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Research Research

Barriers, Bodies, and Society: The Social Construction of Disability

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Abstract

Disability is now recognized as a social, political and cultural phenomenon that is created by environment, structure, institutional and attitudinal barriers. This paper investigates the ways in which structural and systemic constraints, cultural normativity discourses and medicalization versus social and affirmation approaches influence the production of disability and disabled identities. A qualitative thematic review was carried out, focusing on peer-reviewed journals, academic books and policy documents that highlighted literature on the Social Model of Disability, structural barriers, ableism, intersectional stigma and disability policy in Bangladesh and the Global South. The results show that poor physical and digital environments, stigma, cultural attitudes, lack of institutional measures, poverty, and lack of employment and healthcare access play a significant role in the social construction of disability. It also reveals that intersections of identity – gender, class, race and age – influence the disability experience, and that women with disability in Bangladesh are especially marginalized. The Social Model is good at challenging medicalization and socio-political barriers; however, it has a stronger form and may not take account of the effects of impairment, which might include pain, fatigue and psychological distress. The study thus suggests an embodied, intersectional and affirmational perspective that integrates social, material and cultural aspects to ensure rights-based inclusion and to challenge systemic barriers.

Keywords: Social Model of Disability; Social Construction of Disability; Structural Barriers; Intersectionality; Global South.

1. Introduction

Historically, disability has been perceived using a biomedical perspective, as a personal tragedy or a biological deficiency of the person (Rudnicki, 2018). Given this medical paradigm, the emphasis is largely on diagnosis, treatment and "recovery" of the body in order to attain a norm of physical or cognitive performance (Twardowski, 2020). This reductionist view, however, has been challenged in contemporary scholarship on both sociology and disability studies, which suggest that disability is a social, political and cultural construct (Figar & Unsain, 2023). The medical-to-social dimension of disability assumes that a person may have impairment but it is the "disability" of the environment—including inaccessibility,

policies and attitudes—that are the true cause of a person's disability (Adam & Koutsoklenis, 2023).

Social construction of disability is essentially linked with the concept of normalcy and difference (Figar & Unsain, 2023). Normative standards are frequently subjective but shape the design of physical spaces, as well as education curricula (Orero & Tor-Carroggio, 2018; Saltes, 2020). If a society is designed for a perceived "average" body or mind, those that do not fit this narrow range of standards fall outside the norm and are "the other" (Stefánsdóttir & Ólafsdóttir, 2021). Such a classification is not a social reality, but rather a social process which serves to consolidate power asymmetry and determine who can be fully included in civic life (Figar & Unsain, 2023). In fact, the lack of inclusive policies in places such as academia can sometimes be due to the fact that disability is not seen as a civil rights matter but a medical one (Saltes, 2020).

This article aims to question the processes that make up the concept of disability as a category, whether structurally, attitudinally or systemically, and by what they create in the lives of people (Rudnicki, 2018; Yang & Mani, 2024). The transition towards the social model provides a way of understanding the negotiation of disability identities in a world that often pathologizes difference (Cameron, 2015). This review calls attention to the importance of transcending the medical paradigm to create a true sense of inclusion and to challenge, reduce and eradicate structural inequities that hinder individuals with impairments to reach full socio-economic empowerment (Logeswaran et al., 2019).

The following research questions are answered in this investigation:

1. How do structural and systemic barriers create the social construction of disability in the modern world?
2. How do the cultural discourses of "normalcy" help to marginalize and pathologize a wide range of bodies and minds?
3. What are the implications of shifting from a medicalized view to a social and affirmation model for the development of disabled identities and policy practice?

Overemphasis on social barriers, however, could be an "outdated ideology" that ignores the "very real experience of 'impairment effects'—the physical pain or psychological aspects of having a specific condition" as critics have argued (Cameron, 2015; Shakespeare & Watson, 2004).

