CHAPTER-1
INTRODUCTION

1.1. The Problem: Discrimination is inherent in society in all walks of life in all human spheres because society has strata. Society is existed on the basis of role, identity, personal merit; support etc. It reveals about the identified problem of human beings against disabled in the society as a whole. It is common knowledge that the Persons with Disabilities (PWD) have been badly neglected and discriminated all over the world. They do have outstanding abilities which are hardly recognized and excluded from the mainstream of the Society. Given appropriate education, training and opportunity, they can also contribute to the society and economic development of the country. It is not correct to say that the disabled constitute an absolute distinct category of people. A large number of such persons are intelligent and, if given the right opportunity and environment, they develop their capabilities through education and training. They can lead full and independent life. What they need is proper medical attention, special education, and rehabilitation facilities so that they are restored to the fullest physical, social, vocational, and economic fulfillment of which they are capable. Both in the industrialized (developed) and the developing countries the disabled find themselves, by and large, excluded from society. In many cases, they are kept in special institutions. They are dependent on assistance from others and cut off from the rest of the community. The other factors which contribute towards disability are neglect, ignorance, apathy and absence of adequate preventive measures. The disabled suffer not only from physical deformity or mental retardation and a sense of inferiority, but also in many cases from

cruel treatment by relatives and society. But, the focus of society is disability/discrimination and not ability. Before proceed further, let us consider the basic concepts involved in the social discrimination, such as, what is disability? Who is disabled? What is discrimination in general? What is social discrimination in particular? How discrimination relates with the disability? While, we can also have a focus on magnitude of disabled, how it amounts a social problem in the society? How a disabled interacts with the society and faces various problems in it? What are the factors affecting the disabled in his attitude change? What are the major causes of social discrimination and its prevention is the process of the study. In addition to these factors, how a disabled discriminates by various means like, negative thinking, making difference, stigma, bias, stereotype, prejudice, discrimination, segregation, exploitation and as a whole social discrimination what leads to deviation from the mainstream of society which ascribes them minority status in the society are the core part of the study.

1.1.1:Trends of Disabled: "Disabilities are as old as humanity. Archeological research has demonstrated that skeletal disorders have been common since time immemorial; Egyptian mummies dating back 5,000 years show clear evidence of osteoarthritis and tubercular spine; and remains from the Neolithic Period indicate that illness, probably mental as well as physical, was combated by the heroic measure of trepanning, in which a hole was bored in the skull to permit evil spirits to escape."[1]

Since antiquity, society has detected disabilities and disabled arising out of obvious deficits in anatomical structures as mentioned in epics and it is needful to mention that the disabilities were also mentioned in the Bible as Jesus Heals a Paralysed Man (Matt. 9.1 – 8; Luke 5.17 – 26), The Man with a Paralysed Hand

(Matt. 12.8 – 14; Luke 6.6 – 11),   The Jesus heals a Deaf-Mute (Mark 7 – 31),   The Jesus heals a Blind Man at Bethsaida (Mark. 9 – 22) are some of instances.

1.1.2:Abilities verses Disabilities of Disabled: The   following paragraphs reveals that the abilities of the disabled identified/recognized during ancient times than the present time.

1.1.2.1:Identification of Abilities of Disabled: It has been a part of India's cultural heritage to help the poor and the needy even at a great personal sacrifice.   The responsibility of assisting the individual in need was shared by the community and the rulers. "Devotion and service towards one's fellowmen, love for charity and brotherhood existed even in the feudal times. In keeping with this tradition, every possible protection was given to the physically handicapped by the society."[2]

A reference to Mahabharata shows that the handicapped were then treated with sympathy. For, Narada interrogates Yudhisthira: "Do you treat as father, your subjects who are afflicted with blindness, dumbness, lameness, deformity, friendliness and those who have renounced the world?"[3].   The kings were expected to provide for the war disabled and their dependents, for Narada again put a question to the eldest of the five Pandava: "Do you maintain the women of those who died for you on the battle field? And do you also maintain those who are wounded on the battle-field while fighting for you?"[4]. likewise the laws of Baudhayana enjoined: "Granting food, clothing and shelter, they (kings) shall support those who are incapable of transacting legal business viz., the blind, idiots, those immersed in vice, the incurably diseased, those who neglect their duties and occupations, and so on." [5]

The eminence of Ashtavakra (literally meaning a man with eight physical deformities) who was first jeered at by the Pandits

at the court of King Janaka, because of the crookedness of his body, but whose learning ultimately drew their plaudits; the status of Manthra as the favorite maid servant of the royal queen Kaikayee, though hunch backed, and the acclamation of Vamana (a dwarf) as an incarnation of God Vishnu unmistakably shows that even in early times the Hindu society did not hesitate to recognize the individual merits of handicapped people.[6]

During the period intervening Smritis and the Guptas the position of handicapped persons became more tolerant due to Buddist influence; Buddism emphasized the virtues of mercy, charity, truth, purity, kindness, goodness and above all, non-violence. The followers of the Great Buddha practiced the preaching of their master and showed great compassion and regard for the decrepit, the maimed and the disabled. At the same time somewhere in the middle of sixth century B.C., another faith, Jainism, was born. Jainism also followed the same fundamental doctrines of non-violence and selfless service to all living beings, including the physically handicapped.[7]

Kautilya, 'one of the greatest politicians of his time, made it a special point to employ dwarfs, the hunchbacked and otherwise deformed people as political spies as well as secret agents in the royal places'.[8] 'The coins of the days of Samudra Gupta have a figure of a dwarf near the king. The dwarf seems to have occupied an exalted position in the kingdom'.[9]

The Fa Hien, who came to India from China in 400 A.D, writes: " The nobles and householders of this country have founded hospitals within the city to which the poor of all countries, the destitute, cripple and the diseased may repair."[10]

1.1.2.2:Identification of disabilities of Disabled:A deformed or weakling child, an incapacitated elder or any person becomes

disabled by accident or illness was condemned to physical extinction. In still later times, a physically handicapped person instilled fear, suspicion and superstitious awe in the non-disabled members of his community, who regard him as an 'incarnation of the devil.' In the middle ages, myths and legends grew around these fears and fancies of the primitive man.[11]

"The disabled were regarded as a sub-species of the human race; mere objectives of pity and charity; and were abandoned to beggar and ridicule".[12] A foreign writer has stated that, "In ancient India the physically deformed children were cast into in Ganges".[13]

In an adaptation of Talcott Parsons' sick role, we can say that society assigns the disabled a "handicapped role". They are viewed as helpless, childlike people who are expected to assume a cheerful and continuing dependence on family members, friends, and health care professionals[14].

1.1.2.3: Discrimination against Disabled: The different social, economic, cultural and religious groups in a society must have harmonious relations among them. Only through give and take and mutual help they will be able to make headway in their cherished goals. If some sections of the population make progress at the cost of others then it may be difficult for the latter to achieve rightful place in the society[15].

Discrimination refers to specific negative actions directed against the individuals. *Discrimination invades society like a disease. Its symptoms include poor communities without clean water and sanitation facilities, health and other basic services; classrooms without children with disabilities; legal systems that turn a blind eye to violence against women and children; and societies that shun people with HIV/AIDS.* [16]

Ethnic loyalty amounts to discrimination. Boundaries are actually patterns of discrimination like, treatment of fellow group members in a special way[17]. Discrimination is one of the growing problems of modern civilized man throughout the world. It may take many forms. In India it is generally based on caste, religion, sex, language and region. In U.S.A and Africa it is based on race. It is based on sex is almost universal. Similarly, Discrimination of Disabled is also a universal phenomenon.

