

SOCIOLOGICAL PERSPECTIVES ON DISABILITY

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Abstract

Disabilities are defined by the UN as impairments that are long-term and have a negative impact on a person's capacity to fully engage in society. All people who, due to a combination of factors, are unable to fully and effectively participate in society on an equal basis due to a long-term impairment in physical, mental, intellectual, or sensory functioning are considered to have a disability. One component of disability, according to the UN, is the interplay between an individual and their surrounding environment. The present study delves into many aspects of disability studies, drawing from interpretative sociology and disability studies as a whole. How prevalent are inaccessible workplaces and transportation, as well as attitudes that devalue disability. Therefore, it is also necessary to study underemployment caused by obstacles that are the outcome of both deliberate and accidental acts by organisations and policymakers, as well as by commonly held yet unquestioned beliefs. The lives of persons with disabilities and those around them are impacted by the experience of disability, just as it is with other well-established sociological markers such as race, gender, class, caste, and ethnicity. In addition, being disabled is not something that happens to one person. It is one of the important issues as it brings up about accessibility, structural oppression, and ableist cultural attitudes. Disability is a topic of sociology since it is fundamentally a social phenomenon. A person is considered handicapped not only if they have a disability, but also if they are subject to societal oppression and prejudice. In order to combat ableism, individualism, and biological reductionism, as well as to acknowledge the social dimension of disability and put an end to the persistence of oppression. Therefore, a sociological perspective on disability is crucial.

Keywords: Disability, stigma, unemployment, attitude, policy, culture, social, barrier, identity, model

Introduction

Disability encompasses impairments, limits in activities, and restrictions on participation, according to the World Health Organisation (WHO). Disabilities can manifest in three ways: impairments, which affect bodily function or structure, activity limitations, which limit an individual's ability to engage in certain life situations, and participation restrictions, which prevent them from fully participating in those

situations (World Health Organisation, 2001). Modern research has shown that disability is a multifaceted term with biological and social components, rather than the simple impairment of a person's physical, sensory, intellectual, or psychological abilities as has long been believed by medical professionals. Only half of the image is painted by the medical paradigm, which views impairment as a separate illness in need of cure or modification. Sociology, on the other hand, emphasises the ways in which environmental impediments, cultural attitudes, and social institutions influence disability. Participation in society may be facilitated or hindered by institutional regulations, physical infrastructure, and communal ideas, as shown in this sociological framework. It shifts the emphasis from individual impairments to the ways in which discrimination, inaccessible environments, and other social norms and institutions either cause or exacerbate disability. In this paper, I'll discuss how sociological viewpoints have enriched our knowledge of disability rights, social inclusion, and institutional transformation via the lens of disability studies. Critics have said that sociology as a whole, and the Sociology of Stratification in particular, doesn't do enough to address the issue of handicap. Disability studies has a long history of ignoring handicapped people's lived experiences and the structural obstacles they confront, despite its emphasis on social stratification, inequality, and marginalisation. Disparities in knowledge on the ways in which disability interacts with gender, race, class, and ethnicity have resulted from this omission. Disability should be acknowledged as a socially constructed phenomenon in addition to a medical one; a more inclusive approach is necessary. Richard Jenkins challenges sociology to examine the impact of non-class elements (such as disability) on social hierarchies in his article "Disability and Social Stratification," which poses problems regarding the status and class membership of handicapped persons. In order to include the perspectives of historically oppressed groups, such as the handicapped, he stresses the importance of re-evaluating conventional conceptions of stratification. One way in which disability shapes people's opportunities, resources, and social mobility is as a structural axis of inequality. Disability, along with gender, race, and class, is a major socioeconomic variable that frequently results in institutionalised exclusion from educational opportunities, employment, and political engagement. It is crucial to consider the role of social institutions in creating and perpetuating the disadvantages that handicapped person's experience, rather than focussing exclusively on disability as an individual issue.

The social model of disability (Oliver, 1990) has shaped my view. According to this model, people with disabilities face institutionalised forms of discrimination in the form of social, political, cultural, and physical impediments. According to the author, "Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from society." This means that

disability is a socially manufactured term, whereas impairment is an individual condition. Now I will give a quick explanation of how this paradigm has shaped my perception of disability as a socially and politically significant identity problem. Oppressive social interactions can arise from a variety of places, including but not limited to political systems, cultural practices, physical spaces, and built environments. The importance of "identity politics" and "collective identity" are both bolstered by this type of study. In order to meet the demands of a marginalised minority, the disability rights movement—which draws inspiration from previous campaigns for civil rights and women's rights—involves identity politics. The potential for societal transformation via the emancipation of people with disabilities is the central emphasis of identity politics. "Identity therefore connects the social and the personal and involves the individual putting themselves in a collective context". There is a "symbiotic relationship between individual and collective" in order to comprehend the distinction between an individual's identity and a collective's. A common identity is necessary for social transformation. People shouldn't wait for others to figure out their worth or society's direction before taking action to improve themselves; instead, they should work together to make positive changes. When the oppressed fight for inclusion, resistance against oppression, or the ability to express their own worldview, they often join forces in a process of collective transformation known as empowerment.

The intersections between collective identity and handicapped people's underemployment are intriguing to me as a researcher because I'm trying to get a better grasp on the reasons of this often-overlooked social phenomenon—underemployment—by delving into this topic. I am interested in studying the factors that lead to this social phenomena, such as organisational practices and social policies, and finding solutions to the wage gap that exists between those with disabilities and those without disabilities. By using a critical sociological stance, this research will seek to answer the issue of how to lessen the prevalence of underemployment among people with disabilities. Separate studies and investigations are necessary to fully understand the relationship between disability and underemployment. This research mainly aims to address the reasons and solutions to underemployment among handicapped individuals. It is important to note that disability and underemployment are interconnected with several social concerns, such as poverty, racism, gender equity, and human rights.

My initial point will be on language usage before we go on to the theoretical frameworks. The terms "studying disability" and "disability studies" should be defined differently in order to better comprehend disability. The first one is in line with the medical model since it is based on the body of information that

pertains to the study of impaired disorders, including their causes, symptoms, aetiologies, effects, and prognoses. Research on disabilities is under the purview of the scientific community's examination of specific medical issues. Disability studies, on the other hand, grew out of a collaborative effort between sociology, education, and equity studies to examine the many ways in which disability is conceptualised, discussed, and written about in different contexts, such as public documents, schools, and media.

Disabled people's identities may be heard in disability studies, which offers a direct critique of the individual/medical approach. Some scholars are using disability as a platform to discuss and understand the human condition. As for disability studies, "at minimum, it conceives able-bodiedness as a culture in need of critical analysis and because it conceives the standpoint of disability as an opportunity to provoke such an inquiry". Rather than "persons with disabilities," this article will use the term "disabled persons" to describe the limiting social circumstances that people face in their daily lives. The term "impairments" is used to describe a person's obvious or unseen physical or mental limitations.

Conceptual Frameworks

Conceptual frameworks allow for the provision of viewpoints on certain societal challenges. My study has been guided by collective identity and the social model of disability, not by the individual model of disability. Now that I've established what "individuality" is, I can go on to present these views in detail. According to Finkelstein, the individual model of disability states that persons without disabilities "perceive themselves in terms of 'normality,' with a biased medical perspective of health, while disabled people are perceived as 'abnormal,' 'deviant,' 'people with special needs,' etc." This social construction of disability holds that persons with disabilities are objects deserving of assistance from welfare and medical systems.

When it came to treating or rehabilitating people with disabilities so that they could re-join society and conform to the standards of "abled-bodiedness". Finkelstein claims that there was a dramatic increase in the number of medical professionals who took this view. Once a cure or rehabilitation was thought to be impossible, social norms tended to prioritise providing for individuals via various forms of assistance, such as family, institutions, and welfare. There has been a change in the qualifying conditions for assistance programs such as social insurance, workers' compensation, and others due to the increased focus on function. Workers' compensation awards are based on the kind and severity of injuries, hence this model is closely tied to the individual biological approach. Social assistance programs support national

efficiency measures that attempt to reduce poverty since increasing health care and social service expenses are a direct result of disease, crime, delinquency, and immorality when individuals lack the financial resources to sustain themselves.

One criticism levelled at this method is that, in reducing disability to a supply-side problem in the labour market, it fails to take into account the demand side of the economy. As per the individual model, the objective of integrating individuals with disabilities into the labour should be to fulfil economic and market demands rather than to incorporate environmental barriers or the problematic and outdated concept of the "handicapping phenomenon." The focus of both biological and functional approaches to individual health is on the person, both as an analytical unit for policymaking and research and as the primary intervention point. Disability is portrayed as a result of a person's own actions in both of these media, which relate it to a biological condition.

On the other hand, the social model of disability places more emphasis on systemic and environmental issues, such as the need for more agency in service and support decision-making and the removal of societal, economic, and physical obstacles. It is now up to individuals, groups, and governments to remove obstacles; the onus is on society as a whole. Society erects obstacles in the form of attitudes, regulations, physical infrastructure, technology, educational settings, employment prospects, and cultural portrayals, as stated in the social model of disability. Disabilities, in this sense, do not exist inside the person but rather in the world around them due to these limitations. Physically disabled persons are disabled by society, in my opinion. The extra layer of isolation and exclusion from full involvement in society that comes with our limitation is called a disability. Thus, those with disabilities constitute a marginalised section of society. Impairment is the loss of function in any part of the body, whether it's a limb, an organ, or a mechanism; disability is the hindrance to full participation in modern society due to institutionalised discrimination against persons with physical disabilities. Thus, physical disability is a specific kind of oppression.