2. Background of the Literature

There's been a radical shift in academic understanding of disability from medical and individualistic perspectives to a socio-political perspective, which regards disability as a direct result of societal failure (Twardowski, 2020). This critically important synthesis examines the historical development of these models, the key scholars that founded disability studies and the central concepts that define current disability studies and the specific concerns of South Asian countries and Bangladesh. The academic discourse on disability has been revolutionized from individualistic and medicalized views to a socio-political perspective that sees disability as a result of societal failure (Baar 2017). But, as Tom Shakespeare has pointed out, there is a danger of overemphasizing social barriers and "an 'outdated ideology' that ignores 'the very real experience of ‘impairment effects' – the physical pain or psychological effects of a condition' (Cameron, 2015). Academic understanding of disability has shifted dramatically from medical and individualistic approaches, characterized by the charity model of seeing impairments as objects of pity or as divine punishment, and the medical model of viewing disability as a ‘biologically determined defect’ that needs to be ‘fixed’ (KC, 2016; Green & Barnartt, 2016), to a socio-political model in which disability is defined as a barrier that people encounter in their society and the failure of it to accommodate the human diversity of individuals (Twardowski, 2020). In this important synthesis the history of these models is traced, the pioneers such as Michael Oliver and Colin Barnes who formalized the social model are explored, as are the ambiguities that have arisen in the interpretation of the model. This is an important synthesis of the historical development of these models, the formalization of the social model by Michael Oliver and Colin Barnes and the ambiguities that have emerged in the interpretation of the model.

2.1 The development of disability discourse

The concept of disability has changed over the years in terms of different paradigms, all of which reflect the dominant cultural and political views of their times. There have been multiple paradigms of understanding disability, which have been influenced by dominant cultural and political ideas at any given time (Baar, 2017). Since the social model is more recent than the biomedical, there is a risk of overemphasizing social barriers in later paradigms, such as the social model, which may lead to an "outdated ideology" that overlooks the "very real experience of 'impairment effects'—the physical pain or psychological aspects of having a specific condition" (Shakespeare & Watson, 2004).

The Charity Model: In the past, the absence of the term "disability" often meant the presence of terms like "charity" or "moral," where people with disabilities were thought of as "charity" or "tragedy" or as being punished by God (KC, 2016; Griffiths, 2023). In this model, the reaction to disability was mainly religious or philanthropic, emphasizing rescue or protection as opposed to empowerment or rights (Griffiths, 2023). Traditionally, disability has been understood in terms of the 'charity' or 'moral' lens, seeing people with impairments as a subject of pity, tragedy or punishment from God. The reaction to disability was mainly religious or philanthropic, and a more common response was of 'rescue' and 'protection' than of empowerment and rights (Griffiths, 2023). Other academics, however, claim that the concept of charity offered the community-based and early institutional care needed during times without the presence of state welfare services, catering to immediate needs such as shelter and assistance (Baar, 2017;).

The Medical Model: This model took shape at the dawn of modern medicine where disability is seen as a 'biologically determined defect' or an 'individual tragedy' that must be dealt with, cured or rehabilitated by professionals (Green & Barnartt, 2016). It emphasizes the "dysfunctional, individual body" and leaves "disability" to the professional practice of health and special education. With the development of modern medicine, the model of disability interpreted as a “biologically determined defect” or an “individual tragedy” has emerged, which requires professional intervention, cure, or rehabilitation (Twardowski, 2020). It prioritizes the notion of the "dysfunctional, individual body" and considers disability to be a “biologically determined defect” or an “individual tragedy” that needs specialized care, cure or rehabilitation. It emphasizes ‘dysfunctional, individual body', and disability is treated as a secondary aspect in the applied professional disciplines of health and special education.