According to World Health Organization (WHO) *a total of 80 per cent of PWD live in developing countries such as ours, within their homes, hiding from the social discrimination, ostracism and hostility, both from the family and the community. They have often been subjected to cruel and inhuman treatment. In the early 20th century the disabled were frequently viewed as subhuman creatures that were a menace to society. As a result, drawing on similar prejudices against the disabled, Adolf Hitler's Nazi regime persecuted and put to death, perhaps as many as one million persons with disabilities.* As a result, many state legislatures passed compulsory sterilization laws aimed at handicapped people[18].

The PWD have a wide variety of experiences regarding discrimination, almost every day of their lives. Some individuals may experience few incidences of prejudice while others may experience only prejudice. *We live in a society that places high values on traditional and physical attractiveness. In our culture the way one looks makes a difference in the responses one gets. A person who is 'ugly' is devalued and set apart. If one happens to look different, one is likely to receive differential treatment and in turn to begin to feel different. To be disfigured is an object of staring, curiosity, pity, rejection, ridicule, remarks and discrimi-*

nation. These reactions and attitudes are frequently more damaging to the individual's self-image than the reflection in the mirror. Such persons find it an ordeal to move about in public. Their anonymity is attacked, strangers question them, or they are shunned altogether[19].

Facial disfigurement is one of humanity's most intolerable handicaps. The facially disfigured suffers from the highest stigma in society. Except congenital disabilities or those experienced in early childhood, oblige the affected individual to incorporate the disability into the formation of his body image. Available evidence indicates that there is a considerable degree of resistance to altering one's body image, especially when the necessary alterations are negative, disagreeable and de-evaluative to one's self-esteem. The disabled like all other minority groups tend to be evaluated more on the basis of their categorical membership than on their individual characteristics. The disability trait overshadows and qualifies all other traits and abilities.[20]

One of the common and subconscious errors non-disabled people make when interacting with PWD is to think that a physical disability implies a mental disability as well. This attitude allows for the family of PWD into believing that all decisions regarding the life of the PWD automatically rests with the family. The PWD may be polio affected and confined to a wheel-chair, or have spina-bifida, a limb missing, speech and hearing impaired or be visually impaired cured leprosy but they, in all likelihood will have a normal Intelligent Quotient, experience emotions like you and I, think, act, like you and I are therefore little different. Yet, our minds are so trained to grade "normal" as physically whole, that a person with a physically imperfect figure would be considered "abnormal" and an aberration. Something we are not

comfortable with. The discrimination gets harsher for PWD who have a mental illness, developmental retardation cured leprosy and women, who are viewed as soft targets, for use and abuse.[21]

1.1.3:What Is Disability? Disability denotes the consequences of impairment in terms of functional performance and activity by the individual. A person with restrictions or lack of abilities to perform an activity in the manner or within the range considered normal for a human being was treated as having disability.

1.1.4:Who Is Disabled?: The disabled is an individual and integral part of society. He plays an important role in his family, community, peer group and society as a whole. They are not confined to India but all over the world. The "Disabled" means those persons who by reason of any defect or impairment of the mind, senses or body, congenital or acquired are unable to take part in normal education, occupation and reaction, or who by reason of any such defect or improvement require special assistance or training to enable them to take part in normal education, occupation or recreation.

1.1.5: What Is Discrimination? When prejudice is expressed in overt form, it leads to discrimination. Discrimination refers to specific negative actions directed against the individuals. It is contrast, refers to the behavior of treating one person or group in an unfavorable or unfair way. Naturally, prejudice leads to discrimination. It involves the arbitrary denial of privilege, prestige, and power to members of a minority group whose qualifications are equal to those of members of the dominant group.

1.1.6:Discrimination In Relation To Disability: Disability may affect one or more capabilities of an individual that puts him in handicapping condition. It is also the cause of distortions in the

26

human psyche. All human beings are having positive or negative attitudes toward those factors, which affects their physical or sensory presentations in the family or to the society. The disability is the basic cause for a human being to have a different perception, beliefs, values and attitudes. Disability is neither inability nor absence of abilities. It represents a different, exceptional, and special ability in an individual. Since handsome is the well accepted image of an individual, the absence of residual image affects the phenomenology of social beings. Because of the image-distortion of ability, the disability is related to negative adjectives in human's life. Non-disabled people also have an attitude toward disability or restricted abilities and its disabling impacts on their psyche. Disability makes a person different. It is a major reason to be differentially able. First interface with such people is due to vision—the eye with which we only see the physical entity--and disability disfigures the mental image of an individual.

How an individual sees disability-a disease or impairment or a restriction in body or senses or an activity limitation or an individual perceives a disability a handicap or as disadvantage or face a challenge with indomitable will or convert it into an opportunity to defeat the misfortune of destiny? Disability is a state in health continuum. When PWD lives with it how he perceives and visualizes the disability actually shapes and develops his attitude toward the medical state of disability. If PWD have positive attitude toward disability, he realizes the ability continuum of himself and visualizes the positive implications of that physical limitation. This visualization also opens up the sixth sense, which opens the floodgates of human endeavor and excellence.

1.1.7: What Is Social Discrimination? The social discrimination is a discrimination which effects directly on individual's psycho-

logical development, social development, personality development, which deteriorates and develops inferiority complex.[22]

1.1.8:Magnitude Of Disabled:

1.1.8.1:Magnitude of Disabled International: It is reckoned that about 500 million people, roughly 10 per cent of the world's population, suffer from some form of physical, sensory or mental handicap. According to the WHO, the population of PWD is around 10 per cent. At 650 million, they are the world's largest minority. In the developing countries, the disabled are more among the non-privileged or the poorer classes. Within these sections, it is children that predominate.[23]

1.1.8.2:Magnitude of Disabled in India: In India it is estimated that approximately 30 per cent of the population is affected by one or the other disability. Data on the disability on a nation-wide basis can be obtained from two sources, namely the Population Census and National Sample Surveys. After a massive public campaign, the Government of India finally yielded and has included disability as a category in Census 2001. Describing this development as a "major victory for the disabled sector in India", Javed Abidi, executive director of National Center for Promotion of Employment for Disabled People (NCPEDP), said, "It's like winning a major battle. The damage that the non-availability of authentic statistics has done to the disability sector could now be undone and changed ". The following table extracted from the first census report of disabled, 2001 conducted by the Government of India, under the National Sample Survey Organization.

Table-1.1

The distribution of the disabled by Sex and Residence – 2001 (India)

Type of disability/ item	Sex	total	Rural	urban
Total Population (India)	T	1,028,610,328	742,490,639	286,119,689
	M	532,156,772	381,602,674	150,554,098
	F	496,453,556	360,887,965	135,565,591
Total disabled population (India)	T	**21,906,769**	16,388,382	5,518,387
	M	12,605,635	9,410,185	3,195,450
	F	9,301,134	6,978,197	2,322,937
In seeing (Visual Impaired)	T	10,634,881	7,873,383	2,761,498
	M	5,732,338	4,222,717	1,509,621
	F	4,902,543	3,650,666	1,251,877
In speech impaired	T	1,640,868	1,243,854	397,014
	M	942,095	713,966	228,129
	F	698,773	529,888	168,885
In hearing impaired	T	1,261,722	1,022,816	238,906
	M	673,797	549,002	124,795
	F	587,925	473,814	114,111
In movement (Ortho)	T	6,105,477	4,654,552	1,450,925
	M	3,902,752	2,975,127	927,625
	F	2,202,725	1,679,425	523,300
Mental (MR)	T	2,263,821	1,593,777	670,044
	M	1,354,653	949,373	405,280
	F	909,168	644,404	264,764

At all India level, as for the above table, the total population is 1,028,610,328 whereas the total disabled population in India is 21,906,769 which contains all the categories of disabled of both sexes.