Disability is not seen as something that is intrinsic to the person, according to this view. Rethinking fiscal, social, and political policies is made possible by the rights approach, which arises as an inevitable by-product of the individual's social position in the evolving social model of disability. Advocating for disability rights has the potential to lead to changes that improve accessibility, autonomy, benefit equity, legal protection, and overall quality of life. Then, this concept can aid in overcoming prejudice, meeting

the needs of those with disabilities, and drawing attention to such individuals. A third model is necessary to ascertain the building of social policies and, more importantly, the consequences of these policies on individuals with disabilities, in addition to the rights-based and interactional approaches. Subsequently, collective identities could initiate efforts to alter these regulations. What follows is an examination of the potential use of Alberto Melucci's community identity paradigm by the disability rights movement. The social model provides adequate explanations for issues like "what is disability?" and "what are the barriers?" but it fails to really examine the prevailing notion that people with disabilities must face and conquer their challenges independently.

Assembling a group of people who may later join forces in "collective action" is what collective identity is all about. According to Melucci, in order to define collective action, the following social behaviours are necessary: (i) several people or groups engaged at once; (ii) shared morphological features across location and time; (iii) the suggestion of a social network of ties; and (iv) the capacity for participants to understand their actions. No matter the issue—a societal norm, a natural disaster, or a problem at work—people may have to be together if they want to see change. Disagreement over scarce resources, in contrast to a crisis, can lead to war. The variations, components, and linkages that sustain a social system's structure are its boundaries, also called "the limits of compatibility". A "social movement" occurs when a group of people get together to mobilise social actors in order to solve these limitations. Melucci argues that social movements are defined by shared goals, the willingness to fight for scarce resources, and the will to test the boundaries of established power structures. Therefore, a crucial example of a collective identity that sought to eliminate obstacles that hindered the full involvement of handicapped individuals in society is the disability movement that emerged in the UK.

Marxist thought influenced the creation of the social model of disability. It was within the framework of capitalist modes of production that the various social classes and their actions were examined. This phenomenon was being explained by proposing theories about the connections between social structures and group behaviours. Nevertheless, Melucci sought to examine collective identity and behaviour not as raw data or starting points, but as an outcome that necessitates further study. To rephrase, Melucci wanted to know the following: How can we define a group's identity? When does a group's identity first materialise? The consequent assumption that people automatically establish a collective identity or "we" when they get together to create a group is challenged by Melucci. The complexity of group dynamics, the directions of united acts, and the power connections are all better understood with the help of Melucci's

analytical tool, the collective identity model.

Oliver offers a theoretical framework he terms the "social model of disability" in relation to this investigation of the relationship between disability and underemployment. In order to help individuals comprehend the connection between group identities and societal obstacles, the social model of disability was developed. Essentially, Oliver argues that individuals with disabilities are a result of societal constraints. On the other hand, Melucci gives me a theoretical map to follow as I look into how a disability community in Canada came to be. The two approaches complement each other while offering unique perspectives on the complex issue of underemployment by integrating their advantages and disadvantages. Their theoretical frameworks aren't always compatible with one another as Oliver has a stronger Marxist foundation while Melucci has a more liberal one. While I am interested in studying the variables that contribute to handicapped people's underemployment, I have used these theories to tackle the crippling impediments and the building of group identity, which is crucial for beginning to overcome these barriers.

Disability Rights and Citizenship

People with disabilities may help pave the way for future social change by drawing on their commonalities in history, viewpoints, and experiences to advocate for policies that will eliminate barriers. As part of his analysis of collective identity, Oliver argued that oppressed communities must band together in order to end oppression. Here Oliver is advocating handicapped people to stand out against destructive social institutions and the dominant ideology of non-disabled worldviews, which he says might lead to their subjugation and marginalisation. Rather than seeing them as helpless victims of oppression and marginalisation, we may see them as partners in the fight for disability rights, equality, and citizenship.

Central to the collective identity theory is this embodied recognition, which is a part of the disability rights movement and the ties between the handicapped community and society at large. There is a lack of information on disabilities, thus researchers have come up with other ideas to supplement the social model. Peters, Gabel, and Symeonidou provided an example of this type of work by stressing the need of resistance efforts based on a common concept and goal. Disability, they say, is society's creation and that our present view of it—as a matrix of language, behaviours, bodily affects, disposition, and ambitions—requires a paradigm shift. The need of an embodied approach to the construction of communal identities is further highlighted by this matrix. Instead of limiting itself to explaining oppression and marginalisation, as the social model does, this paradigm of disability is in a stronger position to promote

transformation and societal change. This research lends credence to the idea that a new social model of disability is required in the twenty-first century if we are to achieve the societal change that was originally envisioned in the 1970s. Theorising the possibility of a political disability identity that encompasses various domains such as self-worth, pride, discrimination, common cause, policy alternatives, and engagement in political action, Putnam, another researcher, echoes the necessity of a collective identity model to impact social change. To have self-worth, a person with a disability must believe that they are valuable and can make a positive impact on society just like everyone else. To be proud is to have the view that disability is a spectrum of human diversity and not a character flaw. To discriminate is to have the view that people with disabilities are more likely to be stereotyped and treated differently than the general population. A common cause is the idea that people with disabilities have similar struggles and that a shared political agenda might help alleviate those struggles. One alternative to current policy is the idea that public policy has the power to impact chances to lower or eliminate obstacles. The concept that people with disabilities may organise into a political constituency and influence policy change through political action is the last area. In these six areas, people may find common ground, explore different policies, and get involved in politics to build a network of collective actors both inside and outside their own group. This is in line with the collective identity paradigm. In particular, Putnam's descriptions of self-worth, pride, and prejudice provide credence to Melucci's contention that emotional involvement is a crucial component in the formation of a collective identity.

To break the dominance of an ableist society, social policy must be shaped first by people with disabilities and second by the rights approach, a social model of disability that seeks to give people with disabilities a platform to share their stories about everyday life at work and in society. A more complete picture would include handicapped people's struggles for positive self-identities throughout history. The primary objectives are to foster camaraderie, self-dependence, and reverence which is included in their struggle for independence, decision-making agency, and social participation.

An activist for people with disabilities may choose to embrace their condition as an essential part of who they are by coming out as blind or deaf, for example, in response to Barton's urge on identity and transformation. Words that denote people with disabilities are appropriated as a kind of defiance and pride. There are many negative connotations associated with terms like "challenged," "afflicted with," "suffering from," "confined to a wheelchair," and "crippled." Naming or self-identifying oneself may be a rebellion against these widespread stigmas. Also, "stigma [that] comes about from a process of generalising from a single experience, people are treated categorically rather than individually and are devalued in the process" might be lessened due to taking action. Being unique and having the lived experience of coping with a

disability gives one a sense of pride.

According to Prince, who criticises the lack of involvement from citizens regarding people with disabilities, the focus of activism should change from stigma to identity politics. This would entail "altering self- and societal-conceptions of people with disabilities from passive, deviant, and powerless to positive, self-created conceptions for themselves". In his previous work, Prince found that when non-governmental actors get involved, it can impact government collaborations as long as two things are in place: first, the policy is about something that governments are concerned about, and second, there is a "readily identifiable client group organised in the policy sector". In order to have an impact on the development, execution, and assessment of social policies pertaining to the disability rights agenda, organisations that employ disabled individuals as representatives are essential in their dealings with different branches of government.

Capacity building is necessary to advance an identity politics-based collective identity model. This includes redesigning and re-evaluating services and programs to better respond to and involve people with disabilities and their families in decision-making, participating in policy discussions, developing and reviewing programs, and fostering the next generation of disability community leaders. In order to carry the disability rights agenda forward, it is necessary to bolster the disability rights movement, as government policies have come to a standstill. A barrier-free society is the goal of the disability rights movement, which is commonly seen as fighting against impairment-based discrimination, empathising with the shared experience of exclusion, and advocating for accommodations. The disability community can reach its full potential when different organisations, some of which focus on specific impairments and others on cross-disability, work together. The modern disability movement is characterised by two main things: first, a strong sense of unity that is shown through remembering past struggles, not leaving anyone behind, and uniting around common reform goals; and second, the conviction that active participation in civic life is essential to making the dream of equal access and inclusion a reality.

Neo-liberalism, Capitalism and the Productive Worker

The rise of capitalism brought about "the new mechanism of controlling economically unproductive people" which led to the institutionalisation of individuals with disabilities in workhouses, institutions, or asylums. Capitalism, as portrayed by Marx and Engels, produces both crippled individuals and the idea of disability as an antithesis of the typical worker. Workers trade their labour power for a money-wage to

capitalists, and impairment in this form of labour power is what makes disablement unique to capitalism. The ability of productive work to create surplus value or profit for capitalists is the bedrock of capitalism. Capitalism has not done much to create production systems that accommodate disabled workers, which means that a crippled individual would not be able to generate enough surplus value to satisfy the capitalists' demands. People with disabilities were unable to realise their full potential as producers of surplus value in a capitalist production system as a result of the increased demands of the modern workday. In addition, despite several adjustments to the workweek, such as a reduced working day, machinery became a common accessory to industries in order to quicken output, which increased the workload.

The medical or individual model of disability is in line with this neoliberal economic and production paradigm since it emphasises productive work and how each person may create surplus value. Rehabilitation, curing, or segregation were the three most common responses to people's disabilities. However, according to Abberley, Barnes and Mercer, Marx, Marx and Engels, and Oliver, the social model of disability provides a vantage point from which to criticise society's embrace of capitalism's supremacy.

