

## HIERARCHIZATION OF DIFFERENT ABILITIES

- Anushka Shekhar



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In this blog, the author has attempted to analyze the reasons behind hierarchization of disabilities, if at all that exists and the factors that contribute to such hierarchies. By hierarchization of disabilities, the author means the pedestalizing of a particular or a group disability in comparison to any other particular or a group disability, without any reference to the extent of such disabilities. In other words, it refers to the downplaying of a particular disability with regards to any other disability, irrespective of the extent of perils it causes or disadvantaged it makes a person. The idea of such hierarchization though seems distant or remote to the hall of the learned ones, but the hushed stigmatization of certain disabilities has always existed in the subtle mundane leanings of our society. To understand the genesis of such stigmatization, it is vital to understand how 'language' aids the disabilitisation of a disability. Language has always served as a medium of expression of one's thought. In the context of disability rights or rights of any disadvantaged community, it has often been seen as giving effect to the 'otherisation of such people', an idea which though is founded in the spirit of mingling them with the advantaged community but has instead translated in their further marginalization. The basic law of morphology breaks down the word disability into 'dis' and 'ability', where dis, a prefix, means 'not' or 'opposite of'. When this prefix is set before 'ability', it automatically subtracts the person who is so disabled from the whole of the society and fissures it from the other half, which in some incomprehensible way is more abled of something. The word 'disability' therefore, carries with itself the inherent notion that the person being talked of, is not complete or capable in some way and that incapacity, thereafter, becomes the identity of that person. What is astonishing is how colloquial the usage of the term has become without any regard to the implications of such usage. As Derrida had beautifully articulated and in the present context, would also have pointed out, the binaries of abled/disabled present the abled in better light than the disabled and hence they would often be

seen as pole-opposites. Although, their meaning is understood as distinct and contradictory to one another, he argued that their meanings are so bound together that their presence is interdependent and they are contextual to each other. But if they are so contextual to each other, then the addition of 'dis' only reduces or negates the ableness of an individual. So, when one person is abled (good), the disabled one consequently becomes not so abled, leading to his further 'otherisation'. A simple change of language from 'disabled' to 'differently abled' or can do away with such problem, leading to the inclusion of all people who are not so similarly abled (disabled) with others who are also not similarly abled (abled).

This brief discussion on language is important because while understanding hierarchization of disabilities, a few of these disabilities have not garnered the same care and empathy that others have gotten, owing to the reason that language has not treated them as a disability for long. The reason that language possibly didn't address the weight and gravity of such disabilities could perhaps be attributed to the visual presentation of such disabilities. This could be best understood by an example: a handicapped person is 'visibly' challenged and no two says can be made about his physical impairment but on the other hand, a person going through depression would not necessarily show signs of it as coherently as any physically differently abled person would. Therefore, the immediate presence of being seen as someone who deserves more care and assistance, automatically takes precedence over someone who may not evidently show that they are in need of special care. Mental disabilities, for this very reason, have always been treated as an under-the-carpet impairment and therefore, the victims of such disabilities are often not extended the care and protection extended to people with physical disabilities. In fact, even certain physical disabilities are often considered as more disabling than another only because the person so disabled is seen to require more assistance externally. Moving Violations (1996), a memoir by John Hockenberry, a famed American journalist and an author, is a categorical example of how people in general perceive a 'real' disability. As someone who sustained a major car crash accident at the age of 19, Hockenberry sustained a spinal cord injury that left him with paraparesis, most often a permanent impairment of motor or sensory functions of the lower extremities. In his memoir, he talks about people who are "really disabled". Constant remarks like,

*"I require no leg bag. That's for the really disabled. I have no van with a wheelchair lift anymore. Those are for the really disabled, and thank God I'm not one of them. I need no motor on my wheelchair. Those are for the really disabled, and I am definitely not one of those"* (P. 87).

Throughout the length of his book, he is clearing shying away from being labelled as someone with a 'real disability' and pointedly nudges himself as 'normal' in contrast to those who evidently (or visually) require agencies of motors or wheels or anything else of such sort for mobility. This shows that even within the community of the differently abled ones, there exists a certain parameter of sensitivity accorded to specific impairments falling within different spectrum of the same disability. For example, a person taking assistance of walking sticks or crutches, in this sense is less disabled than someone with a wheel chair, irrespective of whether the wheelchair is a necessity or just a convenient choice. Therefore, visibleness of a disability, to a great extent, determines the inculcation of sensitivity towards that person.

