

## Research Article

# Can We Say They are also Beautiful? Disability is not a Curse

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**Abstract:** Throughout the world negative connotations and scapegoating of individuals with disabilities is far too common. The purpose of this article is to examine the history that shows how persons with disabilities are viewed, and ends with suggestions on how to improve this perception in countries where these productive citizens may not be fully valued. A critical review was conducted by dividing the definition of disability into five different perspectives (historical, religious and theological, legal, socio-cultural, and developmental), and concludes that when viewed through an international lens, traditional dogmas continue to exist. The belief that disabilities are '*divine punishments*', and any subsequent miseries related to the disability are attributed to misdeeds from a past life. Beliefs that foster this negative perception support mistreatment and allow for the continuation of unfounded negative stereotypes. Understanding and exploring these beliefs is considered the first step in changing these negative perceptions.

**Keywords:** Body; Beauty; Disabilities; Religion; Stigma; Negative Connotations

## Introduction

Most people would agree that we live in a world where beauty is often measured by a person's physical characteristics. The emphasis on physical attributes are often highlighted in the media where portrayals include the picture of 'perfect body' and belief, starting in childhood, that those who do not meet this expectation can be ignored or degraded. According to the phenomenology of perception, an intimate connection between body, experience, and image is pre-requisite faith for looking 'perfect' as loss of a body part can be devastating for self-identity (Landes, 2012; Merleau-Ponty, 1945). Some individuals have defined 'perfect' as a state of being where all of the facets of the individual are portrayed without flaws, blemishes or defects (Fontaine, 2003). This intense focus on the physical appearance of a person points out flaws and develops a 'belief' in the gap between 'ability and disability.' If first impressions guide any future interactions, individuals with disabilities could be viewed negatively and treated harshly stopping others from wanting to seek further contact thereby blocking the ability to see the inner qualities and intellectual giftedness of the person.

Seeing these limited portrayals of beauty can also lead people with or without physical disabilities to believe that they too need to have the perfect body and will strive to achieve it. Working hard to meet this standard of having the perfect body can leave people feeling inadequate and frustrated. It can also help to determine the type of person that is sought for a mate or life partner as well as those active socially and in community. When a selected partner does not meet this expectation, they may be rejected or treated with disdain (Fontaine, 2003; Mekoosha, 2006). As society developed from an agrarian one to more industrialized, the

social and community exposure has increased and with these changes so has the potential to stigmatize someone for their physical attributes. The connection with such stereotyping was assigned to women in particular, recognizing them with the faith and desirability based on their beauty (Goffman, 1963).

Due to the intense pressure of industrialization and mass performance those individuals that were not able to keep-up were perceived as different and were segregated. This type of segregation was described as *aesthetic anxiety* and highlighted the tendency of 'public morality' to reject deviations from normal physical appearances (Hahn as cited in Oliver, 1989, p. 8). This meant that presenting as aesthetically pleasing was somehow connected to the assumption that the individual was also efficient and effective in his/or her capabilities (Goffman, 1979). Supporting this belief countries adopted Galton-led approaches that mainly focused on creation and use of intelligence tests designed to screen-out those who were more intelligent from those who were not (Lewis, 1989).

Furthermore, the negative perception of individuals with disabilities was further fostered through medical science with the assumption that any form of diversity in the human body was undesirable. This assumption, sanctioned by the medical field, offered a means to get rid of such 'anarchic bodies' (Peters, 1994). This left such people to be viewed negatively and constructed socially as carrying an unusual genetic character; allowing these individuals to become primary targets for discrimination. Historically, women in particular were targeted and scrutinized with the belief that these women should refrain from the reproduction of imperfect bodies (Fontaine, 2003; Frohmader, Storr, Cooper & Fontaine, 2000). Unfortunately, this type of negative thinking that '*disability breeds disability*' resulted in various discriminatory practices. And it highlighted the popularity of genetic testing, abortion, and sterilization to avoid the possible reproduction of 'faulty' bodies (Kaplan, 1994; Pastina, 1981; Peters, 1994). This assumption was later supported further by the discovery of DNA in the 1950s which opened new ways to access for understanding about the workings of a body, and to justify the creation of a physically-perfect human. However, given advances in medical science, either unintentionally or not, about how perfection can be identified has supported myths of disability being viewed negatively in many societies (Peters, 1996).