1.1.8.3:Magnitude of Disabled in Karnataka: As per the Census of India 2001 **(The First report on Disability)** there were 9,40,643 disabled persons in Karnataka as against 2,19,06,769 disabled persons in India. The same is as follows:

Table-1.2

The distribution of the disabled by Sex and Residence-2001

(Karnataka & Bangalore Urban & Rural)

Total disabled population in Karnataka	T	940,643	661,139	279,504
	M	537,730	375,809	161,921
	F	402,913	285,330	117,583
In seeing	T	440,875	304,701	136,174
	M	241,439	164,907	76,532
	F	199,436	139,794	59,642
In speech	T	90,717	65,283	25,434
	M	50,492	36,255	14,237
	F	40,225	29,028	11,197
In Hearing impaired	T	49,861	37,381	12,480
	M	25,455	18,931	6,524
	F	24,406	18,450	5,956
In movement	T	266,559	191,449	75,110
	M	168,815	121,400	47,415
	F	97,744	70,049	27,695
Mental	T	92,631	62,325	30,306
	M	51,529	34,316	17,213
	F	41,102	28,009	13,093
Total disabled population in Bangalore Urban District	T	94,228	13,108	81,120
	M	53,945	7,553	46,392
	F	40,283	5,555	34,728
In seeing	T	47,731	5,826	41,905
	M	26,259	3,185	23,074
	F	21,472	2,641	18,831
In speech	T	7,728	1,241	6,487
	M	4,335	679	3,656
	F	3,393	562	2,831
In hearing	T	4,724	778	3,946
	M	2,467	414	2,053
	F	2,257	364	1,893
In movement	T	23,661	3,794	19,867
	M	14,938	2,450	12,488
	F	8,723	1,344	7,379
Mental	T	10,384	1,469	8,915
	M	5,946	825	5,121
	F	4,438	644	3,794
Total disabled population in Bangalore Rural District	T	39,616	32,735	6,881
	M	22,531	18,494	4,037
	F	17,085	14,241	2,844
In seeing	T	18,999	15,750	3,249
	M	10,197	8,397	1,800
	F	8,802	7,353	1,449
In speech	T	3,802	3,174	628
	M	2,114	1,735	379
	F	1,688	1,439	249
In hearing	T	2,214	1,957	257
	M	1,141	1,011	130
	F	1,073	946	127
In movement	T	10,793	8,733	2,060
	M	6,981	5,647	1,334
	F	3,812	3,086	726
Mental	T	3,808	3,121	687
	M	2,098	1,704	394
	F	1,710	1,417	293

1.1.9:Problems Of Disabled In General: The problems of the physically handicapped have many facets. In a developing country with long years of economic and social backwardness

they become much more complex and acute. The problems of the physically handicapped are varied in nature and this makes differing attitudes at various levels in society. The handicapped suffer not only from a physical deformity and sense of inferiority, but they face constantly the agony of impairment and, very often, cruel treatment by their own people, who ought to know better, and discrimination by society whether in education, employment, social life or contractual rights. The rehabilitation of the physically handicapped to be economically dependent and to restore them in the eyes of the society to live in dignity is beset with a number of attitudinal problems. This attitude of difference towards the physically handicapped has played havoc with their lives. Unfortunately this negative attitude continues to reflect at all levels; be it at the policy, planning or implementation level. What apparently lacking is the organizational efforts, political will and clear-cut policy at the national level.

The problems of disabled are same in the world. Their needs and adjustments with their environment are also same all over the world. Sociologists often view the problems of disabled in terms of physical, psychological, vocational, economic and social aspects of the individual's life. But, "the common problems of disabled persons are as follows: Communication, Mobility, Impaired physical functioning, Impaired mental functioning, Fears about the failure, Family relationship, Financial insecurity, Anxiety about settlement of claims, Personal look, Lack of favorable infrastructure, Social acceptance/adjustment, Occupational insecurity, Work adjustment (Adjustment in working environment, Adjustment with colleagues, Adjustment with superior/subordinates)."[24]

Taking into consideration the problems of the physically

handicapped, one finds that while the types and most of the causes of disabilities and the basic methods of treatment are same everywhere, "the social and psychological impact of disability would be different in different communities according to their differing social conditions".[25] The physically handicapped face problems as they attempt to adjust the demands of living in a social environment. "Their problems are not only those caused by their disability but also those of adjustment in a world whose apathetic or hostile attitude towards them magnifies their troubles and threatens their very existence as human beings."[26]

A disabled man like many other men, is a 'social being' and is, therefore, nor different from his able-bodied brethren. It is an irony, that he is not accepted by society as he is, for it invariably focuses its attention on his disabilities rather than on his abilities. They face physiological, educational, vocational, employment, psychological and social problems. Among these the most difficult is the adjustment to the hostile social forces. Society has always treated them as a strange species altogether. Often they are regarded as inferior not only with respect to their specific physical limitations, but also as 'total being'. They physically handicapped are, most difficult to resettle, victims of disease, deformity or accident, they have been further victimized by the peculiar and irrational prejudice that society has always displayed towards it's physically inferior.[27]

The problems of the disabled are myriad and their causes are also diverse. The complete lack of appreciation of their abilities to face up to the normal tasks, as are performed by other in society, "the prejudices against the negative cultural responses to them, because of their disability, the equally degrading (if not damaging) attitudes of pity and charity, mechanical show of compassion non-

feelingly meted out, etc; all create major barriers to their socio-psychological and economic adjustment with the mainstream of social life."[28]

1.2:Disability Discrimination As A Social Problem: Our society is full of problems. Some of these problems are: beggary, unemployment, alcoholism, prostitution, mental feebleness, physical illness, emotional imbalance, delinquency, orphanage, old age, social, physical and emotional insecurity and hundreds of others. Beggary and Discrimination are the biggest social problems all over the world. In India it is visible in all the public places. In spite of the administrative policies and social legislations, it is still prevalent in India. The main reasons for this problem are not only economical but also social and physical.

The effect of social and psychological disability due to labels, social stigma, bias, prejudice and discrimination among disabled is overwhelming. It has been often quoted that disabilities (leprosy, polio, mental retardation, deafness, blindness, etc) is as much a social problem as that of a medical problem. The following social problems influence the disabled in their personality. Poverty, disability are the main factors forcing the disabled into beggary. Similarly, social discrimination is also a newly identified social problem which plays a vital role in shaping of personality of the disabled. Further, it forces the disabled to change his attitudes.

1.2.1: What is Social Problem? Social problem is any undesirable condition or situation that is judged by a majority of the people within a community to be intolerable and to require group action towards constructive reform. For example, poverty, mental illness, etc[29].

Certain adverse situations that have harmful consequences

may affect societies. They may hinder the normal functioning of the society. Such harmful situations are known as social problem[30].

1.2.2: Definitions of Social Problem:

According to **Fullers** *and* **Myers,** *a social problem is "a condition which is defined by a considerable number of persons as a deviation from some social norms which they cherish[31]".*

According to, **Merton** and **Nisbet,** as *"a way of behavior that is regarded by a substantial part of society as being in violation of one or more generally accepted or approved norms[32] ".*

1.2.3: Characteristics of Social Problem:
Important are[33]: All social problems are situations that have harmful consequences for the society and Social problems affect different individuals differently

1.2.4: Types of Social Problem:
The problems, which an individual or group may be suffering from, could be, Economic, Physical, Mental, Emotional and Social.[34] Social problems can be divided into types in relation to their causative factors: such as, social problem due to economic factors and social problem due to ecological factors. Economic factors are also responsible for some of the problems, like, poverty, which aggravates high morbidity, crime, slum, illiteracy, **disability,** etc. Whereas, ecological factors lead to emergence of new types of diseases, etc[35].