People, groups, and society at large conform to the dominant paradigm of capitalism when it comes to dealing with and connecting to people with disabilities, which reinforces the idea that disability is an individual issue rather than a societal one. The paradigm shifts that disabled people need can be achieved through a more inclusive view of work that includes families, employers, and social support organisations. This view can help disabled people fight for their "rights of human 'being' against the universalisation of the human 'doing'". People with disabilities can fully participate in society by working for or without pay, or in whatever combination that works for them. This will help them exercise their right to citizenship in their communities.

Workers are seen as having less to offer to an organization's capitalist aims when they are unable to generate surplus value or a profit, according to the neoliberal economic model of production, which attributes incapacity to the individual. In contrast to the social model of disability, which attributes obstacles to society rather than individuals, this production paradigm does not make room for the diversity of impaired people. External factors, such as attitudes in the workplace, machines, facilities, technology, and transportation, act as barriers rather than internal ones. A new definition of labour that incorporates both paid and unpaid effort is necessary, as is the practice of basing a person's worth on their output of productive labour alone.

Workers who have invisible disabilities frequently face the difficult decision of whether to disclose or pass, followed by the unpleasant task of dealing with the unforeseen or undesirable outcomes. Employees who come out with the disclosure of an impairment run the risk of losing their jobs or not receiving reasonable accommodations if they are unable to present evidence that their condition is serious enough to warrant a different distribution of resources. Requests for changes to the physical environment, like furniture, parking, and adaptive equipment, were more easily granted than requests for changes to the work environment, like work schedules, job functions, or personal assistants. This disparity was most pronounced for lower-status employees, who were seen as expendable by their employers, compared to higher-status employees, who were seen as valuable assets. Disabled candidates may experience anxiety throughout the interview process of employee recruitment prior to obtaining work, particularly when faced with the decision of whether to reveal their disability and potentially face prejudice.

Insights into some of the possible reasons for underemployment and information to ask for clarifications or specifics during interview procedures with handicapped individuals are provided by this background knowledge in the current research on organisational practices. People who have invisible impairments have the option to not report their condition, however knowing this also helps with developing the study procedure. Individuals with visible and/or physical disabilities were required to self-report their disability as a selection criterion. People who have invisible disabilities may be reluctant to take part in this study because they are unsure how comfortable disclosing their problems, which might lead to social stigma. As a result, the historical and current circumstances of disabled people's marginalisation in the employment may be better understood by delving into the social conceptions of disability. Attitudes, facilities, communications, regulations, transportation, and technology are all part of the social environment that constitutes barriers to people with disabilities, according to the social model of disability. This concept reframes the issue as one of the hindering environment rather than the handicapped person, which may lead to a change in prevailing views. The prevailing perspective of disability is that it is an individual problem that needs to be cared for, cured, rehabilitated, or separated; this paradigm shift is challenging non-disabled folks to rethink this view. A larger percentage of handicapped people than non-disabled people experience an education-job gap, according to this research assessment. Organisational improvements are still lacking in creating an inclusive workplace for employees with disabilities, even though people may take steps to survive in the present. For people with disabilities who want to work but struggle to find suitable occupations, more studies into organisations, social policies, and the nature of

work itself are needed to shed light on the problem of underemployment and find solutions.

Disabled persons face obstacles to full citizenship according to the social model of disability. As soon as people with disabilities are able to work, the accessibility of paid employment must be evaluated. The neoliberal economic system places an emphasis on the productive worth of people while considering past and present views on labour. Disabled people in capitalist societies are marginalised due to the dominant drive to "earn" and become productive members of society. Whether it leads to paid or unpaid labour, productivity may be boosted with the current advancements in technologies. Even if the world may be better prepared to welcome a varied workforce thanks to technological progress, neoliberal governments and organisations may reframe disability as an individual problem rather than a societal one affecting the rights of various individuals. New, more interdisciplinary methods of thinking are necessary for a society that is theorised via narrow lenses, such as the individual model of disability and its connections to neoliberal production processes.

According to recent research, discrimination against people with disabilities in the workplace is still very much alive and well. To further our knowledge of the functions of communal and individual identities in the promotion of disability rights, more study is necessary. The handicapped worker's sense of autonomy and self-determination may be boosted in a workplace that is accommodating to their needs. Employee satisfaction and, more significantly, personal agency in the face of limitless career opportunities, are both fostered when people are given opportunities to develop their unique set of skills and abilities.

Collective Identity and Social Policies

Disabilities are systemic, not personal, and this realisation is crucial for societal transformation. Nevertheless, in order to bring about societal transformation, a change in thinking is required. The current prevailing person model must give way to a social model of disability, which places the focus on social contexts rather than people. Oliver, who was an early proponent of the social model of disability, states, "We cannot build a better world for disabled people unless we can create a democratic movement in which our collective views can be advanced", referring to the aforementioned model. According to Michalko disability may now be understood from a political standpoint which can serve as a catalyst for change. More than just an individual's predicament to bear in their own space, this is a collective problem to be addressed by the state. Disabilities affect more than just individuals; they affect communities as a whole.

page 6 When it comes to democratic movements—and the disability rights movement in particular—the idea of collective identity can be a driving force for change and an essential component in the fight to remove obstacles to employment for people with disabilities. Three elements were recognised by Melucci's framework as essential for analysing the presence of a collective identity that may subsequently back the action for changes. To begin, understandings developed by encounters; cultural artefacts; rituals, practices, and cognitive definitions all play a role in the formation of collective identity. Conferences, information booklets, and working definitions of disabilities are some examples of what disability organisations provide. Second, a web of interdependent interactions among decision-makers, influencers, bargainers, and communicators lies at the heart of the collective identity process. One kind of active interaction is the non-profit disability organisation, which often has a volunteer board, uses websites as a means of communication, and advocates for accessible technology. Lastly, for a group to feel like they belong, members must have an emotional investment in the group's mission and values. A "politics of cultural recognition, a politics of socio-economic redistribution, and a politics of democratic representation". These political battles centre on the persistent obstacles that handicapped people face in terms of cultural signifiers like public documents and social policies, resources like jobs, income, schools, and housing, and their "misrepresentation or marginal voice in elections, policy development, and decision-making processes". Using Melucci's framework, we can better see if the respondents' stories reveal the presence of a shared identity.

Swain and French have shown that the three main ideas for the formation of a collective identity—active involvement, shared identification, and tension due to social constraints—are comparable to Melucci's approach. To start, in order to sustain a continuous process of identity development and maintenance, group identification necessitates active participation on both the individual and group levels. Disabled individuals face unique challenges in terms of time, transportation, and finances, all of which can make it difficult for them to participate and build a shared identity. Secondly, social events, shared understandings, and symbols can promote a sense of "shared identification with some people and not others" which is necessary for collective identity and can be strengthened. On promotional brochures and websites, for instance, you could see the globally recognised sign for social events that provide accommodations for those using wheelchairs. In addition, Melucci's central concept of emotional engagement being necessary for the establishment of communal identity is congruent with this tension.

The Swain, French, and Melucci frameworks direct students' attention to three main areas: social contacts

and active participation that are related to network development; symbols and meanings that are related to practices and artefacts; and tensions that are related to emotional investments. According to Swain and French, who add another item to the list of overlapping concepts, "in affirmation of identity the personal becomes social/political and the political becomes personal". The establishment of a common identity is, thus, crucial for the triumph over individual challenges. Thus, changes in politics and social norms affect people's everyday lives and the larger community. The following question will be attempted to be answered by this study by applying Melucci's communal identity paradigm: What role can initiatives that acknowledge and fortify collective identity play in assisting the disability movement and reducing underemployment? Following a critical interpretive textual analysis of the interviews, I will investigate the present social policies in relation to disability rights, collective identity, and employment.

Full employment is hindered by structural, environmental, and attitude-based factors, according to the social model of disability. Some examples of structural impediments are the Ontario Disability Support Program's (ODSP) restrictions on work options and rigid regulations and procedures pertaining to accommodations. The built environment and the transportation network are the environmental obstacles. Disabled people face widespread prejudice in the workplace because their bosses and co-workers see them as an afterthought or treat them as a symbol of disability. Furthermore, many businesses show a lack of professionalism when they disregard laws about reasonable accommodations. Michalko and Titchkosky inform us that disability does disturb all social structures via their observations on employment. Instead of seeing this disturbance as something that needs fixing, we should see it as a window into the normative order that may be "viewed," understood, and transformed. For a teacher, a student's impairment is an opportunity, not an obstacle.

Therefore, it is critical to learn about their situation and, in the end, propose changes to the existing systems and structures by listening to their stories of the "good problem" of disability and how they have navigated normative spaces in their workplaces. As I begin to formulate recommendations in response to my last research question, their stories provide light on the present problem of underemployment among people with disabilities. How can organisations work to alleviate handicapped people's underemployment? The interviewees' suggested solutions are structured around a paradigm that takes into account the constituent parts of the three primary obstacles: structural, environmental, and attitude. My suggestions for combating underemployment are as follows: first, structural measures such as laws, subsidies, business incentives, and funding; second, environmental measures such as accessible transportation, workplaces, and ergonomics; and third, attitudinal measures that include human resources recruitment, organisational

training, accommodations, networking, support groups, friends, and media portrayals. While this is by no means an all-inclusive list, it does provide a starting point for organisations to consider, unite around, and implement in order to improve accessibility.