Images of the ideal body supported by portrayals and expectations of modern society often exclude individuals with what is perceived to be a 'non-perfect' body. This exclusion involves social situations and ties that do not match with the ideal body stereotype. These occurrences of exclusion can affect the person's physiological, sociological and emotional aspects, which can lead to what some have termed as a syndrome of mental rejection (Ganai, 1994; Gardner, 2002). This over-valuation of what is considered the physical ideal has left those with what are considered 'non-normative' bodies treated with the stigma of being viewed as unproductive, imperfect and useless. Since they can become the target of social rejection these persons with 'non-normative' bodies may be ignored and avoided by others (Ferreira & Guimarães, 2003; Furnham, Badmin & Sneade, 2002). If not supported by close relationships and family the social rejection could in turn end in their 'social death' and it is witnessed more or less everywhere in the world (Humphrey, 1999).

Beyond the question of impairment and functional limitations, critical disability theory views disability as an issue of social values and institutional priorities that who and what gets valued, and who and what gets marginalized (Pothier & Devlin, 2006). The theory asks to interrogate a system of justice that is based on a politics of faith “just us” (the so called abled-bodied). The World Health Organization (WHO, 2011) stressed this concern by reporting that 15% of the world’s population was being discriminated against purely based on the fact that they had ‘non-normative’ bodies. This physically present body-wise bias has led to the scapegoating of individuals with non-normative bodies. The purpose of this article is to examine the literature to explain how perceptions and beliefs about the body image have influenced what is considered physically and emotionally ‘non-perfect’, and how it relates to helping all individuals to maintain accepted and productive roles in society.

## Methodology

This topic was researched based on secondary data retrieved from a variety of sources: websites, books, doctorate dissertations, and articles on history and attitudes towards disability. Body; Beauty; Disabilities; History; Religion; Negative Connotations; Social Stigma; Disability Rights; Discrimination; and Development were used as “keywords” for searching literature on various aspects related to this study.

In order to better understand the distinction between normal and abnormal; pure and impure; and healthy and unhealthy; Stiker (1997/2005) argues to look at religious and supernatural and moral and medical worldviews. The disability studies theory is a synthesis of social constructionism and critical theory that places disability in resisting notions of stigma and gives a way to examine barriers by applying social, cultural, religious, historical, and philosophical perspectives to study disability in a society (Cory, White & Stuckey, 2010). So, the literature retrieved from various sources was examined to gain insight on the subject matter and information from less-authentic sources was discarded. The literature then by sorting out into five different perspectives: historical, religious, legal, socio-cultural, and developmental was critically reviewed and analyzed to conclude the situation.

## Review and Discussion

### Historical Perspective

It is believed that a critical part of the foundation of western civilization can be better understood by examining the beliefs of the ancient Greeks. Their philosophical, architectural feats and artistic endeavors have had a profound effect on the culture of the entire world (Devonport, 1995, as cited in Barnes, 1997; Risebero, 1979). It is often overlooked, however, that the Greek economy had a history of violence that flourished on slavery and was based on an overtly patriarchal and hierarchical foundation. Early Greek society has been universally renowned for asserting personal rights and ensuring that people were treated with dignity. However, these courtesies were only extended to Greek males, which generally ignored the rights of women and non-Greeks and thus enabled this civilized society to justify oppression

and exploitation. Since the Greeks lived in turbulent times and were often prone to war, military service for Greek men was obligatory. Greek society was composed of semi-autonomous city states and these areas often remained engaged in war against each other as well as with other neighboring areas. To some extent this was assumed necessary in order to maintain a constant supply of able-bodied slaves (Cahn, 1990; Russell, 1981). Hence, infanticide of sickly, weak or disabled infants was widespread and to avoid the loss of physical prowess and productivity in some states it was mandatory (Tooley, 1983). A reflection of the expectation of male supremacy and concentration on physical attributes is outlined in detail in a section entitled '*How to recognise a child that is worth raising*' from a gynecology manuscript written by a Greek physician, Soranos, in the second century AD.