1.2.5: How Discrimination is a Social Problem?
Without the social discrimination it has customarily entailed, a disability could be reasonably neutral, almost incidental, to a person's life. Was it not a social problem, disability would require no discussion. In a more just world, disability might not be a social, economic, or political problem. It would not be a topic for meetings or

discussions[36].

1.3:Interaction Of Society With Disabled: The maxim 'man is a social animal' is a universal truth. The man as an individual grows up in the society and plays a vital role in sequential order of factors of society. Like, an individual, the family, the peer group, community, environment, are the chronological evolution of the society. In this part it can be studied how the disabled born, how he interacts with his family members, how he interacts with the peer group and how he interacts with his own community in the society and vice versa are the considerable factors.

Time immemorial to mention that this planet emerged out from the Brahmanda (the universe) which was strongly emphasized in the theology, that it is a creation of the God. Gradually, creature (living things) emerged out in the consequence of, environment, ecology, human beings, families, communities and institutions formed into the shape of societies. Therefore, an individual's attitude also changed in the course of adjustment with the above. Hence, it is imminent to study the above factors briefly to understand how they will show an effect directly or indirectly on disabled. Present post-industrial society, which is predominated by science and technology, has not free from social problems[37]. Welfare measures have been taken place in society till today in one or the other form. By this way society remained development oriented as well as welfare oriented.

The word 'society' indicates collective life which is related to various groups and associations[38]; Society has differences, classes, categories etc, to sustain itself. Any difference, which existed in society, should be sorted out and social justice should be taken place. In that case, society must have the ways and means such as rehabilitation. In every civilized society, there are many

organized institutions for the welfare and progress of individuals in all the spheres. Family, School, College, University, Church, Bank, Government, Unions, Federations and Professional/Commercial groups are some of the examples.

Society is a system of usages and procedures, of authority and mutual aid, of many groupings and divisions, of controls of human behavior and of liberties. This ever-changing, complex system we call society. It is the web of social relationships. And it is always changing[39].

"Any group of people united together more or less closely by sentiments, ideals, traditions, customs, folkways, and mores which define the interests and purposes of the people belonging to that group."[40]

The term society is often used loosely. Sometimes it is used as a synonym for the word mankind or the word humanity. Often it is used to indicate leisure-class pretenses. It is frequently used instead of the word association or the world organization, as in The Society for the Friendless[41].

1.3.1: Disabled as an Individual in Society: Man, a social and thinking being, is a product of evolution of Nature. Starting his career as a creature of the environment around three million years ago he has become its molder. At no time has the human society remained stagnant or static but it has been ever dynamic to meet the challenges of changing times and new needs so that the society continues to survive and progress. Being the thinker of Nature it has become conscious of not only of his own unfolding but of the entire Nature and its existence and the future possibilities[42].

Early man was a *'Creature'* of the environment. The erect posture of man liberated his forelimbs form loco-motor functions and through his opposable thumbs he could manipulate tools

which served as detachable hands without affecting his body. It led to the development of his brain. Besides perceptual thought he developed conceptual thinking power. Empowered with the enormous power of manipulative skills and mental faculties man dominated the scene and starting his career as a creature of the environment turned into its molder and build his own environment – the psychosocial, social, socio-cultural or man-made or built environment. It includes everything developed by man through the application of his thinking faculties and tools – family, social, religious, economic, educational and political organizations; language and technology; the conscious, subconscious and super-conscious organizations of mind; as well as ideas, knowledge, will cultures and civilizations, along with physical infrastructure[43].

Three million years of man's existence on earth has passed through five successive stages of development through five main technological innovations. They are, Hunting & Gathering, Horticulture, Agriculture, Industry and Information Technology (Cybernetics). Three million years of human existence is a story of the ever increasing energy and material needs of man to meet his increasing material wants and hunger for affluence[44].

Every individual come into the world with certain heredity. We behave as human beings because we are human and are descended from a long line of ancestors who were human. Obviously our human heritage determines attitudes both by limiting certain actions and by prompting certain others. Environment is meant every element surrounding us in life[45].

1.3.2 Interaction of Disabled with Environment: Before man, all species, if they were to survive in their environment had to adapt to it. Today we know that, the development of the human species gradually in the environment and how the environment

survives with the species man in it? The environment includes everything that surround us and also the experiences to which we are exposed. In the broad sense of necessity the environment for all physical life is the bio-sphere. In a more narrow sense, environment focuses only on the physical environment: including space, materials, organization and scheduling. But when we are using the term here we need to include the psychological and social factors also. The environment with its systems of living things is of interest to everyone. Humans typically have been included as one of a series of living things showing systematic relationships to one another[46]. Only with the evolution of man has the environment met mortal danger – that of the gradual degradation or even violent destruction of its life support systems by internal rather than external cause[47].

The institutions of mankind and the reactions of individuals are, directly or indirectly, the results of natural surroundings. To what extent this is true we are yet unable to say. There are substantial grounds for belief that our physical surroundings have something to do with the way in which we behave. A number of theorists have attempted to show the importance of the physical environment upon human social behaviors[48].

1.3.3: Interaction of Disabled with the Ecology: Gradual development of human being from the creatures formed into ecology. Which comprised of a way of life of human beings? In the consequence, physical, environmental variables/factors, relationships, pollutions play a vital role in the development of human beings further leads to social, economic, political changes in social environment.

The concept of niche or way of life, is similar to the concept of a social or economic role, but it refers to the place an organism

38

occupies in the matter-energy cycle of an eco system. The structure of the human habitat may be analyzed into economic, social and political categories or strata[49]. The ecological perspective provides insights into the nature and consequences of such transactions both for human beings and for the physical and social environments in which they function[50]. It views humans as active, goal-seeking, purposive beings who make decisions and choices and take actions guided by the memory of past experiences and anticipation of future possibilities.

The ecological approach to practice establishes the persons as an adapting the coping, creative, striving for growth, mastery, and interaction with his environment. Helping relationships are based on a concept of the client and persons in his life space as active participants in progressive change, and of the worker as catalyst[51]. The concept of ecological fit may incorporate some physical variables, but it appears that social and psychological variables are more important[52].

The development implies the ability of a social system to shape (or) reshape its environment; its study should naturally be ecological in character. As **Weidner** has observed: "Environmental factors in general and cultural factors in particular are important to those who attempt to bring about major change in a society. Therefore, changes in man's culture and environment are among the goals of highest priority in the countries most committed to change[53]". Relationships between ecological concepts and human social behaviors have paved the way for others to draw more specific parallels[54]. Within any society, political, economic and socio-cultural developments interact with the administrative system, as all social systems *"enter into transactions with their environments, influencing and being influenced by them[55]"*.

The new Social Science ideas contributed to diagnostic understanding but had little to offer for professional action. While diagnosis took environmental factors into account, intervention continues to be directed to changing behavior for the most part – to strengthening weak ego functioning, i.e., poor role performance[56].

A *limiting factor* is any substance or condition, either biological or physical that has the tendency to limit or reduce the success of an individual organism, species, population or biotic community[57].

The social environment comprised the network of human relations at various levels of organization[58]. A systematic over view of a person's (family's) meaningful social network would need to include both formal (company, union, professional associations, etc) and informal aspects (work groups, colleagues) of a number of sectors[59]. In this system how a human being changes his attitude also a factor within his environment.

