Deconstructing "Disability" through Sociological Perspectives in Mizoram

Lawmsangpuia Ralte*
Guest Faculty, ICFAI University, Mizoram
**Corresponding Author Email: lawmsangpuiaralte46@gmail.com*

Abstract: *Disability has existed since ancient times and it was always perceived as a problem within an individual. With the advancement in medicine and technology, disability was considered to be a disease which can be cured by medical practitioners. The study of disability through scientific lens has always aimed for a complete cure in disability. However, it was only a few decades ago when academicians started pointing out the social issues related to disability and how the restrictions and exclusion of society disabled an individual. In this sense, disability is not an individual issue but rather extends to social issue. The study on disability in the field of social sciences, particularly sociology has mainly employed social model of disability to analyzed disability and sociologists mainly look past other relevant sociological theories and concepts to deconstruct disability from a sociological perspective. This study uses mixed methods of both qualitative and quantitative research methods to study the relevance of sociological theories like stigma and alienation and their applicability among 163 women with disabilities in Mizoram. The outcome of the study shows that most of the women with disabilities have low educational qualifications which the respondents have attributed to the ignorance by the government authorities and labelled this ignorance as one of the main causes of stigma. Most of the women have faced stigma from society which led them to alienate themselves from the rest of the society. The effect of such stigma and alienation led them to experience lower self-esteem, lower confidence and lower chances to achieve upward mobility in life. The intersectionality of all these barriers, analyzed through the lens of sociological theories have led the women with disabilities in Mizoram to remain as an "out-group." This study has proven the applicability of selected sociological theories and the contextualization of the findings reveal the importance of conducting disability study through sociological perspectives as it provides a ground-level approach to their real lived-problems and issues and suggest some recommendations to uplift their current situations in Mizoram.*

Keywords: Disability, Sociology, Women with disabilities, Mizoram.

INTRODUCTION

The existence of disability dated back to time immemorial and the persons with disabilities were mainly left out in the field of academics for a considerably long period of time. In defining disability, Altman (2014) has said that it is a term which impaired an individual due to the onset of diseases, conjugal or injuries which, in interactions with social restrictions, further increase limitations. In the last few decades, winds of change have brewed across the country wherein persons with disabilities have started to be discussed and their lived realities gaining momentum in academics. It has started to evolve as a social phenomenon, rather than an individual's impairment-related issues (Chandrashekhar et al., 2010). The study of disability has acquired an important place in the field of science, medicine and technology which resulted in the discovery of various healthcare and technological issues that hindered persons with disabilities (Arunkumar et al., 2024).

In the field of social sciences, the intersectionality of disability is the most valid and studied in the field of disability (Albanesi, 2019). In sociology, the study of disability has started to be incorporated in the discipline through the writings of Oliver (1990) and from then on, sociology discipline has viewed persons with disabilities from stigmatized objects to subjects with knowledge. However, the current lacks in the discipline are to study disability from theoretical perspectives and how they are applicable and fit in the discipline. Most sociological literatures and studies on disability are conducted through the lens of social model of disability propounded by Oliver (1990) which stated that disability arises not out of individuals' medical conditions but rather due to the failure of society in restricting the participations of persons with disabilities on an equal basis with others (Oliver, 2013). Sociologists in study mostly rely on this model of disability to study how society restricts persons with disabilities but largely neglect the theoretical application and theoretical contextualization which leaves a wide room of study in these areas. This study therefore aims to answer whether various questions related to selected sociological theories are applicable to the lives of women with disabilities, who reside in Mizoram state in India.

REVIEW OF LITERATURE

In his seminal work, Goffman (1963) has discussed stigma and have stated that stigma on individuals differ on the concealability of stigmatized attributes. Persons with disabilities belong to the category of discredited stigmatized attributes as their "attributes" or physical disabilities are highly visible in the naked eyes. Link and Phelan (2001) have argued that approaching stigma from sociological perspectives enabled sociologists to determine the relationships of stigma to fundamental sociologically relevant questions. In traditional days, persons with disabilities were mainly stigmatized based on their disabilities and they were perceived to be weak and incapable of social mobility.

This has further prevented them from receiving achievements in many fields. Mobility and achievements, being one of the central concepts in sociology, has further necessitated to debunked the effects and impacts of stigma among persons with disabilities. A specific focus on women with disabilities have shown that women with disabilities, as compared to men with disabilities, have faced double the burden and discrimination. They are more prone to facing stigma and stereotypes which further provided roadblock to their chances for upward mobility in society (Bigler et al., 2025).