Unfortunately, recognizing individuals with disabilities as a personal flaw is not limited to early Greek societies. Perhaps, ancient Greek society profoundly affected others to continue to shape western society in the same manner (Stiker, 1997/2005). In Roman societies for example individuals with physical disabilities were portrayed as jesters serving at the pleasure of nobility in the Roman Empire (medieval courts). This was also followed by the acts of their infanticide during the Renaissance. Infants and those with physical abnormalities were drowned and burned during the Spanish Inquisition, or kept in cellars in correctional institutions. Another notable area in history was the Nazi German era with quotes such as '*exterminated disabled and impaired persons first*' providing another example of how these perceptions have been supported over time (Greenwood, 1996). The philosophy in Nazi Germany that supported the extermination of the disabled was the perception that impaired bodies were unproductive and caused an extra burden on society (Imrie, 2001). Thus, for Nazi Germany the punishment and ostracism of disabled individuals was considered as a solution suitable for the society. During the Holocaust in Europe, nearly 100,000 children and adults with disabilities were killed as they were considered morally bad or genetically flawed. Many other examples of unfair treatments can be found throughout the history (PACER Center, 2004; Wray, 2002).

Though, it was beyond the scope of this article to explore all historical trends many countries and societies supported this belief of inferiority. For example, in America, this was evident in the 1800s where in colonial America an 'Institution for Idiots' was founded in Massachusetts in 1848 along with the dehumanization in the orphanages of the nineteenth-century.

To summarize, it can be argued that there are breaks in how we have historically viewed disability but the older worldviews continue to shape our present view, so it is important to use history to illuminate the present (Stiker, 1997/2005).

### **Religious and Theological Perspective**

Religion and religious beliefs provide the foundation for many of our societal beliefs. Using religious dogma and power to explain the unknown means the teachings can have the power to control behavior. Religious lessons guide what people believe to be true, and how they should act in accordance with these beliefs (Goldberg, 2006). Thus, the public and

private behaviors are often governed by these codes of conduct described in religious law. For example, in biblical prophecies such as *'The Jesus healed the lame and blind'* (New Testament Stories, 2005, pp.100–101), if these religious teachings are examined it can provide an understanding about disability, and how images of deformed bodies have been displayed. In fact, religion has been entangled with *secular power* and *polity* to exploit its relationship with the establishment to effect well.

The religion in discussion here is limited to the three versions of Abrahamic traditions: Judaism, Christianity, and Islam, and Hinduism based on Hindu theology. Judaism, Christianity, and Islam fall under the umbrella of the Abrahamic traditions as all three recognize the historical figure Abraham and his descendants as central figures in their faith and beliefs. There is significant overlap in the sacred texts of each faith and in each of them evidence can be found related to the treatment of people with what are often considered non-normative bodies.

The *Yahweh* stories are considered central in Hebrew tradition. In the *Yahweh* stories, disabilities are generally documented as negative degradations of the 'perfect' body. These disabilities are perceived as divine punishments. People with physical impairments were considered impure and a potential threat for bringing pollution to their surroundings and other people (Hentrich, 2007). Jewish law describing the need for perfection in both the sacrificial object and the preparer of the sacrifice is well discussed in this regard (Miles, 2002a, 2002b).

The David stories also communicate negative images and roles for people with disabilities in society. Meribaal, one of the sons of Saul, was spared from being killed with the notion that he was no threat to David because he had a physical disability (lame/or crippled) that would legally exclude him from assuming the throne (Schipper, 2006). Meribaal's inability to rule is unclear. Yet it seems that purity law associated with the religious practice was responsible for his disqualification, and his disability lead to beliefs related to the status of reduced manhood.