The rehabilitation model: One of the medical models, the rehabilitation model emerged after the two World Wars and was focused on ‘fixing' the individual to reintegrate them into the workforce (Green & Barnartt, 2016). It will assume that the root of the problem is the functional limitation of the person and that it can be overcome with therapy, assistive technology, etc. The rehabilitation model is a part of the medical model, but was especially brought into focus after the two World Wars when the individual was to be “rehabilitated” back into the workforce. It has a stance that the most significant obstacle is the person's functional limitation and it needs to be addressed through therapy and assistive technology. Others, however, have suggested that the rehabilitation model helped to promote key advances in therapy and assistive technologies that allowed many people, and particularly veterans from the post-war era, to make functional gains and return to society (Green & Barnartt, 2016). In the 1970s and 1980s the paradigm shifted in the United Kingdom as a result of the efforts of disabled activists and scholars that is the Social Model (Baar, 2017). A key difference between the social model and the impairment model is that the social model distinguishes between "impairment" (the physical or cognitive restriction) and "disability" (disadvantage or restriction of activity that is caused by the social organization in the contemporary context). This model suggests that the cause of disability is that the society is blind to the needs of individuals with impairments and acts on them to disable them (Cameron, 2015).

2.2 Key Scholars and Theoretical Foundations

Social model was crystallized by a generation of scholars referred to as the "titans of disability studies. In his seminal work, The Politics of Disablement (1990), Michael Oliver established the formal difference between the individual/medical model versus a social model theory of the middle-range that calls for political action (Soder, 2009). Colin Barnes

and his colleagues at the UK Marxist School also stressed that disability is an oppressive social structure designed for non-disabled “walkers” and that society needs to think from the perspective of those who do not conform to these norms (Davis, 2014).

But the ‘strong' social model was criticized from inside the movement itself. Social model was being described as an 'outdated ideology' (Tom Shakespeare, 2014) as it was ignoring the very real experience of 'impairment effects' which were the physical pain or psychological nature of the condition (Davis, 2014; Shakespeare & Watson, 2004). Lennard Davis made significant contributions to the theoretical construct of ‘normalcy’ and challenged the notion of the ‘average man’ as a recent historical invention which inherently degrades those who do not fall within the ‘bell curve’ (Saltes 2020). Rosemarie Garland-Thomson connected disability and feminist theory by exploring the ‘sociocultural imaginary' and its influence on the attitudes towards non-normative bodies as well as focusing upon intersectional concerns including gender and class (Adam & Koutsoklenis, 2023).

2.3 Critical Concepts: Ableism, Stigma, Embodiment and Accessibility

This section examines some of the concepts that intertwine and go beyond the early social model in terms of material barriers.

Ableism: Systemic discrimination of non-normative people based on biomedical standards (Figar & Unsain, 2023). It is the preference of some physical, cognitive or sensory capacities and those who are different are deemed to be "impaired" and of lesser worth (Stefánsdóttir & Ólafsdóttir, 2021).

Stigma: stigma is a "cycle of dependence" and social exclusion, rooted in power disparities, that are caused by cultural taboos (Rahman et al., 2024). Stigma is often entangled in the past forms of inequality and systems of domination in many settings (Jackson-Best & Edwards, 2018).

Embodiment: The body has been called back into disability discourse (Saltes, 2020). This approach recognizes that disability is not only constitute of external barriers and/or a medical diagnosis, but an experience of the body in socio-spatial environments (Loja et al., 2012).

Accessibility: As well as the physical ramps, accessibility is now considered a "matter of civil rights" (Orero & Tor-Carroggio, 2018). In the digital era, web inclusivity and accessibility are essential indicators of social participation, yet high levels of accessibility violations are still prevalent in many developing countries (Bhuiyan et al., 2025).

2.4 Disability Studies: The Intersection

Kimberlé Crenshaw's term intersectionality is increasingly being used to describe the intersection of various identities and how these experiences of cross-cutting oppression are uniquely manifested (Jackson-Best & Edwards, 2018). Disabled persons who are members of other marginalized groups are often subject to "multiple Othering": not only are they excluded from the dominant culture, but also from other social movements (Era et al., 2024; Wolbring & Nasir, 2024). For example, intersectional analysis shows that being a disabled doctoral student is influenced not only by ableism but also by origin and race within the context of higher education (Ressa & Danforth, 2023). More broadly, other concepts such as gender and age can have an important role to moderate the nature of living with and experiencing disability, and as such, contribute to "intersectional stigma" (Christensen-Strynø, 2016; McKee et al., 2024).