Despite accessibility laws and financing initiatives that aim to help people with disabilities, there are always physical obstacles. Actually, some financial programs, which will be discussed more in the chapter, make it harder for people to realise their greatest potential. What follows is an examination of the causes of these limitations, followed by suggestions for how to overcome them.

A large number of people with disabilities have found work in low-skilled occupations. Changes at the individual, organisational, and societal levels can only be initiated via the combined efforts of people with and without disabilities, while legislation can serve as a starting point for these conversations, education, and activities. By working together, people with disabilities and their supporters have a better chance of making a difference at the individual level, which might lead to changes in organisational policies and procedures and, ultimately, societal attitudes and behaviours. Legislation, advocacy for more flexible financing, more chances for entrepreneurship, and incentives to drive employment fairness are all possible steps towards removing structural barriers. Accessible public transit, a well-designed physical environment, and ergonomic working practices can all help remove environmental obstacles. All throughout the employment continuum—from recruiting to training to accommodations to networking to leadership and media representations—attitudes among employers, organisations, and policymakers may be shaped. As a result of disability politics, social and political movements are tackling exclusion head-on by removing the "bricks" of structural, environmental, and attitude-based obstacles. Nevertheless, "ideologies of 'normalcy' and 'independence'" provide the basis of the "cement" that maintains these many forms of discrimination. In light of this ideological shift towards a new normative order that celebrates diversity, disability politics calls for the full participation of people with disabilities and their collective identities.

A coalition of disability politics activists, supporters, and academics may revitalise organisational methods and social policies that challenge the status quo and promote social and political changes to combat underemployment among people with disabilities. People with disabilities must no longer be viewed as an isolated issue for inclusion to become a reality in our social and political environment. The first step

on the path to inclusion is realising and embracing disability as a tool for creativity in story, epistemology, and ethics. Issues of community membership and individual identity can be illuminated by the tales of disabled persons. Having a visible or physical disability can be a source of new understanding in the workplace and the society at large. Disability, as an ethical resource, may provide new perspectives to conversations between those with and without impairments.

The word "disability" has long been linked to the "natural" and the "individual" in popular culture. However, is it normally the case? Is the human body the exclusive locus of impairment in every case? Is it limited to just one person? Would you call it normal if it's so common and natural in our culture? Do we treat persons with disabilities the same as able-bodied people? Both the lives of persons with disabilities and the advancement of sociology as a whole depend on the responses to the concerns posed above. Sociology, being a field primarily concerned with society, has an obligation to conduct thorough and objective studies covering all aspects of society. If a sociologist is serious about getting to know society, they must give each known aspect the time and attention it deserves in order to unravel the complicated web that is society. The following is a discussion of the significance of disability from a sociological perspective, as well as its application.

A study of eighty-one individuals with stunted development was provided by Tom Shakespeare and Nicholas Watson. In contrast to the individuals' genuine physical limits, the results demonstrated how societal attitudes towards these people—such as gazing, stereotyped remarks, subtle ridicule, etc.—created an exaggerated sense of handicap. In order to challenge the prejudices and generalisations that permeate our society's discussion of disability, and to give a more nuanced and empirical account of disability as a significant social stratification, this study appears to be sufficient to support the need for a sociological perspective on disability research. Nonetheless, a number of writers have penned works that shed light on this vital topic, and their contributions are essential to comprehending this necessity.

One of the illuminating conversations on the societal perception of handicapped people and the extent to which one's lived experience adds to the limits one experiences is offered by Anita Ghai's autobiographical story of disability. Ghai delves into the ways in which her polio infection separated her from the 'normal' able-bodied people in her life, shaped her self-image (through the lens of Jean Paul Sartre's 'Gaze'), and ultimately affected every facet of her life in her 2015 book, *Rethinking Disability in India*. In her research, she delves into the multifaceted nature of disability, examining how societal, family, and personal perspectives shape our understanding of this physical condition.

Disability is often associated with negative societal connotations such as defectiveness, helplessness, problem, burden, dependency, etc., as Anita Ghai elucidates in depth. Despite how common it is, it is not accepted in our culture. She draws on 2011 census statistics to show that 2.1% of Indians are handicapped, with a disproportionate impact in rural regions. She cautions that the underreporting of cases due to fear of judgement and high social stigma means that even these numbers do not provide a complete picture of the country's handicapped population (lack of representation). She talks about her own life and how horrible things that happened to her as a youngster affected how she saw her own crippled body and the hate she felt towards her wheelchair. She eventually began to see these aids as stepping stones to autonomy. She had a long history of horrific events stemming from her parents' attempts to heal her condition through rituals, spiritual therapies, conventional ways, and remedies. As a result, not only does disability impact the individual but also their family. Secondly, in an effort to overcome the social stigma associated with disability, individuals and their families often turn to outdated and illogical methods of treatment.

Disabled people are 'othered' and marginalised in many ways throughout the novel, including culturally, economically, politically, and more. In a society where the concepts of karma and dharma predominate, she examines the unique challenges faced by persons with disabilities in India. In this culture, many believe that their handicap is a punishment for their misdeeds in previous lives. Disabled persons are portrayed as either helpless victims or blessed by a higher power, creating an appearance of normalcy even in mythology.

Ghai raises the important point that there is no universally accepted definition of disability, which highlights the shortcomings in legislation, policy, and other related areas. Similar to this, Len Barton argues that conventional sociology has ignored disability throughout history and relegated the topic to the domain of medicine and psychology in his 1996 book, *Disability and Society: Emerging Issues and Insights*. He stresses that studying persons with disabilities and doing sociological research on the topic is crucial because it may help us examine societal power relations, combat oppression, and fight for justice and equality by removing institutional barriers. Paul Abberley questions the value of labour and production in relation to human worth, challenging established sociological theories that do just that. He contends that these ideas always cast handicapped individuals in a negative light because they portray

disability as a barrier to production and, hence, social inclusion. Disability is associated with the belief that humans are "less than human" and "incomplete," which is in line with Ghai's views. Also looking at the ways in which culture and history have played a role in the subjugation of handicapped people is Colin Barnes. His point is that Western cultures have a "myth of the perfect body" that devalues those with disabilities. Exclusion and prejudice result from this idea. Cultural and economic institutions determine what is considered "normal" and "deficient," according to Barnes, and these factors influence how society perceives disability. As an additional example, Susan Peters argues for a shift in perspective, viewing disability not as an individual tragedy but as a societal and political problem. Fighting harsh stereotypes, fostering inclusion, and arguing for policy reforms are all easier when seen through this lens.

Disability, as Ghai explains further, is not something that can be examined in a vacuum but rather in relation to other aspects of stratification. She goes into detail on how handicap interacts with other social categories to create an even more stratified society, where those with disabilities experience heightened levels of discrimination, stigma, and marginalisation due to their intersections with gender, class, caste, etc. A white woman with a disability will not have the same experiences as a Black woman with a disability. In India, a rural Dalit woman's life would be drastically different from that of an urban upper-caste guy from a wealthy family. In order to capture the full complexity of this dimension—its multidimensionality—sociology should seek to investigate and research this. When one considers the fundamental institutions of society's inadequate policies, infrastructure, equitable job chances, employment tokenism, etc., the situation becomes much direr. She stresses that not even the most prominent feminist voices go far enough into the complexities of handicapped women's lives to address their actual realities.

Disability and Social Stratification, a 1991 research by Richard Jenkins, echoes this sentiment, arguing that traditional sociological understandings place too much emphasis on the relationship between social stratification and the job market, to the exclusion of other, more fundamental non-class variables. It is crucial for sociology to investigate the status of persons with disabilities in relation to the stratification system and their social class. Stratification studies have neglected several groups, implying that they are socially irrelevant, due to their focus on job and work identity. This includes handicapped individuals and women. First, his research shows that people with disabilities have a harder time finding work than people without disabilities. This disadvantage extends beyond the job market and affects people with disabilities in other social and economic contexts. Second, he shows that people with disabilities, whether employed or unemployed, face additional social and economic challenges. Lastly, he shows that the combination of

disability as a barrier in the workplace and as an independent factor greatly contributes to the perpetuation of social inequality and stratification. Additionally, he delves into the intricate web of environmental and genetic elements that shape the correlation between socioeconomic status and mental disability. He deduces that in cultures that value certain intelligence traits, those whose performance falls short of expectations endure disadvantages that are carried over into subsequent generations. Research shows that individuals with minor mental disorders frequently face a cycle of declining social status, both in their own lifetime and throughout generations. This makes us wonder how disability plays a role in keeping social classes in place.

Approaching Disability

Disability needs to be included in sociological analysis immediately, according to the aforementioned authors' arguments, both because it is important for society-wide analysis and because it can help bring disabled people's lives into society's fair consideration and justice. Various perspectives on disability have emerged over time.

Approaches to disability in sociological discourses have been somewhat uneven and out of touch from the start. Disabilities provide theoretical and methodological obstacles to social science research, according to Tom Shakespeare and Nicholas Watson. They delve into the divide between medical sociology and disability studies, two disciplines that have traditionally approached disability in distinct ways. The field of medical sociology has concentrated on the lived experiences of people with impairments, whereas disability studies have mostly investigated social obstacles. Shakespeare and Watson contend, however, that it is constraining and unreasonable to keep these points of view distinct.