In addition, after assuming power in Jerusalem, David banned persons with disabilities from the temple (Hentrich, 2007). Whether it was due to revenge from those who opposed him or because of the issues of 'purity and pollution', the writings of this nature continued to provide a foundation for marginalizing persons with disabilities in multiple aspects of social life (Bishop, 1995).

Christianity is believed to get its roots from the Hebrew bible as the Old Testament became a separate religion with the birth of Jesus. The New Testament contains stories of what happened during and after the birth of Jesus and the themes outlined are rooted in social expectations (Miles, 2001). Disability carried a markedly different meaning and function in the New Testament. Rather than simply considering disability as a punishment, people with impairments became a medium for God to communicate messages of mercy and power. As explained in the book of John people are born with impairments in order to provide opportunities for God to demonstrate his power. They are not manifestations of the sins of their parents (Miles, 2001, 2002b). Moreover, there is long history of showing both negative

and positive attitudes towards disability with the interpretation and reinterpretation of the New Testament on a regular basis for centuries.

For instance, it has been widely misapprehended and caricatured that in sixteenth century a renowned reformer Martin Luther made remarks about babies with impairments based on his belief that they were not actually human babies but rather incarnations of devil (Miles, 2001). Indeed many disabled persons were receiving humble attention and a kind treatment from the services of Church but for curing and healing purposes, in which the goal was 'normalization' of the bodies of persons with disabilities (Eiesland, 2009). No doubt the most famous and sacred saying that Jesus heals the wounds by forgiving sins served as basis of social reforms for improving the lives of individuals with non-normative bodies. Yet, the overwhelming interpretations of the Jesus narratives contributed to set disabled people apart from society by creating an implicit message that those who are not healed or cannot be healed are not like us.

The word Islam means submission to the will of God. Muslims believe that one is born in the body that the God bestows on one to have, otherwise they all are equal. Only God is perfect. Physique matters less in Islamic lessons. Therefore, to dishonor or exclude people based on their non-normative bodies from life is an act against the will of God (Miles, 2002b). Impairments are considered normal aspects of the human experience. Although health is benevolence from God, disease, disability, pain and suffering are not divine punishments or wrath. These happen only to test patience and commitment of believers with the faith as well as with God. Those who observe patience here in this life will receive a great reward in the Hereafter (Islam, 2009). The Quran not only calls for inclusion of such people in social life but also gives them concessions in various obligations and commands for their social protection in several ways. The Holy prophet Muhammad (peace be upon him) behaved decently with disabled people by showing his humbleness to their particular circumstances, and commanded not to consider such things which should stand in their way of leading to live a normal life (Pervez, 2014).

Besides such provisions in religion, the symbolic use of various types of infirmities in the interpretations of religious lessons provides a justification for people (to some extent) to turn their back on the disabled individuals. And in Muslim societies they are disregarded in various walks of life for one or the other reasons and often treated pathetically. Several demeaning titles are used to undermine them. For instance, in a Muslim society like in Pakistan although a compatible faith- and intellect-oriented reflection is well documented (Khan, Watson & Chen, 2017) instead of calling the actual names, the disabled are often called by demeaning titles at public places. A glimpse of those titles used as a routine matter with regard to a disability is as follows:

- *Langra* – (a person with mobility impairment)
- *Kana* – (a person with visual impairment of one eye)
- *Andha* – (a person with visual impairment of both eyes)
- *Tounda* – (a person with hand or arm impairment)

- *Gounga* – [a person unable to speak (Dumb)]
- *Behra/Dora* – [a person with hearing impairment (Deaf)]
- *Pagal/Kamla* – (a person with mental retardation/ intellectual disability)

As a result, disabled people often fear coming out at public places and mingle with social as well as religious gatherings. In addition, the concept of *Jinns* behind intellectual disabilities largely prevails in rural belts (Alam, 2014). In some other Muslim majority areas in West Africa, harmful practices of infanticide and trading in body parts of children with disabilities rooted in local traditional beliefs have also been documented (see Kumar, 2013).