Unable to pursue mobility as opposed to persons without disabilities have further given birth to the terms "in-group" and "out-group" which was coined by Sumner (1906). Under this sociological concept, people without disabilities belong to in-group as they share the same identity based on their external attributes, i.e., absence of disability and women with disabilities constitute out-group, a phenomenon which arise due to the labelling of women with disabilities as inferior and incapable.They are viewed through a lens of "otherness." This creation of social categorization arises from both logical and objective differences to subjective differences such as stereotypes and cultural biasness. In the field of sociology, the study of stigma in association with marginalized communities and criminology branch is most common but the theorization of the concept in connection with disability and the study of the exact reason for societal formation of stigma is less and hence, there is a dire need to shift the focus in this aspect.

This is further applicable to a concept coined by Marx as "alienation." Though originally used by Marx to describe the estrangement of the products from the workers, this concept has been used in recent years by various sociologists especially in the fields of health and criminology (Thompson, 2013). The separation or categorization of women with disabilities from essential aspect of society result them to experience feelings of powerless and helplessness which further alienate them from the in-group (Yuill, 2011). In this sense, it is imperative to understand the causes of this social action of stigmatization against women with disabilities in Mizoram and "verstehen" is crucial to understand the nature of human actions in the context of Mizoram. In order to really understand the causes of these actions, Weber (1936) has stated that one should understand the meaning attached to it by individuals which led to the causes of the actions. The steps to attain "verstehen" is further directed by Weber (1936) in which he had stated two steps which are *aktuelles* and *erklarendes*. When scholars tried to understand the actions and attitudes towards women with disabilities through direct observation of their facial or body languages, they are called *aktuelles*verstehen and when scholars observe the real reasons/intentions or motives of their actions in the first place, it is called as *erklarendes* verstehen or empathetic understanding. Weber has also argued that taking the place of the persons doing the activity is the best way to achieve empathetic understanding (Weber, 1936).

The stigma, stereotypes and alienation faced women with disabilities divert them to the position of sick role (Parsons, 1951) as being sick is considered as a social role by the functionalists. Illness is considered as a deviant behavior as people who are ill or having disability cannot fulfil their roles or jobs which led them to deviate away from their social roles, which in turn have a dysfunctional impact within the society. So, from this theoretical perspective, a regulation of sick role is highly needed and an ideal doctor-patient interrelation should be formulated and should abide by certain rules to regulate sick role entry. This will also prevent the formation of 'sick sub-culture' (Parsons, 1951).

Failure in preventing the gradual progress of sick role often leads to intersectionality (Crenshaw, 1989) wherein different social positions intersect on an individual level and in the case of disability, the stigma, stereotypes, alienation and sick role intersect with societal norms thus further deviating the persons with disability from the mainstream society and when these issues intersect with gender, the risks expanded and women became more victimized than men due to structural inequalities and shift in power dynamics. Hence, the identification of issues through theoretical framework, pertaining to those women with disabilities can go a long way in solving and providing policy recommendations in tackling their hardships and lived-experiences.

OBJECTIVES OF THE STUDY

1. To analyze the prevalence of stigma and alienation among women with disabilities in Mizoram

2. To identify the effect of stigma and alienation in the daily lives of women with disabilities and to contextualize the findings with relevant sociological theories.

METHODOLOGY

A descriptive research design with mixed methods of qualitative and quantitative research methods were used in this study. An interview schedule was framed after identifying research gaps and then, permission was obtained from Human Ethics Committee, Mizoram University to further move on with the study. Non-probability sampling was used in which a total of 200 women with disabilities were purposefully selected for this study and consent was obtained from all women with disabilities and their families. Confidentially was maintained and no names were revealed but rather, pseudonyms were given to all the respondents such as P-1, P-2 till P-5. From respondents' number 163 onwards, it was found that the responses and experiences shared by women with disabilities were all similar and no new insights and findings can be obtained at this point and hence, the researcher cuts down the initial total number of women with disabilities to 163 respondents. In terms of principle of inclusion and exclusion, only women with disabilities who reside in Aizawl and Lunglei districts were selected against eleven districts in Mizoram as these two districts have the highest population of women with disabilities and are also the two biggest districts in terms of geographical sizes and total population in Mizoram.

After fieldwork concluded, all the data were entered into an excel sheet and each question and answer were given a code and data cleaning was thoroughly conducted. All the coded data were then transferred to Statistical Package for Social Sciences (SPSS) software, version 23, and the data were then calculated in terms of frequency and percentages and the final outcome were then tabularized. At the same time, the findings displayed through tables were also aided by statements from the respondents which were initially recorded through mobile phone recorders and were later transcribed. The findings were displayed in tables and were further analyzed. The analysis of the data was followed by statements from the respondents which were transcribed based on the recurrent themes that remerge and fit the quantitative findings of this study. The presentation of the data findings provides an insight into how women with

disabilities face stigma and alienation in the society and how that further affected their daily lives. The findings of this study were then contextualized to fit relevant sociological theories and concepts. Research ethics laid down by Mizoram University were also maintained and followed rigorously throughout the process of the study.