In the medical field, people with disabilities have traditionally been seen as having solely an individual responsibility and having no bearing on societal issues. It was considered a social outcast. Disability is shockingly neglected in medical sociology, as even Bryan Turner acknowledges. Michael Oliver formally presented the "Social Model of Disability" in 1983 after several handicapped activists questioned this conventional medical perspective (1983). Discrimination, inaccessibility, and a lack of accommodations are examples of the "restrictive forces" that society imposes on people with disabilities, as contrasted with impairments, which are limitations on a person's physical or functional abilities. Society, rather than the person, is seen as the root source of impairment in this concept. While the social model enjoyed widespread support in the United Kingdom, disability rights advocates in the United States framed the

problem as one of civil liberties, according to Shakespeare and Watson. Instead than focussing on structural exclusion, this position highlighted discrimination based on attitudes.

The United States' disability discourse also has its feet firmly planted in the arts and humanities rather than sociology. The authors argue that there are limitations to both methods, despite the fact that they have contributed to the advancement of disability rights. While the American model occasionally failed to account for the role that economic and structural obstacles play in shaping disability experiences, the British model had a tendency to ignore the physiological components of impairment. As a result, they reach a consensus in favour of a more holistic and equitable strategy. In combining the two viewpoints, they arrive at a more adaptable method that views disability as a "continuum" in which impairments and social obstacles interact in a dynamic way.

Two theoretical stances are employed by the writers for this objective. The first school of thought is Critical Realism (Bhaskar), which disagrees with the idea that impairment and disability are inherently separate concepts and instead recognises the influence of social and biological variables on disability. It further emphasises the interdependence of societal norms, economic systems, and health status. Seen and Nussbaum's Capabilities Approach is the second, and it emphasises the potential of people with disabilities to achieve their goals given the chance and the means to do so. Dignity, autonomy, and well-being take precedence beyond merely eliminating obstacles. This viewpoint changes the negative connotation of handicap into a positive one, one that may be used as an opportunity for personal development. In doing so, it encourages a more nuanced comprehension of disability, with the awareness that experiences differ according to variables such as gender, socioeconomic status, race/ethnicity, personality, and natural settings. Shakespeare and Watson both agree that this kind of holistic view may provide fruitful results. A more holistic view of disability can be achieved by bringing together the goals of medical sociology (the study of sickness narratives) and disability studies (the study of social justice).

Contrarily, the goal of the feminist approach to disability was to counter the "male gaze" in sociological accounts. The goal of the feminist approach was to create more complex, intersectional methods of documenting the identities and lives of women with disabilities; to place the experience of disabled women on the scientific and political agenda; and to place equal focus on the body and the mind within the social model of disability. Therefore, it is evident that disability studies and medical sociology both provide

valuable insights into disability, but that neither field can adequately explain the complexities of the condition on its own.

To illustrate the aforementioned extended integrated method, I recommend reviewing Richard Jenkins' work. He divides impairments into three groups, according to his classification system:(1) those that occur at birth or early childhood,(2) those that occur as a result of disease or injury, and(3) those that occur naturally with age. During the time of economic activity, the first two groups are his primary concern. The significance of comprehending the social processes that characterise disability is emphasised by him.

Nearly 14% of British people are impaired in some way, while just 0.5 percent are seriously impaired. He learns that some demographics, such as women and the elderly, have disproportionately high rates of impairment. Economic poverty, occupational class, and downward social mobility are also highly associated with it. There is a disproportionately high incidence of disability and economic hardship among manual and unskilled workers. Disabled people still have a hard time finding work and making ends meet, even if the government is helping them. He refers to Walker's study that used the National Child Development Study as evidence that young handicapped persons had it harder than their non-disabled counterparts in the workplace. This is because they are more likely to have low job goals, receive bad career guidance, experience discrimination from employers, and be marginalised in the labour market. As a result, people with disabilities face two new trends in the job market: discontinuity, in which they experience abrupt gaps in employment, and drift, in which they experience progressive decline in their position. People who suffer from rheumatoid arthritis frequently experience a pattern characterised by sudden breaks. After losing their jobs, elderly workers may start to identify as "disabled."

Hence, he outlines three key labor-market patterns:

1. Early-life disabilities lead to marginalization.
2. Adult-acquired disabilities result in downward mobility.
3. Older redundant workers assume a disabled identity.

Factors such as economic reorganisation, hiring standards, prejudice, and career choice influence these trends. A class distribution of disability is illustrated by the fact that certain disabilities are directly caused by employment, particularly in dangerous jobs. Just being a member of the working class could be a handicap! A person's capacity to work may be more or less dependent on their occupation, he argues; for example, a manual worker may be able to continue working despite a handicap, whereas non-manual

workers may be less severely impacted. On the other side, intellectual disabilities may not impact physical labour but may restrict non-physical occupations. So, the labour market isn't the only player when it comes to the relationship between disability and social stratification.

He also highlights four key relationships between disability and social stratification:

1. Coping with disabilities often requires additional economic resources, increasing financial strain on disabled individuals and their families.
2. Disability in the family can impact the income and career prospects of non-disabled family members, especially women who act as carers.
3. Dependence on state benefits or family resources for disabled individuals and their carers affects their social status and class identity.
4. Children of disabled parents may perform worse in education and employment, contributing to the reproduction of class inequality.

The study highlights the interconnected nature of disability, socioeconomic status, and available resources. It brings up concerns regarding the social status and economic reliance of many handicapped working-age persons as they are neither employed nor seeking employment. This trend is also influenced by environmental variables like as food, living conditions, way of life and access to healthcare. Furthermore, the financial burdens of disability and the hereditary nature of impairments can impede social mobility, resulting in the transmission of disability-related limitations from one generation to the next and deepening existing class differences.

Accordingly, I maintain that it is abundantly obvious that Shakespeare and Watson's integrated approach stresses the necessity of striking a balance between tackling structural change and meeting the health needs of individuals. In my opinion, the sociology of disability field has a lot more potential. There is a great deal of dynamic energy and an influx of different elements in the discourse of disability, therefore it is not static. For example, rather than a fixed collection of infirmities, new types of impairments are constantly appearing. Attention-Deficit Hyperactivity Disorder (ADHD) has recently come to light as a source of frustration for employees with strict work schedules and work habits. Research on disability can better influence policies that help people with disabilities live full lives if it goes beyond strict theoretical

limitations. A rapidly expanding and intricate subfield of sociology, disability studies offers a wealth of untapped potential for future study.

Imagine a society where all possibilities and worth are determined by one's capacity to walk, see, or hear. Despite how severe this may appear, there are several types of institutionalised discrimination that impact the lives of people with disabilities. Disabilities are still mostly seen as medical issues, as particular deficits that need to be managed, treated, or repaired, regardless of how far science, technology, and legislation have come. There are broader social structures that influence disability experiences, and this narrow view ignores them. Social norms, institutional policies, economic systems, and cultural concepts are examined through a sociological lens, which challenges the standard medical model and instead seeks to understand the formation of disability. In doing so, it shifts the focus away from the body and onto society and the environment as the primary factors in establishing impairment or competence.

Because it sheds light on the systematic inequalities and structural obstacles that impact the lives of those with disabilities, a sociological understanding of disability is crucial. A person's disability is more than a personal matter; it is a social stratification that hinders their capacity to participate in politics, get a job, go to school, and receive healthcare. As a complex social issue rather than a straightforward physical disability, it overlaps with other forms of inequality such as gender, race, class, and caste. In India, for instance, Anita Ghai (2017) studies how historical and cultural contexts influence people with disabilities, often leading to more dependence and marginalisation. Disabilities, according to these schools of view, are not only physical limitations; they are structural manifestations of power and privilege. A sociological perspective on disability is essential for comprehending its structural aspects and creating inclusive policies, according to this essay. Its goal is to emphasise the importance of systemic change in order to attain genuine inclusion and equality by contributing to a more comprehensive comprehension of disability as a political and social issue.

Medical and individualistic models of disability have historically dominated our understanding of the phenomenon, with the result that people with disabilities are typically portrayed as intrinsically defective since their impairment is believed to be located in the body. Reinforcing the idea that disability is a personal tragedy that requires medical intervention or rehabilitation, this perspective—known as the medical model—has dominated policy, healthcare, and mainstream societal thought. Disabled people should not be seen as a biological condition but as a social phenomena, according to disability studies and sociology experts, who have been critical of this approach in recent years.

The core tenet of Anita Ghai's medical model of disability is the idea that impairments in cognition or physiological function require medical intervention or rehabilitation in order to be remedied. Rather than seeing people with disabilities as independent social agents, this paradigm tends to view them as objects of care. The difficulty with this view is that it simplifies disability down to a biological disorder, ignoring the larger political, cultural, and social systems that impact handicapped people's lives. The medical model, according to Ghai, "locates the problem of disability within the individual" and suggests that medical intervention is the main solution to disability, which means that society is relieved of its duty to make accommodations for handicapped individuals (Ghai, 2015: 225).

The emphasis on normalisation in the medical approach is problematic since it portrays disability as abnormal and calls for treatment. Instead of tackling the systemic obstacles that prevent handicapped people from fully participating in society, this approach perpetuates stigmatisation and exclusion by placing the burden on them to adhere to conventional norms. As an example, Ghai points out that rehabilitation experts, swayed by the medical model, put an emphasis on "improving the 'quality of life' by making a person 'function' better," frequently confusing the capacity to carry out activities in a way comparable to that of non-disabled people with a higher quality of life (Ghai, 2015: 226). This perspective disregards the fact that many of the obstacles encountered by persons with disabilities stem from society attitudes and inaccessible locations rather than their actual disabilities.

Additionally, Barton (2018) critiques the language of medicine, which often portrays disability as an "affliction" that needs to be cured or eliminated. He argues that such medicalized narratives perpetuate a culture of exclusion, where disabled individuals are seen as patients rather than active participants in society. Disability rights advocates and sociologists came up with the social model of disability in reaction to the medical model's shortcomings; it reframes disability as a social construction, rather than an individual impairment. Disabilities, according to the social model, are the result of systemic inequalities that do not take into account the variety of human bodies and minds.