Hindu mythology connects physical differences in appearance to the actions performed in a past life. For instance, mental and physical sufferings are considered as consequences of past inappropriate actions (Whitman, 2007). The stories in Hinduism portrayed disabilities negatively by showing people with disabilities as cruel and evil. The stories of a blind king Dritarashtra and the lame *Shakuni* are documented evidences in this regard. Lord *Vishnu* refused to wed a woman because of her being dark and disfigured by saying that disabled people have no place in Heaven. He preferred to marry off the woman to a tree (Bhambani, 2003; World Bank, 2007).

In a World Bank survey (2007), half of the respondents believed that disability was a curse of God; and thus, disabled people were being denied their entry to temples in extremist parts of India (T.A.A, 2013). An identical situation appears in Buddhism as well where disabled persons are considered as those who “*berated and laughed at those bowing to Buddha’s*” (Buddhist Text Translation Society, n.d.). These individuals are being punished now for those misdeeds within a past life. The idea of ‘*karma*’ has created a further deception in this regard with the super-added suffering of disabled individuals beyond their physical sufferings. They are demeaned by giving a title as ‘*Mongol*’ (Bualar & Ahmad, 2009). The Confucius and Zoroaster theologies also regarded them as ‘children of a caring God’ – the underlying meaning that they have abnormal bodies with ‘weak minds’ (PACER Center, 2004).

There is no single founder in Taoism and Shinto mythology. Taoists believe in harmony among nature and humans in an uncertain world with changing ambiguities. For Taoists, a main goal of healing is harmony and balance of the *yin* and *yang* which can reinforce prejudice against disability. According to Taoism, disability results from a ‘*disharmonious fusion of nature and man*’ (Lam, Tsang, Chan, & Corrigan, 2006). Hence, an individual with a disability can expose an imbalance, and a problem that needs to be fixed and realigned. We can uncover the social meanings of disability in ancient Japan by looking at the representative tales of Shinto mythology. According to the ancient tales of the *Kojiki* and *Nihonshoki*, *Hiruko* is the first child of Japan's creation god and goddess and is born with a physical disability. He is deemed ‘*a no-good child*’ by his own parents and therefore, is cast away into the ocean (Goto, 2004; Yokota, 2015).

Sikhism asks for truthful living, contentment, humility and compassion, attainable through meditative practice and selfless charitable service. Those who choose to be initiated

into the Sikh way of life are known as 'Khalsa': meaning 'pure ones'. While talking about their spirituality, the first Sikh Guru Nanak (1708) is reported as saying "I am blind, mute, crippled and totally lacking in understanding; O God, Preserver of all, please preserve me!" (Guru Nanak p. 530, line 1 cited in Disability Forum, 2005). It seems referring disability to an inability (Hussian, 2005; Sandhu, 2005).

In other words, the cause of impairment in spirituality is concerned with spiritual power. Hence, it develops a pathetic fallacy to address the issue with spiritual maneuvers, such as exorcism and faith-healing (Kristiansen, Vehmas, & Shakespeare, 2009).

### Legal Perspective

The word disability was coined approximately 500 years ago in the legal field (Hasnain, Shaikh, & Shanawani, 2008). In legal systems, social inequality and rule of law are closely related, and the court of law is an arena that is known both to produce and reproduce social inequality (Lundberg & Simonsen, 2015). The core concept of intersectionality is the entanglement of various differentiating social categories and their impact on individuals, social practices, institutions, and cultural beliefs of power relations (Gullikstad, 2013).

The early laws in ancient societies: Greek, Roman, Arab, and Chinese provided sets of compensation schemes with precise payments for the loss of a body part but without taking into account *the loss of ability to perform specific tasks or jobs*. For instance, in Arab law, the price of compensation for loss of a body part was fixed according to the worth and value of the part. For instance, the loss of a penis was compensated by the amount of length lost, and the value of an ear was based on its surface area. In the same manner, all other early compensation schemes were also consisted of injury-specific compensation schedules (Guyton, 1999).