A social network is not simply the aggregate of an individual's social relation, but represents a set of communication paths and relational linkages such that the individual's behavior is influenced by the connection between individuals in the network, including those to whom he or she may not be directly linked[60].

Networks serve many functions for persons. A large proportion of these functions can be conceptualized as mutual Aid, which can include instrumental support, which assistance in accomplishing a task: showing some are how to do something, providing goods or services, giving directions or financial assistance[61]. "Work in bureaucratic structures and their practice is shaped by the nature of the organizations structure, policies and procedures[62]".

Service and work organizations are salient features of the

social environment which human beings have created to meet adaptive needs and goals and to which they must them adapt. Concepts pertaining to decision-making and authority structures, formal and informal systems, latent functions and goal displacements, statues and roles established for the allocation of resources and tasks, and organizational relations with the political and economic environment contribute a clearer understanding of how organizations work, and lead to action principles regarding organizational interventions[63].

The implications of density, overcrowding, and the quality of the residential environment as physical variables related to physical health first and then those related to mental health. Areas characterized by overcrowding have shown higher number of hospital – treated cases of Pneumococcus infections, Tuberculosis, chronic conditions and cases of **disability,** etc[64].

The stresses related to noise, stresses related to automobile driving, and relationships between urban ecology and physical and mental health are problems of our urban areas. Some writer's associate noise with progress but the interference, annoyance, and **damage to hearing** which can be traced to noise are a very great cost to society today. In addition to, the long range effects of sound on *impairment of hearing,* some immediate effects are the startle response, Vasoconstriction, and endocrine secretions, which tell us that both somatic and sympathetic nervous systems are being brought into play. Noise may also be used as an unconditional stimulus which lowers heart rate and as an emotional stress[65].

Driving may still produce severe energy depletion and associated deficiency in adrenalin production. This condition can lay the groundwork for altered skill and perception which lead to

accidents on poorly designed highways. The aged are particularly susceptible to these conditions since they already shown deficiencies in responding and perceiving. Further, the rate of speed in driving has the effect of narrowing our visual field and reducing color perception in the periphery[66].

1.3.4: Interaction of Disabled with his Family: After the existence of the human beings on the earth successively family formed in to a shape. Family is the basic, primary and natural unit of human society. It is the most important institution to the individual and it is a keystone of entire social structure. The institution of family has been present in every community at every stage of the evolution of the society. As an institutional aspect of family, we should note that it is a pattern of behavior according to which those participating in family life regulates their activities as they work co-operatively with other members of the family to fulfill their purposes. How a disabled interacts with his family members in his life process is an important aspect in the society.

The education of a child begins just after his birth, when he encounters his mother, and then his family. The first four-five years of a child are spent in close contact with the mother and the family – the home. It is the home where the child's education begins. He is born here and it is here that he learns how to stand up, walk, and care. Here he receives practical education. The child develops communication skills as he learns to talk, social skills as he plays, he begins to realize values he listens to stories in family itself.

In primitive society, family and kinship ties are almost the only institution that exists. All the functions of society – religious, political, economic as well as emotional and protective - are carried out through these ties. However, we will discuss these

functions: *regulation of sexual behavior and reproduction, socialization, protection and affection.*

The family is a powerful biological, emotional and social system that exists in space and through time. Most psychological theories have attested to its importance in human growth and development and literature is replete with family sagas which portray individuals living out family themes, attempting to resolve family tragedies and guilty, fulfilling family destinies[67].

In *socialization* function, the main beneficiary of the family is the child. By performing the routine acts of daily living in the presence of young children, they teach them the roles of the group. Values are taught by example and discussion. This process-socialization – occurs in an unplanned, off hand way. Hence, socialization of children is one of the most important functions of the family. The life of an individual is incomplete without family. It promotes good behavior among people. It moulds the personality of the individual. It acts as a training ground and primary school, which imparts good civic qualities of the citizens.

The relationship and affection amongst the family members play a vital role in the personality development of all the members of the family. The behavior of a member against the other member of the family influences the development of individuality. With reference to *affection,* in the family, in addition to money, presents, and other material forms of help, the family also provides *emotional support* for its members. As a setting for warm, intimate relationships the family is unmatched by any other type of social group. Indeed, a person who does not have close ties with a family suffers a deprivation that can hardly be remedied. The family may be the only institution that is found in all human societies. If it actually in universal, this would suggest that no

society could survive without families. It seems clear that any society that lacked families would have trouble meeting certain important human needs.

The *main functions* of the home are **social, economic, cultural, religious, moral and educational**. In addition, the development of child's personality begins at home. The child's interests, his speech, his moral tone, depend on the environment of the home he comes from. As an agency of education, the home performs the following functions:

1) Ensure physical / mental / emotional health of the child,
2) develop social feelings like gender equality, cooperation, sacrifice etc,
3) develop self-respect and respect of others,
4) Enhance creative powers.

Rearing of a disabled child requires individualized training and care, which cannot be afforded by the family which, has to work to earn their livelihood. Most of the disabled children come from the below average families so the parents ignore them due to inadequate resources and financial constraints. Positive experience for the child is denied and the long-term effects of these denials are serious. It is for these reason parents need guidance. To build up in a child a sense of security and happiness, which will help him to develop a happy and contented temperament, is the main factor, which will assist him to get the most from life[68].

Parents are the most important part of the child's social network. Parents are the members of the child's first environment --- home, and are the most significant people during the early, formative years. When a special child is born in the family, the parents are shocked. The frustrations arising out of the various adjustments the parents have to make in the caring of their child

and the feeling of inefficiency in coping with the situation has its impact on the social adjustment of the child. The high aspirations which the parents have about the well being children are shattered when they find out about the child's disability. Depressed parents have little faith in the child acquiring independence. They do not sustain prolonged efforts for development of compensatory skills of the child. Result of interventions for the disabled child is not seen immediately and parents lose faith even further. Unawareness of the implications of the disability conditions on the development of the child is injurious to the provision of appropriate services at appropriate time. Their unawareness of the right methodology in the treatment of such children keeps them away from providing possible assistance[69].

How widespread the influence of the family is on disabled children and on their development cannot be fully appreciate until one realizes what family members contribute to the child. Some of the contributions that are most common and most important are;[70]

- Feelings of security from being a member of a stable group
- Children can rely on to meet their needs-physical and psycho logical
- Guidance and help in learning skills – motor, verbal and social
- Stimulation of their abilities to achieve success in school and in social life
- Aid in setting aspirations suited to their interests and attitudes
- Sources of companionship until old enough to find companions outside the home or when outside companionship is not available.

Not every kind of family makes all these contributions but most of these are made at some time or the other in the childhood

years. When this happens, the child grows up to be a well-adjusted person. By contrast a home that fails to make these important contributions leads to low self-esteem and poor personal and social adjustments in the child. In later years parents find that good relationships with their children are a major source of satisfaction.

1.3.5: Interaction of Disabled with the Peer Group: It is a group of people of same age or friends at residential area or education or work area known as peer group. The meaning of group is "Two or more people who share a feeling of unity and who are bound together in relatively stable patterns of social interaction[71]. "Any group of people united together more or less closely by sentiments, ideals, traditions, customs, folkways, and mores which define the interests and purposes of the people belonging to that group"[72].

According to Max Weber "there are two types of groups – primary and secondary. In the primary group different members are conscious about their mutual relations. Family comes in this kind of group. **Secondary groups** are those whose members consider them inter-related on the basis of reasoning and ideas. Even if there is no physical nearness, the members consider one another interrelated."[73] "Two or more people who are involved in an impersonal relationship and have come together for a specific, practical purpose."[74]

1.3.5.1: Theories of Relationships between Groups:

1.3.5.1.1: Realistic Conflict Theory: Competitive or cooperative: Competition leads to conflict that lead to prejudice.