The social model's strength is that it recognises the importance of people's attitudes and the environment as factors that hinder their ability to participate. Someone who uses a wheelchair, for instance, isn't necessarily impaired because they can't walk; rather, they are hindered because public places do not have ramps, lifts, and other accessibility facilities. Because of this, the model suggests reorganisation. Because it views disability not as a medical but as a social justice issue, this perspective is crucial. In order to overcome the many obstacles that people with disabilities encounter, a social approach is required, as pointed out by Ghai (2015), in India, where caste and gender discrimination exacerbate disabilities.

Physical or mental impairments are just one aspect of disability; it is also a social indicator that limits one's options in areas such as employment, education, and healthcare. Disability has been neglected as a structural axis of inequality in sociological studies of stratification, which have traditionally concentrated on gender, race, and class. But Richard Jenkins insists that "disability must be considered as a factor contributing to the production and reproduction of stratification in its own right, independently of class relations". Disabled people face systemic marginalisation regardless of their socioeconomic standing, and this viewpoint questions traditional conceptions of social hierarchy.

Disabled people confront many obstacles, but economic marginalisation ranks high. They face systemic disadvantages in the labour market because to the scarcity of work possibilities and the shackling nature of low-wage, insecure jobs. According to Jenkins (1991), there are a lot of disabled people in industrialised societies who "either permanently withdrawn from the labour market or have never entered it at all". Those who do participate are often "poorly paid, outside the mainstream in sheltered employment, at the bottom of the occupational ladder." Financial reliance and economic uncertainty are the results of structural exclusion, which further marginalises people with disabilities.

According to Anita Ghai (2015), the situation is far worse in India, where individuals with disabilities encounter further marginalisation as a result of their socioeconomic status. According to Ghai (2015), "disabled people are more likely to have income levels below poverty level and to have less education and no chances of demanding equitable pay for work in comparison with non-disabled people" (p. 107). As a symptom of growing economic isolation, India's employment rate for individuals with disabilities fell from 42.7% in 1991 to 37.6% in 2002. Despite being employed, handicapped workers in India get far lower pay; roughly 47.5% of them earn less than INR 1,000 per month, which puts them well below the poverty line (Ghai, 2015: 130, 164). As a result of being economically marginalised, people with disabilities have even less access to healthcare and education, which in turn worsens their social isolation.

Gender and socioeconomic status are also strongly related to disability. The oppression of disabled women is compounded by ableist frameworks and patriarchal practices. When it comes to reproductive rights, employment, and social involvement, gender norms have a significant impact on handicapped women's experiences, according to the Oxford Handbook of the Sociology of Disability (2021). In more detail, Ghai (2015) points out that handicapped women in India face many forms of marginalisation related to the intersections of caste, class, and residential status. A mother's wailing is narrated by her: "Wasn't it

enough that we have a hand-to-mouth existence?" We asked God why He had to punish us even more by making our daughter langri, or handicapped. This phrase perfectly captures that how society views handicapped women - as burdens, much more so than before. As a result, their opportunities for education and work are severely limited.

Disabled people in India face extra marginalisation due to caste. Dalit handicapped women experience triple discrimination as a result of their disability, gender, and caste (Ghai, 2015). In her thought-provoking remark, she asks whether a Dalit lady is first a Dalit, then impoverished, and last crippled. Who would be the best political ally for her to form an alliance with? According to Ghai (2015), this exemplifies the intricacies of intersectionality, in which many oppressions arise from the interaction of distinct aspects of identity. Systemic caste-based discrimination makes it difficult for lower-caste disabled candidates to access opportunities, even with rules like job reservations for disabled persons.

Restructuring economic policies, labour regulations, and social norms is necessary to guarantee that handicapped persons may fully participate in society, according to a sociological perspective to disability. When it comes to social and economic handicaps, "disability is associated with labour market and of employment, in important senses". Put differently, disability is not only a component of economic disadvantage; it is a primary cause of social inequality in and of itself. Disparities will persist until specific actions are taken to tackle how disability interacts with gender, caste, and class.

Disabled people's disabilities become secondary to the structural factors that sustain their exclusion when we see disability as a social stratification category. Sociological viewpoints enrich our understanding of inequality by drawing attention to the monetary, gendered, and caste-based aspects of disability. Not only does include disability in stratification studies pose a challenge to conventional economic models, but it also demands legislative shifts towards more inclusive and equitable practices.

Beyond medicalised viewpoints, sociology has examined the cultural and structural factors that define disability as a social category, therefore contributing significantly to modern understandings of disability. Intersectionality, symbolic interactionism, structural functionalism, and conflict theory are just a few of the sociological traditions that have offered unique viewpoints on the social construction and experience of disability. Disabled people's lives are shaped by institutional discrimination, capitalist systems, and

interlocking types of oppression, rather than by social deviance and personal tragedy, as was the case in early sociological methods.

Critics have panned the structural-functionalist viewpoint on disability because of how conservative and individualising it is. This viewpoint dominated sociology in the middle of the twentieth century. Disability was mostly perceived by functionalist thinkers as an interference with the regular operation of society, which they saw as a system in which various functions contributed to total stability. In order for society to run successfully, people need to conform to predetermined social roles. The theory of social integration posits that people with disabilities are inevitably marginalised because they are unable to fulfil conventional social functions. Yet, detractors of functionalism point out that, by concentrating on what people with disabilities need to "adjust" to, rather than how society puts up obstacles to inclusion, it ignores the political and social aspects of disability. "Framing disability as an issue of individual adaptation rather than structural discrimination," one researcher says, "because functionalism and interactionism have largely stayed unable to shake off their consensual underpinnings."

On the other hand, disability can be better understood as a site of social power conflicts via the lens of conflict theory. The disability rights movement and the drive for independent living were intimately associated with the emergence of this viewpoint, which came as part of a larger critique of functionalism in the late 1960s and 1970s. Disabilities, according to conflict theorists, are not innate traits but rather a socially constructed category that mirrors the economic objectives of capitalist societies. Capitalist economies build disability in a way that keeps people with disabilities dependent on welfare rather than fully integrated into the workforce. The possibility that an individual will obtain rehabilitation treatments is directly correlated to their social status, as pointed out by Albrecht, who states that "A person's position in society affects the type and severity of physical disability one is likely to experience". This criticism draws attention to the ways in which capitalism mechanisms perpetuate the marginalisation of handicapped persons by taking advantage of them and excluding them from mainstream society.

Disabled people's everyday interactions and meanings are the centre of symbolic interactionism, in contrast to conflict theory's emphasis on economic oppression. Following in the footsteps of Erving Goffman, symbolic interactionists investigate the ways in which social categorisation and stigma impact the identities and social relationships of people with disabilities. Goffman calls stigma a "mark of social disgrace," pointing out that those who have obvious disabilities face prejudice and isolation all the time. On the other hand, there are academics who think Goffman's method is inadequate as it ignores systemic

inequality in favour of individual stories. Symbolic interactionism has failed to address the systemic factors that contribute to disability discrimination. As pointed out by Charmaz, who states that "Stigma is seen as an interpersonal issue rather than a systemic one." Despite symbolic interactionism's useful insights into the social stigma that handicapped people face, this critique argues that it fails to adequately handle the political and institutional aspects of disability discrimination.

By bringing intersectionality and postcolonial viewpoints into sociological study, there has been an effort to close the gap between structural and interactionist methods. The notion of intersectionality, which originated in Black feminist theory but has now been extended to the field of disability studies, draws attention to the ways in which disability interacts with gender, class, race, and other social categories. According to scholars, handicapped people from marginalised backgrounds endure several forms of oppression, and traditional disability studies have ignored these realities in favour of white, male, Western perspectives. "Despite intersectionality" analytic capacity, disability is continuously lacking from most modern intersectional studies in sociology," observes one academic. Because of this gap, there has been a demand for a decolonised and more inclusive method of studying disability, one that takes into account the specific realities faced by people with disabilities in the South and other historically oppressed regions. Western conceptions of disability may not always correspond to the actual experiences of people with disabilities in non-Western settings, according to postcolonial viewpoints, which further criticise the Eurocentric biases in the field of disability studies.

Disability is a social category with many nuances, as these sociological perspectives show. Structured functionalism provided an early framework for studying cultural responses to disability, but it has also been severely criticised for its conservative stance on the subject. The conflict theoretical perspective is more critical, highlighting how capitalism contributes to the maintenance of disability-based inequality. A more inclusive and decolonised view of disability is advocated by intersectionality and postcolonial perspectives, in contrast to symbolic interactionism, which focusses on the micro-level processes of stigma and identity construction. Sociology is expanding its understanding of disability by integrating these many theoretical frameworks; this allows for a more nuanced investigation of issues of power, identity, and social inclusion, moving beyond medicalised frames.