Later in more modern times, secular charity took part in addressing disabled people, and as a result, disability started gaining legal status to some extent. Greenwood (1996) revealed that development and placement of the English Poor Law 1601, the German social legislation in 1880, the workers' compensation laws in 1920s, and the Social Security Disability Insurance Program in the United States were the first partial legitimizations of the inevitable impairment and disability.

The English Poor Law of 1601 was the first legal response to disability which secularized the protection of persons with 'special needs', and scrutinized vagrants getting charity together with the people of 'special needs', and categorized needy people on a work-based system which helped to define disability but narrowly. In actuality, with this law, Queen Elizabeth's government only divided the needy into three groups. The disabled persons were placed in the group labeled 'helpless poor'. However, the words chosen for labeling the group and their tones themselves are indicative of demeaning stereotypic notions against disability.

Although the German social legislation of Bismarck in the 1880s was not so much to



control vagrancy, its state-sponsored welfare notion based on social hierarchy and hierarchy and labor mobility bureaucratized disability with the essence of invalidity and compensatory insurance. Social security laws and old-age benefits followed with the medicalization of disability *i.e.* the physician certification of the severity of impairment (Greenwood, 1996). Three laws were passed: the Health Insurance of Workers Law of 1883 which provided protection against the temporary loss of income as a result of illness; the Accident Insurance Law of 1884 that aided workers injured and impaired during job; and the Old Age and Invalidity Insurance Law of 1889 to provide a pension annuity for workers who attained 70 years of age for retirement. However, these laws remained focused only on covering the top segments of the blue-collar working class. They were not addressing impairments and loss of “abilities” other than in the result of injury. In the United States, in 1930s, the Social Security Disability Insurance was adopted to insure those who could not work due to infirmities that were not related to work. It was the first initiative to recognize and address disability - *the loss of ability to perform specific tasks or jobs*, yet half-heartedly (Guyton, 1999).

Guiding principles, in review of the ancient literature, were whether and eventually in what ways, ancient systems provided legal protection and secured rule of law for disabled people. The development of social policies and ‘democratization’ in western societies at that time only led to increased awareness of the relation between disability and social justice (Kermit, Mjøen, & Olsen, 2011; Petersilia, 2001).

Later in the newly emerging economies, these laws gave new direction and now attention was given to finding a better definition of what actually constituted a disability and who would qualify as a disabled person. In 1981, the United Nations (UN) declared the International Year of Disabled Persons with the aim of promoting recognition and acceptance thereby declaring a time-frame in which a series of “Decades for Disabled Persons” were identified, and several agencies such as the International Labour Organization (ILO), and World Health Organization (WHO) came forward to act on this.

Initially, the WHO provided a threefold model for Classification of Impairments, Disabilities, and Handicaps (ICIDH) and referred to “impairment” as a defect, “disability” as a functional limitation, and a “handicap” as an inability to fulfill social roles. Twenty-years later, the WHO (2001) presented a revised model for classification of functioning, disability, and health - the *International Classification of Functioning* (ICF) trying to differentiate between “body function and structures” and “activities and participation.” Both the models provided medical experts as the authority based on the fact that they dominated the categorization of a disability.

In addition to models defining disability, laws protect fundamental rights and justice in which theoretically, no citizen is above the law. There are several principles pertaining to legal protection for individuals with disabilities. Likewise, one should be able to defend one’s rights and not be deprived of any opportunity in public domain. In a wider sense, legal protection is laws whose enactment should be in line with human rights (Kjønstad & Syse, 2005), such as proclamation of the Convention on Rights for People with Disabilities

(UNCRPD) in 2006 to reaffirm their rights, respect, and dignity. And states both in the North and South by ratifying have made their national policies for disabled people.