RESULTS

The demographic characteristics of 163 women with disabilities were displayed in the table. The districts to where they belong, their age groups and their education levels were displayed as follows.

Table 1: Demographic Characteristics of Respondents

Variable	Frequency (n)	Percentage (%)
Districts		
- Aizawl	143	87
- Lunglei	20	12
Age Group		
- Below 20 years	49	30
- 21-40 years	64	39
- Above 40 years	50	30
Education Level		
- Undergraduate	143	88
- Postgraduate	20	12

Note: Percentages may not sum to 100 due to rounding.

The demographic profile of women with disabilities shows that among the 163 women selected for this study, 49 (30 per cent) of them belong to the age group which is below 20 years of age while there are 64 women with disabilities (39 per cent) who belong to 21-40 years of age. There are as many as 50 respondents (30 per cent) who are above 40 years of age. In terms of education, there are 143 women with disabilities (88 per cent) whose education level is below undergraduate level and only 20 women with disabilities (12 per cent) have attained education level of post-graduate and above. In terms of population distribution, 143 women with disabilities (87 per cent) were selected from Aizawl district, which is the capital of Mizoram and 20 women with disabilities (12 per cent) were selected from Lunglei district which is the second capital city of Mizoram.

P-1: Talking about education for women with disabilities is a joke in Mizoram! More than 20 years have passed since we attained statehood yet, special education and inclusive education is still out of reach for most of us. The stem of the problem lies in the stigmatization by the government and concerned authorities that we are not capable of achieving anything and this needs to stop!

In the following table, attempts were made to find out the number of women with disabilities who have experienced stigma and alienation from society and were presented as follows.

Table 2: Prevalence of stigma and alienation

Variable	Frequency (n)	Percentage (%)
Stigma faced		
-Yes	119	73
- No	44	27
Alienation from society		
- Yes	105	64
- No	58	36

Note: Percentages may not sum to 100 due to rounding.

Among the 163 women with disabilities, 119 (73 per cent) of them have said that they do indeed face stigma from society and 44 respondents (27 per cent) have said that they have never faced any kinds of stigma from society. The respondents have largely maintained that they are being purposefully excluded from participating in social activities as most of the places and social activities are exclusive only to persons without disabilities.

P-2: …to be honest, I have had enough of being stigmatized by others around me! Access to buildings, education, employment and trainings are all limited and while other states in India have fared well to include persons with disabilities, our state still falls behind in providing inclusive environment for women with disabilities.

In terms of alienation, 105 respondents (64 per cent) have said that they alienate themselves from society due to fear of facing more stigma and discrimination from society and also, due to having no other choices but to alienate themselves in the four walls of their home. There are 58 women (36 per cent) respondents who have stated that they did not experience nor indulge in the act of alienation.

P-3: Well, I have no other choice but to hide away from society. They gave me no other option but to stay in my house and hide. There are limited places to visit and limited interests to pursue in our state which left many of us to stay inside and segregate ourselves from the rest of society.

Table 3: Profound effects of stigma and alienation in women with disabilities

Variable	Frequency (n)	Percentage (%)
Effects of stigma		
-Yes	111	93
- No	8	7
Effects of alienation		
- Yes	99	94
- No	6	6

Note: Percentages may not sum to 100 due to rounding.

Among 119 women with disabilities who faced stigma from society, as many as 111 women with disabilities (93 per cent) have faced the consequences of facing stigma which had an adverse effect on them. There are 8 respondents (7 per cent) who have said that facing stigma do not have much effect on them.

P-4: The effects of stigma lowered my self-esteem. I am already incapable of doing many things and facing stigma adds salt to my wound and force me to be the worst version of myself.

In terms of 105 women who alienate themselves from society due to facing stigma, 99 respondents (94 per cent) have said that their practice of alienation had affected them and only 6 respondents (6 per cent) have said that alienating themselves from society do not have effect on their daily lives.

P-5: I had no other option, you know! Alienating myself from the rest of society really had a toll on my mental health. There are times I wish I could interact freely and participate in social activities but due to exclusiveness of our society, women like me find it hard to approach others which in turn, had an effect on our mental health.