2.5 Global and South Asian Perspectives

The social model in the Global South and particularly South Asia is frequently "rhetorically hollow" due to its being present on paper (KC, 2016). In Nepal and Bangladesh, for instance, attitudes towards disabilities are often defined as "moral" and relate to a past life, and this leads to huge and alarming levels of stigma and neglect (Bhuiyan et al., 2025; KC, 2016). Systemic poverty and unawareness (KC, 2016; Sarker, 2024) is a significant factor influencing the social construction of disability in Bangladesh. In Bangladesh, women with disabilities often are denied marriage, jobs, and medical care because their society is not gender-equal and the stigma and marginalization they face is the most extreme (Sarker, 2024). The health service delivery system in Bangladesh is need-driven, with a short-term perspective to meet immediate needs, and does not offer long-term

prevention or specialist care for people with disabilities (Rahman et al., 2024). In addition, national data on population from the region often shows a significant discrepancy with independent estimates of the population, in which case it is suggested that there is a significant underreporting due to the serious social stigma in the region (Bhuiyan et al., 2025).

2.6 Research Gaps

There is a vast amount of literature on a theoretical revolution from medical to social models, but there are a number of gaps to be noted:

Lived Experience vs. Disease Burden: Although most studies in South Asia (and Bangladesh) are on Disease Burden and prevalence, they rarely go to the lived experience of navigating social and healthcare systems (Rahman et al., 2024).

Implementation Gap: The "paper-based" approach to social models in policy and "moral-model" attitudes in rural and urban communities in the Global South is very distant (KC, 2016).

In digital spaces, violations of accessibility can be greatly aggravated by social stigma, especially in non-Western contexts (Bhuiyan et al., 2025).Critically, though, there is less research that investigates how people in developing countries actively challenge stigma to create a "positive social identity" (Logeswaran et al., 2019; Yang & Mani, 2024).This review aims at filling these voids by exploring the question of how systemic barriers in Bangladesh specifically shape the disabled identity, rather than just demonstrating its prevalence, and interrogates the socio-cultural dynamics of exclusion (Hussain, 2021; Rahman et al., 2024).

3. Methodology

The approach for this study is a qualitative thematic review method, synthesizing the existing literature written on the social construction of disability. This narrative approach offers the possibility of a critical discussion of changes in the theory of disability, from medical to socio-political, that may not have been highlighted in a traditional systematic review, which could focus more narrowly on the prevalence of impairments (Baar, 2017; Green & Barnartt, 2016). In certain instances, such as in South Asia and Bangladesh, this approach is well suited to the exploration of culturally specific and systemic environments and discourses of lived experiences (KC, 2016; Rahman et al., 2024).

3.1 The data sources and search strategies

The main data sources for this review included a thorough search of peer-reviewed journals, academic books, and policy documents found in databases of disability studies resources and books from around the world in addition to PubMed, and specialized disability studies databases. The search strategy was based on using keywords and phrases with a semantic richness, including: "social model of disability", "structural barriers", "ableism", "intersectional stigma" and "disability policy in Bangladesh" (KC, 2016). Given the need for a comprehensive global and regional view, the literature search specifically focused on literature related to web inclusivity and access to health care in the Global South (Bhuiyan et al., 2025; Rahman et al., 2024). Inclusion and Exclusion Criteria are discussed.

3.2 Inclusion and Exclusion Criteria

The articles for this review fulfilled the following requirements:

1. They offered a theoretical or empirical discussion of the concept of disability as a social, cultural or political phenomenon (Figar & Unsain, 2023; Twardowski, 2020).

2. They focused on systemic, environmental or attitudinal barriers, rather than on clinical or biological data only (Adam & Koutsoklenis, 2023; Saltes, 2020).

They are recent publications (10 years) to reflect current trends in Critical Disability Studies and intersectional theory (Baar, 2017; Wolbring & Nasir, 2024). Clinical trials, individual case studies with a medical perspective (no 'cures' were selected) and non-peer-reviewed opinion pieces were omitted because they did not provide a sound analytical basis.