However, these legislations have served more as agencies to control disability as a social problem rather to fulfill the real notion of its successful integration and acceptance in society. For instance, every state has a 'lip-servicing' national policy for protecting the rights and dignity of disabled people. But the so called 'court of law' has left disabled people piteous for an unending struggle for their dignity and rights. Deaf and people with intellectual disability are vulnerable with regard to have a meaningful access to 'legal system' for claim of their rights (Pravda, 2011).

### **Socio-Cultural Perspective**

The socio-cultural theories emphasize that citizenship is not just an issue of individual status; it is also a practice that positions individuals in the larger community. This substantive approach raises questions of exclusion, obligations, liberty, equality, belonging, agency, identity, personhood, social recognition, and self and others (Kabeer, 2002).

By analyzing the literature in this perspective it is easy to see people with a disability can be viewed negatively within a society. One revealing statement was made by the founding Father St. Hopkins, who had cerebral palsy, 'My hands may tremble; my heart does not' (see NCLD/Y, 2016). It is true; assumptions about any group of people can lead to stereotyping or stigmatization in human society (Kleinman, 2006). The traits and values of a certain group can be subject to predominant stereotypical reproductions that are based on class, caste, belief, and racism stemming from the belief that to be accepted the person must present as physically -fit. Stereotypical impressions and beliefs such as this lead to people with disabilities being considered a burden rather being capable of a productive existence.

When the dubious 'aesthetic sense' of the able-bodied person is considered not only ideal but also necessary for social acceptance and productivity the confidence of the person with a disability can be affected. Ellis (2000) pointed out that "modern society is averse to risky bodies and anxieties about the corporeality of the body revolve around concerns of preserve independent bodies, of health, fitness, and youth" (p. 17). As a result, cultural expectations that confirm Ellis's argument reinforce efficacy of what is normal and creates barriers to those who are facially disfigured and not able to present an expected body-wise aesthetic appearance.

Imrie (2001) by quoting Hawkesworth denoted such persons as 'dirty', 'disordered', and 'object of disdain' and this lack of desirability pushes them back into the shadows and away from mainstream society. Nothing could be further from the truth, however, and this devaluation upon looks alone takes away for an individual's ability to present how he/or she actually feels and what can be contributed.

Habitus of disabled people is termed as 'dys-appearing bodies' a deviation from bio-medical norms (Leder, 1990); and, is rarely believed to be included in policies and plans

(Mitchell, 1996). Thus, the physically disabled are often believed to be out of place and regarded only as a figure of fun and ridicule (Imrie, 2001). Marks (1999) by drawing attention to “the particular habitual way of relating to environment the body adopts” argued that impaired bodies are symbolically marked out that deprives life opportunities and in turn influences their social standing. Likewise, Miles (2007) pointed out that people with non-normative bodies in rural Punjab were facing a stigma of labeling them as ‘untouchables’. It indicates that disability is still a taboo in societies with unsteady progress made towards disability rights.

In short, meshing of these socio-cultural values, attitudes, and political practices of the able-bodied have differentiated persons with a disability as abnormal human beings. As a result, this perception of inferiority or punishment as brought about purposefully by the divine, has left no space for such persons in a community as well as in the hearts of masses.

### **Developmental Perspective**

No doubt, social theories and theories of justice have contributed to addressing the issues of disability and have evolved with a range of frameworks and models to deal with disability either medically or socially that are designed to ameliorate its effects on individuals with a disability. These different understandings of the relationship of impairment to limitation inform two contrasting approaches to disability and development. When the contributions of these two approaches are summarized, a picture is presented that has tried to address disabled persons by considering them either more or less as permanently dependent on society rather than ensuring their free will and fair access and success.

Throughout history, the pioneer medical model has viewed disability and impairment as an intrinsic ‘problem’ that belongs to the individual. When viewed as a personal problem - means societal support is not needed. The model ignores or underestimates the contribution of social and other environmental factors to the limitations faced by people with disabilities (Davis, 2002; Shakespeare, 2006). For instance, if not being able to work is a personal issue or a result of divine choice when a wheelchair user is unable to get into a building because of steps or a stair it is viewed as the problem of the individual not that of the stair or steps. Hence, the rehabilitation approach is followed with such arrangements that leave people with disabilities in isolation from treatment to education such as recommending them to stay at home and receive separate schooling. The premises postulated in these rehabilitation approaches particularly in developing societies, have adversely affected and led persons with disabilities to become passive recipients or beggars.