- People come to dislike members of other groups because they see those groups as competing with their own group.
- People tend to like members of cooperating groups

46

- People are motivated by a desire to maximize rewards they receive in life, even if that means taking away from others rewards
- People join groups to make it easier to get rewards through cooperation with ingroup members

Types of Realistic Conflict

Intergroup Competition Response to Domination by Out group Responses to Challenges to ingroup Dominance	Competition with equal group Domination of outgroup by Ingroup Stable oppression of Ingroup by outgroup Unstable oppression of Ingroup by outgroup Ingroup sees challenges as unjust iced Ingroups sees challenges as justified

Stable Oppression: False Consciousness holding of false or inaccurate beliefs that are contrary to one's own social interest and which contribute to maintained the disadvantaged   position of ...the group

1.3.5.1.2:Social Identity Theory: Developed in Europe, this theory was developed based on belief that American psychology was putting too much emphasis on the individual and not paying sufficient attention on the role social group membership. Social Identity-part of a person's self-concept derived from membership in groups that are important to that person.

Intergroup Bias: Minimal group paradigm

Paradigm-standard set of procedure for conducting
           research on a topic

Ingroup bias-artificially constructed on bases of trivial criteria

Intergroup Bias Hypothesis: Categorization-competition hypothesis-perceive members of out-group as more similar to each other than they actually are. (Us vs them)

- All Asians look alike
- All Black men are athletic
- Latinos or Hispanics as a single cultural group
- Yet seeing members of the in-group as individuals

Intergroup Bias Hypothesis: The self-esteem Hypothesis–having a positive social identity with their personal identities

Feeling good about oneself: We identity with a group that does well, we feel good about ourselves—positive self-esteem

Factors that Influence Social Identity

- Self-categorization
- Optimal distinctiveness
- Threat to the group
- Chronic social identities
- Individual differences

Issues in Social Identity Theory

- Ingroup favoritism versus out group derogation
- Social identity and intergroup tolerance
- Personal motives versus social identity motives

1.3.5.1.3:Relative Deprivation Theory-people feel deprived relative to what they had in the past or relative to people who have the resource they believe they deserve.

Getting less than the standard-feel deprived

Based on personal experiences or comparing one's situation with others

Relative Deprivation, Dissatisfaction, and Resentment

- Distribution justice—unfairness, favoritism
- Procedural justice—unfairness of process rewards destructive

Relative Deprivation and Prejudice

- Egoistic (personal) relative deprivation-degree to which a person feels deprived
- Fraternal (group) relative deprivation-

1.3.6: The Interaction of the Community with Disabled:

1.3.6.1: Definitions of Community:

The term 'community', as *Raymond Williams* (1976) suggests, has been in the English language since the 14th century, when it meant a community of relations or feelings. The word 'community' is commonly used in social sciences, particularly in sociology[75].

Community means *"the people who live in the same locality and are bonded together by some common social or cultural linkages or interests. That bondage or a feeling of togetherness in a community makes it responsible to the education of its constituents[76]"*.

Community means *that pattern of life in which groups and associations are formed through close relations and intimacy[77]*.

Man is socialized through various communities, which are sources of fulfillment of his social needs. The origin of it based on the human instinct of living collectively for fulfilling the needs of life[78].

1.3.6.2: Features of Community: according to McIver and Page, the major features are as follows[79]:

1. the concept of community has territorial or geographical implications
2. there are common socio-economic characteristics
3. there is an element of we-feeling and cohesiveness.

1.4: Factors Affecting In Attitude Change Against Disabled:

1.4.1: Meaning of Attitude: It may be explained as a mental

preparedness, which is capable of providing stimulus to an individual in some direction. It may be good or bad in nature. It is based on experiences. Many persons may hold the same attitude towards a certain thing[80]. We can not see attitude directly, we infer them from the things a person does. They have a powerful influence on everyone's likes and dislikes and on everyone's behavior[81].

1.4.2:Nature of Attitude: Attitudes have three components. The central component is a relatively enduring *feeling* about some object. The object may be a person, a group, an institution or something abstract. Besides feeling, an attitude usually has a *cognitive* component - The person holds some belief about the object. A belief is the acceptance of a statement, if you have a negative attitude towards something, you will also have an unfavorable belief or beliefs about it. The third component of an attitude is an *action* a tendency to act in accordance with the feeling and opinion[82].

1.4.3:Kinds of Attitudes: These are mainly two types of attitudes. One is positive and the other is negative. The positive attitude is helpful while the negative attitude is harmful. The response is favorable in the case of positive attitude towards a thing, incident or group. The response is unfavorable in the case of negative attitude. Besides, these two main types of attitudes may be made of two other types – the general and the specific. The attitude towards a sect, **group** or race will come in the category of general attitude, while that towards a thing, incident or individual will fall in the specific category[83].

1.4.4:Features of Attitude: The importance of attitudes in understanding psychological phenomenon was given formal recognition early in the history of social psychology. From the

50

time of the concept's entry into the language of psychology until now, interest in attitudes has been strong and growing. The Attitude has the following **features:** [84]

1. Attitudes affect behavior of an individual by putting him ready to respond favorable or unfavorable to things in his environment.

2. Attitudes are acquired through learning over the period of time. The process of learning attitudes starts right from childhood and continues throughout the life of a person.

3. Attitudes are invisible, as they constitute a psychological phenomenon that cannot be observed directly. They can be observed by observing the behavior of an individual in society.

4. Attitudes are pervasive and every individual has some kind of attitudes towards the objects / persons in his environment. In fact, attitudes are forced in the socialization processes and may relate to anything in the environment.

1.4.5: Societal Attitude: *Pity and avoidance* are the most widely prevalent attitudes against Disabled in Society. These attitudes can well be demonstrated by the fact that people are always prepared to part with a coin to get rid of a pestering handicapped beggar, but are never prepared to probe into the cause which forced the unfortunate man to beg in the streets. We need to think of a handicapped child or adult, not as an object, whether of pity or charity, not as a claimant, asking for alms or financial assistance, but essentially as one of us, who has the equal right to live and move with us fearlessly, and with a sense of human dignity and pride; one who does not merely want to exist as a lump flesh, but one who has a heart within, which throbs to come out of a segregated and isolated social fabric, not only for his own sake but for the sake of others who are dear and near to him[85].

Attitudes alone do not influence behavior but these act with other factors in the individual influencing behavior, such as personality, perception, motivation, stigma, prejudice, discrimination, etc. Further, the individual dimensions as well as the objects, persons, and ideas also affect attitude. Attitudes have been thought as serving four functions and thereby influencing the behavior. These are utilitarian or instrumental, ego defensive, value orientation, and knowledge. These functions of attitude affect the *differentially* able individual's way of interpreting the information coming to him[86].

1.4.6:Social Prejudice: The **prejudices** are learned. Though there are different approaches as how learning works and is acquired by individuals generally, it is held that individuals learn things from the **environment** in which they interact. Thus, for prejudice formation, all those factors must be taken into account from which people learn. Such factors may be analyzed in terms of groups. Starting from the family as a group, an individual moves in a close group, then to larger groups and then finally to the society as a whole. Apart from these groups, the individual's psychological make-up particularly his personality is also responsible for shaping his behavior and attitudes[87].