DISCUSSION

The sociological analysis of disability through women with disabilities in Mizoram has shown that they indeed face stigma from society and this stigma ranges from the inability to include them in social activities and restricting their access to buildings, and limiting their chances to acquire education and employment opportunities. The stigma faced by them is mainly rooted in the government and concerned

authorities' beliefs in their inability to pursue anything in life and these restrictions led the women with disabilities to alienate themselves from society. In sociology, disability has mostly been studied from the theory of social model disability has shed light on the relevance of sociological theories and their application towards the study of disability. Goffman's (1963) stigma and its relation to the lives of women with disabilities is applicable as they are among the most vulnerable sections of the community whose lives are burdened tirelessly by stigma, a topic which is usually left out in the study of sociology. Women with disabilities often alienate themselves from society due to constantly experiencing stigma and this study has shown the applicability of alienation theory propounded by Marx (Yuill, 2011).

The identification on the effects of stigma and alienation has highlighted the decrease in self-esteem and many women with disabilities have even felt that their lives have no meaning. They are mostly confined to their houses which further affected their mental health and led them to be in a position of sick-role (Parsons, 1951). The intersectionality (Crenshaw, 1989) of stigma, alienation and the physical and mental limitations brought by their disabilities further segregate them to an "out-group" as they are completely in isolation and different from the rest of society (Sumner, 1906).

However, the missed opportunity of the study lies in the focus on only two districts in Mizoram, even though there are eleven districts in the state and the researcher approached respondents living in urban areas of the two districts only, due to physical accessibility issues in rural areas. Men with disabilities were also not included in this study which is another limitation as the experiences faced and narrated by them could have different insights. Future research on disability by sociologists may incorporate other relevant sociological concepts and theories. Respondents from other districts of Mizoram may also be included in future studies and a focus on the experiences of women with disabilities residing in rural areas may also be taken into contexts in future sociological studies of disability.

CONCLUSION

The focus on women with disabilities from the point of view of sociological perspectives enriched the academic discourse on the issues of disability and by focusing on the study of disability from social science point of view, it highlights the lived-in experiences and daily struggles faced by them. The stigma faced by women with disabilities has been deeply rooted since traditional days which is further propelled by the ignorance of government and community leaders to rehabilitate and include them in various spheres of society. This has further disabled and burdened women with disabilities which shows the need of effective collaboration between government, caregivers and community leaders to formulate policies and legislations in uplifting women with disabilities.

REFERENCES

1. Albanesi, H. P. (2019). Encountering disability studies in the social sciences. *The Social Science Journal,* 54 (1), 1-3. https://doi.org/10.1016/j.soscij.2017.01.006

2. Altman, B. M. (2014). Definitions, concepts and measures of disability. *Annals of Epidemiology,* 24 (1), 2-7. doi: 10.1016/j.annepidem.2013.05.018.

3. Arunkumar, M., Chidurala, R., Shriraam, K., & Pankaj, B. S. (2024). A study of disability severity, barriers, and facilitating factors in accessing healthcare among differently abled adults. *Cureus,* 16 (12). doi: 10.7759/cureus.75018.

4. Bigler, C., Pita, Y., & Sony, K. C. (2025). Are we leaving women with disabilities in the global south behind? How the reinforcement of different forms of violence leads to unsustainable development. *Women's Studies International Forum,* 109. https://doi.org/10.1016/j.wsif.2024.103051.

5. Chandrashekhar, H., Kumar, C. N., Prashanth, N. R., & Kasthuri, P. (2010). Disabilities research in India. *Indian Journal of Psychiatry,* 52 (1), 281-285. doi: 10.4103/0019-5545.69252.

6. Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum,* 1 (8). http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

7. Goffman, E. (1963). *Stigma: notes on the management of spoiled identity.* Touchstone.

8. Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27,* 363–385. https://doi.org/10.1146/annurev.soc.27.1.363

9. Oliver, M. (1990). *The politics of disablement.* Macmillan.

10. Oliver, M. (2013). The social model of disability: thirty years on. *Disability & Society,* 28 (7), 1024-1026. https://doi.org/10.1080/09687599.2013.818773

11. Parsons, T. (1951). *The social system.* Routledge.

12. Sumner, W. G. (1906). *Folkways.* Good Press.

13. Thompson, M. J. (2013). Alienation as atrophied moral cognition and its implications for political behavior. *Journal for the Theory of Social Behavior,* 43 (3), 301-321. DOI: 10.1111/jtsb.12021.

14. Weber, M. (1936). *The protestant ethic and the spirit of capitalism.* Dover Publications.

15. Yuill, C. (2011). Forgetting and remembering alienation theory. *History of the Human Sciences,* 24 (2). https://doi.org/10.1177/0952695111400525.