Advocacy and movements for disability rights have had a profound impact on policy and law frameworks throughout the globe in the last several decades. The systematic exclusion of people with disabilities from educational institutions, workplaces, and public spaces persists, nonetheless, notwithstanding legislative progress. Inadequate enforcement and enduring social prejudices cause government programs meant to

increase accessibility and equality of opportunity to fail. Although the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 was a landmark piece of legislation in India. Ghai (2015) notes that it "remains limited in its ability to enforce structural changes, as its implementation is often left to the discretion of local authorities." More complications arise in India due to the lax implementation of anti-discrimination regulations and the fact that private-sector firms routinely disregard employment quotas. Therefore, many people with disabilities are forced to work in low-wage informal jobs or become entirely reliant on family assistance. The accessibility of public areas is still a big issue, even after accounting for employment. Despite laws requiring accessible transportation and ramps, the built environment is still mainly inaccessible. Legislative progress will be rendered useless in the absence of more robust enforcement and a corresponding change in cultural perception. Discrimination against people with disabilities persists due to institutionalised discrimination, societal stigma, and economic deprivation, as shown via a sociological lens. Although there have been improvements to legal frameworks, full inclusion is still hindered by engrained prejudices and insufficient enforcement. In order to ensure that people with disabilities are no longer seen as dependents but as equal members of society, disability policies should shift their focus from welfare to active participation. Real inclusion can only be attained by working together to reform policies, change cultures, and advocate for communal causes.

According to Quicke, the medical and psychological overtones of disability made mainstream sociology reluctant to explore the topic. A component of the dependence model of disability is the medical model's assumption that people with disabilities are inherently inferior, either psychologically or biologically. "These definitions have always been conceived by others, never are they expression of a group of people finding their own identity, their own history". Ryan and Thomas argue, despite their mental impairment. Not that individuals with disabilities don't need or recognise the need of medical help at various periods in their life; what's problematic about this approach is that it challenges the social contexts and connections in which these encounters occur.

Concerning the level of representation and participation felt by handicapped women, individuals with learning disabilities, and homosexual and lesbian disabled people, there is a void in this approach related to politics of difference. A Black woman named Begum who is crippled says neither the disability rights nor the women's movement has taken the helpless situation of disabled women seriously, so we remain on the outside looking in. Ignoring both at the same time is unremarkable. Therefore, a sociological perspective on disability is essential for comprehending it in its whole. The significance of the sociological

perspective on disability overlaps the social, economic, political, and cultural dimensions of the issue, and it offers a distinctive sociological viewpoint. Incorporating disability studies within the field of sociology forces the field to examine disability in relation to other axes of inequality, such as gender, both structurally and culturally. Instead of viewing disability as an individual's flaw, this method frames it as a socially created phenomena with its origins in institutionalised norms and practices, which undermines the conventional medicalised understanding of disability.

The practices of control and the fights for choice, empowerment, and rights are all part of what makes disability a social and political category. "All disabled people experience disability as social restrictions occur as a consequence of inaccessible built environments, questionable notion of intelligence and social competence, the inability of the general public to use sign language, the lack of reading material in braille or hostile public attitudes to people with non-visible disabilities". Oliver investigates how new theories of disability relate to the field of sociology.

Although most popular introductory sociology texts provided by Giddens do not address disability, this does not mean that sociology did not pay attention to disability; rather, it indicates that the focus was primarily on individuals and medical issues. Sociology, according to Len Barton, needs to have a liberatory stance on disability in order to combat oppression and promote equality and justice. He argues that conventional sociology has ignored disability throughout history, placing it instead under the purview of medical and psychological studies. Sociology, according to Barton, should do more than just report on handicapped people's experiences; it should also help remove structural obstacles.

One of the aims of social justice is a liberatory understanding of diversity, which is a sociological perspective on disability. That means fighting for definitions that exclude and marginalise people and putting up new ones that promote unity and respect. In order to disrupt current power relations, Barton argues that sociological study should focus on handicapped people's lived experiences. Included in this category are professional practices in fields like healthcare and education that, rather than promoting inclusion and empowerment, frequently serve to perpetuate marginalisation and dependence. He goes on to say that sociological analyses must take history into account, claiming that disability studies have failed to make significant headway due to a lack of historical context.

For a long time, sociology scholars who study disability have also pushed for disability to be recognised as a social category. People with disabilities are often the targets of stigmatisation; as a result, there is an immediate need for a sociological approach to disability research that can debunk this myth and help disabled people fully participate in society, respect their inherent worth, and help bring about the changes that the constitution demands.

As Giddens points out, "sociology cannot be a neutral, intellectual endeavour, indifferent to practical consequences of its analysis for those whose conduct forms its object of study." This means that the emancipatory method is not without its limits. Sociology, according to Mills, is essentially a social act when seen through this lens. The extent to which sociological imagination benefits handicapped people is at the heart of the ethical and relational questions raised by an emancipatory approach, which continues to be debated.

Given the marginalisation and neglect of disability by other fields, a sociological perspective is also required. The field of sociology has traditionally been more welcoming to people with disabilities than others, and this has been the case due to the fact that medical and psychological studies of disability have largely ignored the social, cultural, and political dimensions of the condition. Therefore, there is a pressing need for a sociological perspective that can research disability, advocate for it, and facilitate disabled people's full participation in society.

Important approaches that the field has taken to the issue of disability: Numerous methods have been utilised by sociology to investigate disabilities and the effects of socio-cultural factors on them. If you want to know how to approach the subject of disability, there are two main perspectives to look at.

1. American Sociology
2. British Sociology

These two schools have dealt in different ways to understand the disability. Let us discuss them in detail in order to understand the approaches.

1. American Sociology: In this school disability was influenced by functionalist and interactionist theories. According to Parsonsian model which illustrates that at the onset of illness, sick people adopt 'sick roles'. This approach gives little attention to subjective interpretation and articulates view of medicals. However the major criticism of this model is that it does not make any difference between illness and impairment i.e. former is temporary and latter is somewhat permanent in nature leading to 'second class treatment' citizenship. It is also criticized on the ground being essentially determinists, ignore extraneous factors and undermine and deny subjective interpretation.

Disabilities are seen as social deviations according to interactionist philosophy. It comes at this conclusion because liberal principles of personal accountability, free enterprise, and paid work have been the bedrock of industrial and post-industrial civilisations. Their investigation of the link between disability and expected social conduct centres on concepts of meaning, identity, and branding. Using the idea of "stigma," Goffman expands interactionist theory. By not expanding his analysis of polio victims outside

the realm of personal tragedy theory, Davis perpetuates this flaw.

By the 1960s, many were beginning to doubt or even challenge the supremacy of functionalism and interactionism. Theoretical synthesis of two traditions by Safilios-Rotschild and Scott's "Cross National Study of Blindness" both began in American sociology and paved the way for the sociology of disability to use a conflict approach.

In North America, the struggle for the civil rights of disabled persons and their right to live independently was beginning to yield results around this period. A growing number of disabled women are also speaking out. The Society for Disability Studies, with its flagship journal "Disability Quarterly," served as a conduit for the exchange of ideas and information between the academic community and people with disabilities. Across American society, a more complex view of disability surfaced. American sociologists offer a new perspective on disability. According to Albrecht (1990), impairments are not inherent but caused by biological, cultural, and social variables. The theories put out by Albrecht are, alas, shackled by functionalism and interactionism.

2. British Sociology: Disability received less attention in Britain, despite medical sociology's forays into the field. Its stated goal was to follow the development of a more critical and liberatory school of thought within the British school of sociology. Individuals with disabilities self-published an essay collection in 1966. People with disabilities established UPIAS, or the Union of the Physically Impaired Against Segregation. Among its ranks was Paul Haunt, who began to write from a radical rather than a functionalist stance. The materialist perspective on disability was developed by psychologist Finkelstein in 1980 with the publication of "Attitudes and Disabled People" in the UPIAS journal. Aside from "Fundamental Principles of Disability," Oliver's second seminal study was 1983's "Social Model of Disability." The combined impact of these two studies was profound and long-lasting on his character.

Disability, Handicap and Society, the first peer-reviewed journal to focus on disability-related social theory, was published in 1986, marking a significant milestone in this area of research. The purpose of Abberley's (1987) article in this magazine was to introduce the notion of "dis-abilism" alongside racism and sexism and to move the idea of disability as oppression beyond what UPIAS had done by situating it in a sociological framework.

These developments led to two significant advances;

i. Barnes's *Disabled People in Britain and Discrimination* (1991) highlighted the pervasive prejudice towards those with disabilities and fervently advocated for anti-discrimination laws.

ii. From a feminist point of view, which celebrates the lives of women with disabilities while also

criticising previous male-dominated sociological accounts of disability. In particular, a section on handicap, disability, and the organisations that support disability research.

As a follow-up to his article that brought a postmodernist perspective to bear on the popular portrayal of handicapped persons through sad images, Hevey continued his assault on charities. Disabled individuals were seen culturally as 'other,' and Shakespeare, who was impacted by postmodernism, encountered prejudice stemming from the material relations of production.

However, there are sub-approaches that deal with the sociological studies in disability studies, in addition to these two basic strands of dis-abilist sociology. These are listed below:

a. The Social Model of Disability - The shift from a medical to a social model of disability, which attributes impairments more to systemic issues than to specific human flaws, is a central theme of Mike Oliver's groundbreaking work. He argues that traditional sociology is to blame for the persistence of "disablist" views on disability because it views it as an issue affecting individuals rather than society as a whole. For example, Oliver argues that Goffman's stigma and other functionalist and interactionist theories fail to address systemic oppression since they centre on people's subjective experiences of being labelled. He draws attention to the ways in which handicapped individuals face institutional policies, societal attitudes, and the physical environment that all work together to keep them out of society. Oliver contends that sociologists should view their work as a liberatory and critical endeavour in order to overcome these institutional obstacles and promote revolutionary social change

b. Historical and Cultural Origins of Disability Oppression - Using the "myth of the body perfect" as a case study, Colin Barnes investigates how discrimination against people with disabilities has its cultural and historical origins in Western countries. He contends that the prevailing cultural narratives have perpetuated marginalisation and exclusion by continuously devaluing bodies with disabilities. Barnes cites past events to show how the concept of an able-bodied worker became important to society organisation during the advent of industrial capitalism, which led to the economic and social exclusion of persons with disabilities.