In contrast, the social model of disability developed in the 1970s by activists in the Union of the Physically Impaired Against Segregation (UPIAS) understands disability as a relation between an individual and his/or her social environment: the exclusion of person with certain physical characteristics from major domains of social life. Such exclusion is manifested not only in deliberate segregation, but in a built environment and organized social activity that restricts the participation of individuals labeled as disabled. For instance, the social model sees the stair or steps as a disabling barrier and hence, considers society as the

factor that disables the people (Oliver, 1996).

More moderate versions of the social model maintain their emphasis more on social causes while insisting on the interactive character of disability (Altman, 2001; Bickenbach, 1993). It draws an idea of 'inclusive' society by advocating for adjustments focusing on maintaining a disabled-friendly physical environment in the homes or in helping with transportation as well as the various destinations. Besides being a dominant paradigm for understanding disability, the social model is however, less concerned with the innate desirability of disabled persons. Several critics argued that extreme versions of the social model implausibly deny or undermine the role of impairment itself as a source of disadvantage (Anastasiou & Kauffman, 2013; Shakespeare, 2006; Terzi 2009).

To summarize, the medical as well as the social model both rest on a false dichotomy of biological impairments and social limitations where biological impairment and social exclusion are deeply interwoven and difficult to tease and deal apart (Martiny, 2015). Hence, the disabled people particularly in developing world are living invisibly in their community besides with the possession of some sort of compensatory resources.

## Conclusion

From the literature critically reviewed from various perspectives, it becomes evident that historically, the powerful effect of physical appearance on how individuals were evaluated remains prominent in how they were identified and subsequently treated. This is highlighted by the widespread belief that physical-attractiveness stereotypes have largely prevailed where attractive humans are believed to possess various desirable qualities, whereas those whose appearance was less pleasing were viewed negatively.

It is clear that spirituality and religious beliefs create the foundation for interpretation of events and the meaningful experiences that are attributed to individuals with or without disabilities (Mathewes, 1995). Starting with the belief that human beings are created in the image of God, it postulates that every human being is sacred and should be treated with dignity (Pyne, 1999). Yet, the brief and incomplete interpretations of the sacred texts and theological religions (some of them presented above) make it more complex for believers. Some believers struggle and when interpretations are ambivalent and contradictory, myths about inferiority can be propagated. Through misinterpretation these lessons and readings can foster the dogma that disabilities are 'divine punishments' that could mislead people to hate and turn their back on people with disabilities except lip-servicing. As a result, this negative connotation leads impaired bodies to be ridiculed (Imrie, 2001).

Similarly, stressing socio-cultural ideals seeking and praising body-wise perfection and achievements, creates a fear of people with a disability that ultimately leads to stigmatizing those with body-wise deficiencies as 'deviants' by the culture. The purpose of this article was to highlight some of the perspectives that can help people to better understand the foundations of the pre-conceived notions that they may hold and how these beliefs can be to the determinant of disabled people. It is clear that many of these negative stereotypes are

deeply ingrained in a culture and will not easily be transformed. Proper education and awareness, however, may be the first step to starting to change some of these negative perceptions. Getting a better understanding as to why people feel and act as they do is the second step, then allowing all people to recognize the inner beauty of people with non-normative bodies, which in-turn will free them from the ‘cult of normalcy’ (Reynolds, 2005). Once a proper religious education and awareness is extended, it will help to bolster a religiously defensible sound: “God loves people regardless of their physical appearances and genetic makeup, and we should do likewise” (Peters, 1996). Thus, people can come to acknowledge the belief that disabled people are also beautiful and disability is not a curse; an environment ripe for practice and policy change will result.

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