1.4.7:Attitude Change towards Prejudice: There is often a paradox of differences in that people need them to provide stability to social world yet world is a changing one and people must change their attitudes appropriate to the situation. The prejudice change appropriate to person or group requirement is more important because prejudiced affect behavior and only a certain behavior is desirable from work place or employer's point of view. Organizations or groups adopt a number of techniques for changing prejudices of their members so that their behavior

corresponds to the group or societal requirement. However, whatever the techniques for prejudice change is adopted; they can be effective only if basic characteristics of prejudice and their nature are kept in consideration. Though various theories of prejudice formation and change exist, which help in understanding prejudices and the techniques through which they can be changed, the change techniques can be more effective, if three basic factors are considered adequately: (a) the characteristics of prejudices, (b) the personality of prejudice holder; and (c) the group affiliation of the prejudice holder. These factors have been derived from two sources: theory of prejudice formation and the factors affecting prejudice formation.

There are various methods through which a positive change in prejudice may be brought about such as: (a) communication of additional information , (b) approval and disapproval of a particular prejudice, (c) group influence and (d) inducing engagement in discrepant behaviour. In some or the other, all these methods involve introducing discrepancies among the elements making up the individual's prejudices in the hope that the elements will be re-balanced through the effective component of the prejudices. Thus, in actual practice, the central variable in prejudice change is the feeling component with the prejudiced object. From behaviour development point of view, rehabilitation professionals can take following actions in bringing change in attitudes of persons against disabled by (a) group action, (b) persuasion through leadership, (c) persuasion through communication, and (d) influence of total situation.

1.4.8:Prejudice Change towards Discrimination: An overt action of prejudice lead to discrimination. It is subjective attribute of people. It can be regarded as constructs in the sense that it is

conceptualization of human qualities that are formed on the basis of evidence. Thus, people may vary along a number of dimensions of discrimination. Keeping this aspect into consideration, the discrimination might be defined operationally by describing the measurement systems that psychologists use to measure it. Its measurement developed largely by social psychologists is concerned with efforts to tap these discriminations, as they are characteristics of individual.

1.4.9:Impact of Physical Factors on Disabled: The impact of physical factors on disabled are *body, disfigurement, congenital or acquired deformities, traumas and attitude of towards/self image* are causing disabled in the society. Physical imbalance, damaging of any organ of the body, dismemberment or disability of any organ or limb due to accident bring change in the personality[88].

1.4.9.1:Body: Whatever importance an individual carries in his environment emanates from two factors – the physical factor and the mental factor. When the physical development taken place without any hindrance and the individual possesses a healthy and handsome body, people are attracted towards him and praise him for his physical make-up. Disabled or disfigured and short stature children are made fun of by other children of their age group[89].

1.4.9.2: Facial **disfigurement** is one of the humanity's most intolerable handicaps. Wearing a defect where all may see, the facially disfigured suffers from the *highest stigma.* More than anything else it is the person's face that is the mediator between the individual and other people. In addition to these humiliations, major obstacles confront them in their efforts to make friends, attract members of the opposite sex, marry, or find employment. In addition, behavioral disorder, like, feelings of inferiority,

54

shame, self-consciousness, anger, hyper-sensitivity, anxiety and paranoid complaints to complete withdrawal, anti-social behavior and psychotic states.

1.4.9.3: Congenital or Acquired Disabilities: Except congenital disabilities or those experienced in early childhood, oblige the affected individual to incorporate the disability into the formation of his body image. Available evidence indicates that there is a considerable degree of resistance to altering one's body image, especially when the necessary alterations are negative, disagreeable and de-evaluative to one's self-esteem. The disabled like all other minority groups tend to be evaluated more on the basis of their categorical membership than on their individual characteristics. The disability trait overshadows and qualifies all other traits and abilities.

1.4.9.4: Traumas: It involves crushing injuries or lacerations which are so extensive that reconstruction is not possible, or in which the destroyed tissue and loss of blood threaten the life of the victim.

1.4.9.5: Attitude toward Body/self-image: Locomotion brings the physical entities and its limitations closer with restriction up to certain extent. It may also lead to different thinking about him in leading to different attitude toward his body or physique or their self-image. Physical entity shapes personality and self-image shapes behavior. Both are important for attitude formation.

1.4.10: Impact of Economic Factors: The impact of economic factors on disabled is poverty which directly or indirectly connects with malnutrition, disease, unemployment; environmental problems and beggary are as follows:

1.4.10.1: Poverty and Inadequate Diet: In India poverty is widespread and massive, and chronic semi-starvation is to be seen

everywhere. There is now ample evidence that an adequate diet for the mother during pregnancy and lactation and for the child in the early years of life contributes an essential component to the mental as well as physical well-being. To many who live their whole lives in poverty and chronic under-nutrition, its direct and indirect effects upon the developing brain may be far-reaching.

1.4.10.2: Poverty and Environmental Problems: There is ample evidence at present that environmental factors make a significant contribution to variation in intelligence and this type of mental retardation is a socio-cultural problem. The conditions like, lack of stimulating environment, lack of verbal communication with adults, poor sensory experience and other deleterious environmental factors usually associated with poverty can be seen.

The environment of the child in the urban slum or a poor child in the isolated village is also non-stimulative. In India where millions of children grow up in poverty in comparatively static rural environment and where schooling is non existent or is of a low and poor quality the problem of mental retardation due to lack of social stimulation – a type of "cultural deprivation" – is something that cannot be overlooked

1.4.10.3: Poverty and Beggary: Poverty (Due to sickness, mental diseases, and accidents) and unemployment are the most crucial causes of beggary in disabled. The persons who cannot get any job of any kind are left with little option but to beg, borrow or steal.

1.4.10.4: Poverty and Malnutrition: It results in low income, sub optimal diet, chronic hunger and so on. These lead to malnutrition, which lowers the resistance to all diseases. It also brings over crowding of population. In an urban slum or rural area, in a

family, many people live in a single room. When one member of the family suffers from one communicable disease, he is in close contact with others and, thus, can easily transmit the disease to them.

1.4.10.5: Poverty and Hygiene: We also confers that poverty is the root cause of unhygienic environmental sanitation and poor housing, which in turn, induce respiratory infection, skin infection, accidents, etc[90].

1.4.11:Impact of Psychological Factors[91]:

1.4.11.1: Emotional Problem: Every individual in the world wants to live and takes precautions for survival. But there are some patients in whom this 'will to live' is not strong. Death is more welcome to them due to intensive suffering and emotion. Thus, a mind, which is concerned with death, helps to prepare the body for the disease, and illness, in turn, intensifies the mind's activity along those lines.

1.4.11.2:Anxieties and Tensions: Everybody suffers from it in day to day life. Though each one develops from the childhood onwards, there are various mechanisms or techniques for relieving or controlling anxieties. Many persons go on involving themselves into too many activities in order to regulate them. The people make these activities or techniques permanent habits in their adulthood, against which they cannot revolt. Thus, there are varied personal factors that play significant role in people's life, sometimes become very embarrassing in the real life situation and expose many psychological disorders.

1.4.11.3:Fatalistic Attitude: People depend on the fate and feel that all the illnesses will be controlled by the god. This attitude brings lethargy and inertia among them. On the part of the individual as well as community it is a stumbling block and

broadens the scope of diseases.

1.4.12:Impact of Social Factors:

1.4.12.1:Beggary: There is no adequate provision of the treatment and social rehabilitation of blind, deaf, dumb or handicapped. In the absence of any reasoned alternative such persons feel compelled to beg. The following factors forcing the disabled into beggary: There are the beggars who are blind, deaf or dumb or one-legged or legless. They easily are able to arouse public sympathy and pity and are considered deserving of public help. However, in this category are also beggars who have been subject to most inhuman and cruel treatment by other beggars. Many beggars kidnap children and mutilate them in order to use them as their pawns in beggary[92].