Social reactions to disability, according to Barnes, are moulded by economic and cultural systems that classify certain people as "normal" and others as defective. He argues that a materialist perspective is required to comprehend and combat the oppression of persons with disabilities, and he criticises conventional sociology theories for ignoring these historical and cultural aspects.

In the field of sociology of disability, these are the main schools of thought. This area of study has also made strides in Indian sociology. One of the important studies is "Anita Ghai's Rethinking Disability," in which she discusses her personal experiences with handicap. Disabilities, she says, are studied in both

their physical and social forms, with the latter being shaped by cultural, familial, and personal perspectives. Remembering the stigma she faced as a youngster due to her polio diagnosis, Ghai had a long road to self-acceptance since she internalised the cultural belief that handicap indicated defectiveness. Additionally, she emphasises how Hindu beliefs, particularly karma, influenced how families dealt with disabilities. Disabled people are often stereotyped as being powerless, which Ghai had to fight against. According to able-bodied society standards, those with disabilities are the "Other," and they are cast out of mainstream society. Using "the gaze," a notion proposed by Jean-Paul Sartre, Ghai considers how peer pressure influenced her sense of self-awareness.

Ghai reflects on the fluidity between moments of autonomy (e.g., driving a hand-driven car) and dependence (e.g., needing assistance with a wheelchair). "There is no disability, no disabled, outside precise social and cultural constructions". Disability is framed within the narrative of dependence, reducing individuals to recipients of pity and aid. Acts of charity and compassion are deeply rooted in religious obligations, often masking structural inequalities.

Disability is often construed as disability is a metaphor for imperfection and societal deviance. While disability is a physical reality, it is culturally ignored or seen through narrow perspectives. Gandhi's notion of "overcoming disability" reflects societal denial of disability as a human characteristic. She also highlights role of language i.e. Words like "handicapped" originate from terms like "cap in hand," emphasizing dependency. She further argues that there exists multi-level exclusion, particularly in core societal institutions like education, employment, and family life. She also highlights how poverty further exacerbate the disability. She also delves into the gender perspective i.e. Cultural norms marginalize women with disabilities more severely than men.

From the above discussions we can argue the sociology of disability is in a nascent stage and there are more to develop in it. This new perspective should aim to eliminate disability is constraints in society per se rather it should highlight it socio-cultural construct and how it perpetuates by the same which Ghai delves into. Sociology of Disability should a separate branch like sociology of religion etc. in order to deal with disability and highlight it challenges and how it socio-cultural construct or notion can be done away with.

We also need a separate branch because it could lead to further research in this area and this question could be properly addressed. This new branch will also give disability as a separate area of study which needs different approach as well method and can be globally recognized. Sociology of disability would also address the gender shaping of disability which Ghai also discussed about. Hence we need a properly developed Sociology of disability which can address the challenges thrown by society to disability and

disabled people.

Conclusion

When we think about the stakes for communities and individuals who are already marginalised in the workplace, living below the poverty line, and discriminated against because of their differences, we can no longer afford to treat underemployment as an individual problem with solutions that only apply to individuals. Many people need to shift their perspective in order to understand and embrace diversity. Inclusion, not distinction, must be society's paradigm change. For those who wish to join the paid labour, I propose a more constructive strategy for inclusion: asking, "How can we include disabled persons in the workforce?" instead of taking a combative stance on the issues of disability and workplace inclusion. Rewriting rules, correcting discriminatory behaviours, training individuals, enforcing legislation, and asking accommodations are all steps in the direction of and into debates about embracing diversity within an inclusive paradigm. Paradigm transformations are seismic difficulties, but there is potential for change if we can start with nodes of power among handicapped individuals, allies, and collective identities. One possible question for future studies examining the interplay between disability, underemployment, and social change is: How do people with disabilities and other marginalised identities—such as women, Aboriginal peoples, Indigenous peoples, and visible minorities—deal with these issues? When navigating the current organisational and societal structures, what are the experiences of people with and without disabilities? How have shifts in technology and social media impacted the working lives of impaired employees across generations?

References

1. Abberley, P. (1997). The Limits of Classical Social Theory in the Analysis and Transformation of Disablement, In Barton, L. and Oliver, M. (Eds.), *Disability Studies: Past, Present and Future*, Leeds: The Disability Press, pp. 25 – 44.
2. Abberley, P. (1998). The Spectre at the Feast: Disabled People and Social Theory, In T. Shakespeare (Ed.), *The Disability Reader Social Science Perspectives*, London and New York: Cassell, pp. 79 – 93.
3. Balser, D.B. (2002). *Agency in Organizational Inequality: Organizational Behaviour and*

- Individual Perceptions of Discrimination, *Work and Occupations*, 29(2): 137-165.
4. Barnatt, S. N. (2008). Social movement diffusion? The case of disability protests in the US and Canada, *Disability Studies Quarterly*, 28 (1): 1 – 23.
 5. Barnes, C. & Mercer, G. (2005). Disability, work and welfare: Challenging the social exclusion of disabled people, *Work, employment and society*, 19(3): 527-545.
 6. Barton, L. (1998). Sociology, Disability Studies and Education: Some Observations, In. T. Shakespeare (Ed.), *The Disability Reader*, London and New York: Cassell.
 7. Barton, L. (Ed.). (1996). *Disability and Society: Emerging Issues and Insights*. Longman.
 8. Bhabha, H. (1994) *The Location of Culture*, New York: Routledge.
 9. Brown, R. L., Maroto, M., & Pettinicchio, D. (Eds.). (2023). *The Oxford Handbook of the Sociology of Disability*. Oxford University Press.
 10. Frank, A. (1995). *The wounded storyteller: body, illness, and ethics*. Chicago: University of Chicago.
 11. French, S. (2001). *Disabled People and Employment A Study of Working Lives of Visually Impaired Physiotherapists*, Aldershot, England: Ashgate Publishing Company.
 12. Ghai, A. (2015). *Rethinking Disability in India*. Routledge.
 13. Goffman, E. (1963). *Stigma: notes on the management of spoiled identity*, New Jersey: Prentice-Hall, Inc.
 14. Jenkins, R. (1991). Disability and Social Stratification. *The British Journal of Sociology*, 42(4), 557-580.
 15. Livingstone, D. W. (2004). *The education-jobs gap: underemployment or economic democracy (2nd edition)*, Toronto: Garamond Press.
 16. Marx, K. (1954) *Capital: A Critique of Political Economy Volume 1*. Translated from the Third German edition by Samuel Moore and Edward Aveling and edited by Frederick Engels, Moscow: Progress Publishers.
 17. Melucci, A. (1996). *Challenging Codes: Collective Action in the Information Age*, Cambridge, Great Britain: University Press.
 18. Michalko, R. & Titchkosky, T. (2010). There and Not There Yet: Presence and Absence of Disability in the Transition from Education to Work, In P. Sawchuk & A. Taylor (Eds.), *Challenging Transitions in Learning and Work: Reflections on Policy and Practice*, pp. 109-124. Rotterdam/Taipei: Sense Publishers.
 19. Oliver, M. (1990). *The Politics of Disablement*, London, England: Macmillan Education Ltd.

- Oliver, M. (1993) Disability and dependency: a creation of industrial societies, In Swain, J., Finkelstein, V., French, S. and Oliver, M. (Eds.), *Disabling Barriers – Enabling Environments*, London: The Open University
20. Oliver, M. (1994) *Capitalism, Disability and Ideology: A materialist critique of the normalization principle*.
21. Oliver, M. (2006). *Changing the Social Relations of Research Production*, In Barton, L. (Ed.), *Overcoming Barriers: 18 years of Disability and Society* (pp. 267-282), New York: New York: Routledge.
22. Parsons, T. (1951). *The Social System*, New York: The Free Press.
23. Peters, S., Gabel, S., & Symeonidou, S. (2009). Resistance, transformation and the politics of hope: imagining a way forward for the disabled people’s movement, *Disability & Society*, 24(5):543-556.
24. Prince, M. J. (2001). Canadian federalism and disability policy making, *Canadian Journal of Political Science*, 34 (4): 791 – 817.
25. Prince, M. J. (2009). *Absent Citizens: Disability Politics and Policy in Canada*, Toronto, Canada: University of Toronto Press Inc.
26. Putnam, M. (2005). Conceptualizing disability: developing a framework for political disability identity, *Journal of Disability Policy Studies*, 16 (3): 188 – 198.
27. Shakespeare, T. (1996). Disability, Identity and Difference. In Barnes, C. & Mercer, G. (Eds.), *Exploring the Divide*, Leeds: The Disability Press, pp. 94 – 113.
28. Shapiro, J. P. (1993). *No Pity: People with Disabilities Forging a New Civil Rights Movement*, New York: Random House Inc.
29. Swain, J., Gillman, M. & French, S. (1998). *Confronting Disabling Barriers: Towards Making Organizations Accessible*, London, England: Venture Press.
30. Titchkosky, T. & Michalko, R. (Eds.) (2009). *Rethinking Normalcy: A Disability Studies Reader*, Toronto, Canada: Canadian Scholars’ Press Inc.
31. World Health Organization (WHO). (2011). *World Report on Disability*.
32. World Health Organization. (2001). *International Classification of Functioning, Disability and Health (ICF)*. WHO