Mental disabilities generally go untended for, as it is not outrightly seen and therefore is less talked of, leading to the stigmatisation that it is not a 'real disability' and furthers the stereotype narrative of it not requiring any care or assistance. When this narrative takes precedence over a person's mental health requirements, it births another layer of discrimination in the form of *psychosocial disabilities*, which in simple terms are the challenges faced by a person with mental disorders due to societal factors, leading to their inability to fully participate in all aspects of their daily life. This mounts the already existing stigmatisation and furthers marginalisation of those who are already not seen as people in need of care and assistance. This loop of stigmatisation and subsequent marginalisation effects berates the quality of life of individuals so affected as they fail to fully present themselves for various opportunities and when they somehow manage their presentation, various studies show that they are denied participation for the reason of the existing stigma.

A research report and analysis on this point was published in the North American Journal of Psychology in 1999<sup>1</sup>, which was premised on the research question: whether employers are less likely to hire a mentally disabled, compared to a physically disabled, job applicant, viz., whether employment discrimination occurs among the mentally disabled (P. 214). The applicants in the survey were all dummies pretending to be fully qualified for a job position for a real employer. Some of applicants pretended to have a history of mental disorders, some showed physical disabilities in their applications while others showed no such disability. The result of the survey disclosed that there was a tendency to prefer a job applicant with a physical disability, compared to a mental disability, even when both possessed equal qualifications for the jobs. The results also show that applicants with a history of mental disorders, were more

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<sup>1</sup> Denise A. Koser, Munehiko Matsuyama et. al., *Comparison of a Physical and a Mental Disability in Employee Selection: An Experimental Examination of Direct and Moderating Effects*, 1(2) NAJP 213 (1999).

likely to be selected for positions that were in some sense an indoor one, that is one that requires the least interaction with others. So, if such an applicant applied for the position of a receptionist and a credit analyst (as evidenced in the research), he or she is more likely to be selected for the post of credit analyst as the job of receptionist would require him or her to interact with potential customers on a regular basis and in the opinion of the HRs, the applicant's history of mental health somehow makes them less capable of interacting with the society. The findings also revealed that, even without displaying any abnormal behaviour, the actor in the mental illness vignette was viewed by participants as "more unusual" than the actor representing a physical illness.

The stigmatisation and consequent marginalisation of people with special needs does not exist in vacuum. It is shouldered by existing hierarchies, fortified by societal preferences and concreted by vehement choices made by those who are not so differently abled. The 76<sup>th</sup> round of the National Sample Survey along with 2011 Census of India indicates that 2.2% of the Indian population has little to full range of mental or physical disabilities. The convenient way to look at it is to see it as a meagre percentage of a gigantic population, thereby belittling their special needs. But a better and an all-encompassing outlook would force us to see it as an opportunity to address the needs of individuals, who account for more than three crores in number and roughly speaking, also as many households. This data took into account only those instances where a medical certificate existed to substantiate the disability while in the present context, several mental health tangents exist, that may if diagnosed sincerely, would entail a disorder or the need for special care, but because we assume that something which is not immediately present or physical in nature, is deserving of a lower grade of attention, is the epicentre of the causes of otherization of the people with mental health issues. It makes them believe that their problem, however big, is not big enough to be discussed or addressed. Such deeply rooted neglect is so mingled in our societal barter, that often even the sufferers do not realise that they are in need of some special care. Most consumers of narcotic drugs or substance abuse of tender age generally resort to such consumption because of lack of proper care and attention from their family. Youngsters generally need emotional support to deal with their own problems and when do not receive the care and attention they need or when their emotional growth is hindered by reason of neglect from their family, they resort to consumption of illicit drugs as a coping mechanism, which is merely a reaction to a parental problem. So, when parents or guardians do not understand well the needs of their children or belittle such needs or are not adequately conversant about their children's mental health issues, the likeliness

of such children evolving a serious mental health crisis rises significantly and what may start off as cutting off or keeping to themselves may actually be a bigger problem than minor adolescent experiences.

Speaking up about mental health issues should never be hushed. It can be as devastating as any brutal physical disorder and even more. The two kinds of ableness must not be compared to sideline the other as their causes may at times be similar but their effects are ghastly varied. A World Mental Health (WMH) Survey Initiative<sup>2</sup> carried out general population surveys that reveal that mental disorders were more likely to be associated with severe disability than were the chronic physical conditions. Therefore, in order to reduce disabilities at a global level and to better understand the needs of the disabled, focus must not be shied away from mental health concerns. This requires a collective effort but more rightly, it requires a collective understanding of people's needs. The world is a good place to be and it can be made better for everyone.

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<sup>2</sup> K. M. Scott, M. Von Korff et. al., *Mental-physical co-morbidity and its relationship with disability: results from the World Mental Health Surveys*, 39 Psychological Medicine 33 (2008).