1.4.12.2:Low Intelligence: Low education, personal ignorance, may people do not know the nature or causes of a few killer diseases and do not take any precautionary measures. As a result, the leprosy caused[93].

1.4.12.3:Social Stigma: Many diseases, such as leprosy and so on bring shameful feeling or reputation to the patients. The main cause of it may be the sense of rejection that prevails upon the minds of people living in the family as well as in the community[94].

1.4.12.3.1: Influence of Social Stigmas: "Society expects the disabled, to correct the 'vocational' and 'dependency' aspects of their deviance but not their 'social' deviance. Thus the key to remain 'normal' (non-disabled) is not the absence of disability but rather the lack of a societal label of deviance. Therefore many disabled attempt to avoid this label. A person who views his disability as a stigma tend to feel uncomfortable in the presence of other PWD but he may also resist association with persons who excel in precisely those characteristics wherein lie his lacks. One

might suppose that a stigmatizing, underprivileged social position would predispose the individual toward feeling inferior as a person. Indeed, feelings of inferiority are mentioned with considerable frequency by experts and laymen alike as characterizing disabled groups. Furthermore, inferior status is not the only psychological situation in which a person with a disability is placed. At times he may be looked up to and may even enjoy an exalted position. The majority group may sometimes give genuine commendation, as when the person is acknowledged who achieves in spite of his disability, and certainly respect, encouragement, and acceptance from family members and close friends are not infrequent. A person who feels ashamed and inferior because of his disability avoids identification as a person with a disability. By keeping his disability to himself, he tries to prevent it from becoming a social fact, hoping that thus he will not suffer rejection from others and society. In one sense he is correct in his basis for this course of action for, having a disability, he will be ill received by some persons and meet discrimination in some situations of possible importance to him for example in employment.

Unfortunately, the law of the land tacitly supports the social stigma in contrast to the laws relating to other stigmatized groups like the untouchables in whose case, law gives them some protection and even help. The social stigma attached to leprosy is universal in all societies, unlike the stigma attached to racial and untouchable groups. The stigma of leprosy creates brotherhood of leprosy patients distinct from such social groups as family, class or caste.

For example, Leprosy patients are more dis-privileged in society. A leprosy patient is driven to a stigmatized status at any

period in his life after living a richer life in his social group in which he is born. In the life of a leprosy patient there is a sudden change in his status irrespective of whether he belongs to a particular class, caste or religious group. The disease of leprosy therefore makes a patient more dis-privileged than the socially dis-privileged. A leprosy patient rejected by the society is however deprived of satisfaction of his bio-psychic needs.   It is the nature of the disease, slow progress of scientific knowledge, ignorance and/or indifference of the law givers and prejudices of the people which are responsible for the stigma attached to leprosy. Leprosy patients are driven to beggary due to prejudicial attitude of the society.

1.4.12.4:Labels: Identifies individuals or groups according to a category assigned to them. PWD discriminated by various names or tags or titles or labels such as physically handicapped, physically challenged, mentally handicapped, mentally challenged, specially challenged, handicapped, differently-abled, specially-abled, disabled and with local literal labels basing on their body/dis-figure or economic, behavior and their handicaps in making things.   This amounts to discrimination depending upon the intensity of prejudice or bias. By what name or label these people should be called to respect and safeguard their rights and how to bring them to the mainstream is a very big question ahead.

1.4.12.4.1:The Disadvantages of Labeling are:

1.Labeling tend to focus on negative feature of disability. This leads people to think only in terms of the inadequacies or deficiencies rather than the positive characteristics or strengths of the person.

2.Labels lead to stigma and inappropriate social responses. Labels may lead to teasing, ridicule, rejection, shame, guilt,

pity and to poor self-concept.

3.Labels promote myth and half-truths that are based on assumptions which 'explain' an individual's status or behavior.

4.Labels take on certain permanence. Once labeled, the person carries the disability with them throughout their life. This can lead to a lowering of expectations resulting in a self-fulfilling prophesy.

1.5:Causes Of Social Discrimination Against Disabled: The discrimination which exhibits itself in varying forms of neglect to the disabled physical and emotional needs ensures that few persons with disabilities survive beyond the first eight to ten years of childhood and if they do, they learn rather early in life to be resilient, self reliant and expect little by way of emotional and physical support. The following are the major causes of social discrimination against disabled;

1.5.1:Social Inequality: We have said that the biological, inherited characteristics such as differences in strength, intelligence, age (Age is another characteristic that is hardly "achieved" and yet it is a basis for social discrimination), sex, height and looks may be the standards (Sociologists are often interested in whether roles are assigned on the basis of standards over which a person has some control (achieved status) or over which he or she has not control (ascribed status) for assigning status. However, what makes such traits important in the judgment of a society's members. Height would not make any difference unless people decided that it was important, and the same goes for sex, age, and many other traits. In some societies, for example, fat women are considered gorgeous; in others thin ones are; and in all others a women's shape is not important. This example shows that stratification on the basis of physical characteristics is still

61

determined by social judgments. No biological trait is a standard for social classification until it becomes part of the beliefs, attitudes and values of the members of the society.

1.5.2:Poverty: Disability affects nearly every fifth household in developing countries and is a prevalent contributing factor to family's poverty. What aggravates the situation is the fact that poverty is identified as one of the main causes of disability, especially, the lowest strata of society, who live in precarious conditions without education, hygiene and health care. Disabled people are more likely to be poorer than their non-disabled peer because of the discrimination, which accompanies disability, not because of the impairment itself.

1.5.3:Human Physic: It has a central place in naïve, common-sense psychology. It is generally believed that a person's body influences his behavior. Deformities and imperfections of our bodies, as lameness, crookedness, deafness, blindness, be they innate or accidental, torture many men: yet this may comfort them that those imperfections of the body do not a whit blemish the soul, or hinder the operations of it, but rather help and much increase it.

1.5.4:Disfigure: We live in a society that places high values on both a certain conformity and physical attractiveness. In our culture the way one looks makes a difference in the responses one gets. A person who is 'ugly' is devalued and set apart. If one happens to look different, one is likely to receive differential treatment and in turn to begin to feel different. To be *disfigured,* therefore, is to be an object of staring, curiosity, pity, rejection, ridicule, remarks and *discrimination.* These reactions and attitudes are frequently more damaging to the individual's self-image than the reflection in the mirror. Such persons find it an ordeal to more about in public. Their anonymity is attacked,

strangers question them, or they are shunned altogether.

1.5.5: Physical Disability: If a person with a *physical disability* is unable to participate in some activities that are highly valued, his space of free movement is felt to be restricted. Part of the restriction may be due to the physical limitation itself. Adjustment to physical disability is only beginning to be regarded as a serious area of investigation.

1.5.6: Physical Attribute: It may become handicapping not because it is physically limiting but because it adversely affects social relationship. The obstacles that the disability interposes may be as much social in character as physical with some disabilities, as in facial disfigurement, the handicapping factors reside almost entirely in negative social implications.

1.5.7:Self Devaluation: It is seen in aversion toward a person with a physical disability which leads to devaluation. *Self-devaluation* as felt by the person with a disability is also manifested variously. As long as physical disability is linked with shame and inferiority (Inferiority spread to total inferiority of the person) realistic acceptance of one's position and one's self is precluded.

1.5.8:Lower-Status Position: Shame, self-pity and inferiority are difficult psychological states (the psychological aspects of disability may be more handicapping than the physical aspects), and the person will muster varied and persistent efforts in order to overcome them. The effort to raise one's self-esteem may be directed toward one's own self-acceptance, or toward hiding or weakening one's identification with the devalued group. The Somato-psychological relationship involves social-psychological factors: that is, condition that depends upon the interaction between the person and others.

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67