity is to be taken as normal or it is to be appreciated, then why do we not appreciate an impairment? Likewise, if impairment can be appreciated then why not accept its existence in causing difficulty in human life, or why deny its role in causing or promoting disability? The excessively biased argument of the "strong" social model in Disability Studies, which underestimates the valuable presence of a body in shaping disability, needs to be corrected.

Impairment Curtails Individual Choices

Some people have special talents. But the tag 'people with special talent' or 'different ability' is attached to disabled people expecting that they feel proud of being defined as unique personalities. The attaching of 'different ability' to disabled people neither differentiates them with other human groups nor does it expose the bitter life that they have lived. It is true that disabled people have some special talents, which other people may lack, but it does not mean that they are the only

individuals, who possess such talents. More importantly, they are the individuals, who in reality have to compromise a lot in making their dreams come true. Let's discuss on development. Is not development freedom and choice? Are not impairments constraining people to look for choices? Imagine a blind person. A blind person does not only lack the eyesight, but also cannot move here and there, go to the school, make friends and play with them, think for a vacation and travel. One may say that he lacks eyesight so that he cannot move. Other may blame society for not making automated road infrastructure so that a blind person can smoothly move. Which argument is true? Both are true, but partially. The full truth is that the construction of a blind-friendly path is possible only if there is someone who can see. So, the disadvantage felt by disabled people is not only because society is unwilling to make disabled-friendly infrastructure, but also because impairment is causing difficulties to their life.

Oppression of Disabled People Differs from Other Types of Oppression

Speaking truly, one can hardly find a society without oppression. If disability is understood only as an oppression, it would be difficult for anyone to distinguish it from other different types of oppression such as racism, sexism, ageism, homophobia, classism, etc. Racism is a kind of oppression, which is only faced by people of marginalized races and ethnicities. Sexism consists of gender stereotypes, which suppresses only the women. Ageism is a discrimination in which elderly people suffer. Homophobia is targeted only to the lesbian, gay, bisexual, transgender, intersex and queer or questioning sex group. Under classism, people from the lower class become victims. Each type of oppression has clear connection with some human specialties. All societies are oppressive in general, but they lack the same type of oppression always. To be sure, the overthrow of sexism or the liberation of women does not guarantee the liberation of disabled people. Therefore, disability should not be taken only as an oppression.

Populism Contradicts with Pragmatism

Populism and pragmatism are two different ways of tracing social and political life. Populist ideas align with some popular discourses that are concerned more with people's immediate interests than long-term goals. Because the populist vision imagines people as full of virtue and wisdom, they are considered to be oppressed not because of themselves but because of some external socio-political or politico-economic conditions. Contrary to this view, the pragmatists define reality by testing each concept via explicit scientific experimentation. Last few decades of the twentieth century witnessed some populist slogans, which aimed to benefit people by overvaluing their strength without paying attention to their limitations. As a result, a trend of heavily criticizing the structure began. Disability rights movements were not beyond this trend and some popular activists tried to dissociate structural barriers from weaknesses of human actors. Populism is helpful to activate the masses so that a blame-game can be justified based on which expected policy can be enacted. It can be strategically effective to influence the mass of people and take popular movements to a new height. But till state policies follow the populist camp, the pragmatic ground to implement the policies remains highly fragile. The responses collected from the participants as stated above also indicated that the pragmatist view was more sensible than the populist view on disability.

Micro-Macro-Linkage

Two major clashes in the twentieth-century sociological theory were between extreme microscopic and macroscopic theories, which roughly came to unite from the 1980s. Back then, the advocating of one pattern in a polemic way was considered a barrier for the growth of sociological theorizing. Scholars' insistence to circumvent the great chasm between the micro and macro approaches, also referred to as agency-structure integration in European sociological theory, clearly appealed to analyze the interrelations between personal troubles and public issues.

The tug of war between micro and macro sociological theories gave a lesson to the scholars and made them realize that the sociology

of disability as a specialized field of inquiry cannot grow if its offsprings clash. Impairment concerns more with individuals per se and the barrier implies complications external to human body, but a higher connection exists in between impairment condition and social constraints. Impairment of any organ derails a smooth functioning of a person sometimes by constraining the mobility, or by minimizing the sensory ability of a particular organ, complicating the learning process, or distracting the individuals to imagine, schedule, manage and memorize, while structural barriers create so many hurdles so that people find difficulty in moving, working and travelling. Social stigmas ridicule people with impairment in such a way that they are discouraged to show their skills and talents. It looks like impairment is causing difficulties to people, but they are also oppressed by their own society, and oppression, which often ends with violence both physically and mentally, make people injured or permanently disabled. Impairment and barriers mutually reinforce; the former invites catastrophes to people's day-to-day living and the latter exacerbates the degree of disability.

The field data also shows the collective role of impairment and barriers in disabling people. The lack of disaster resilient infrastructure both in home and outside was the common example of a constructed barrier and a genuine cause of disaster. The limited function of an impaired organ on the other hand was also unsupportive of disaster risk preparedness. Disadvantaged life was caused either because people were unable to access the society at their own capacity or because they were socially oppressed. Medical Sociology's stance that disability starts with impairment proved to be as misleading as Disability Studies' argument that disability constitutes only of inequalities and barriers. Hence, any rigid dichotomy of Medical Sociology and Disability Studies for exaggerating the over-medical and over-structural notion of disability should be ended.

CONCLUSION

This paper attempted to theorize disability with an aim not deliberately to minimize the gap between two prominent approaches to disability in sociology, but to illustrate, with special reference given to disabled

people's experience, how individual issues like body and impairments as micro and social-structural practices and processes as macro units are contrasted by Medical Sociology and Disability Studies thereby downsizing the scope of entire theoretical landscape of sociology of disability. Disability Studies, a genre of sociology of disability, seems, however precise it looks, to be a narrow approach for its failure to accept limitations in persons or individual inadequacies. Medical Sociology too became paranoid of its over-inclination to illness and impairment and underemphasis to social practices. To conclude, disability results neither on the basis only of contribution made by existing affair of body-parts or of social practices but also of the role of both the body and society. Thus, this paper recommends for an integrated approach, which reconciles the body and barrier, and invigorates the theoretical landscape of sociology of disability.

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