3. 3 Analytical Framework

A thematic analysis framework (Figar & Unsain, 2023; Wolbring & Nasir, 2024) was used to analyze

the identified literature. This included recursive coding of the texts around the following themes:

1. Structural and Systemic Barriers: Reviewing the role of physical and virtual barriers in preventing access to web (e.g., accessibility violations) for people with impairments (Bhuiyan et al., 2025; Orero & Tor-Carroggio, 2018).
2. Social Attitudes and Cultural Discourses: Regional Contexts and Persistence of "moral" or "charity" models (e.g., in Bangladesh; Sarker, 2024; KC, 2016).
3. Intersectionality: Examining the intersections between disability and gender/race/age and the resulting manifestations of "multiple Othering" (Jackson-Best & Edwards, 2018; Ressa & Danforth, 2023; Wolbring & Nasir, 2024).

4. Discussion

4.1 Social Model of Disability

In this discussion, the social model of disability is used as a basis, in which disability is considered a socio-political construct, and not an individual medical issue (“Green & Barnartt, 2016; Twardowski, 2020). The model distinguishes between 'impairment' (the functional ability of the body) and ‘disability' (social exclusion due to the absence of accommodation) and points to the many barriers which actively 'disables' persons (Baar, 2017; Rudnicki, 2018). This section critically explores those barriers from environmental, attitudinal, institutional and economic perspectives, and includes theories of embodiment and intersectionality to complexly understand lived experiences in varied socio-cultural contexts.

4.2 Environmental and Digital Barriers: The Physicality of Exclusion

The most obvious type of social exclusion is "physical" exclusion in which the built environment acts as a silent barrier to participation (Orero & Tor-Carroggio, 2018). The "average man", as theorized by many scholars such as Lennard Davis, is the body to which much of architecture and infrastructure is designed, effectively marginalizing anybody that does not fit into this narrow body mold (Saltes, 2020) highlighted that inaccessible public transport, inaccessible buildings, and lack of adaptive technology are not neutral design features but are considered as a part of a society which has not taken disabled people into its basic design. Rudnicki (2018) noted that inaccessible public transport, inaccessible buildings and lack of adaptive technology are not neutral design features but a part of a society, which has not included the needs of disabled people in its basic blueprint.

Environmental barriers have also touched the virtual world in the modern world (Bhuiyan et al., 2025). Digital exclusion is an important aspect of social construction, especially in the Global South. In Bangladesh, where nearly half of the population, approximately 184 million, already utilizes screen readers or other assistive technologies, the rate of accessibility violations is high. Research findings show that web accessibility is not compatible with screen readers or other assistive technologies in many websites of education, employment and healthcare in Bangladesh (Orero & Tor-Carroggio, 2018). However, e-content, if not created with "interaction for all," adds another layer of systemic exclusion for disabled people to ensure their rights as "digital citizens".

Environmental barriers have spread into the digital world in the modern times. Digital exclusion is an important dimension of social construction, especially in the Global South (Bhuiyan et al., 2025). In Bangladesh, for instance, studies have shown that there is a significant amount of accessibility issues with digital education, employment, and healthcare platforms, as they are not compatible with assistive technology like screen readers. If e-content is not developed with “interaction for all”, it becomes an additional barrier to systemic exclusion that will affect disabled people in their exercise of the right to be a digital citizen (Bhuiyan et al., 2025; Orero & Tor-Carroggio, 2018). But this view is moderated by the awareness that digital technologies can be a liberating force too – for some, online spaces make a vital way to overcome the physical exclusion associated with public spaces – and that access to remote learning and work can be an opportunity that is difficult to achieve in other ways.

4.3 Attitudinal barriers: stigma, cultural beliefs, and moral.

Attitudinal barriers, such as stigma, prejudice and entrenched cultural stereotypes can be more

challenging to address than physical barriers (Figar & Unsain, 2023; Jackson-Best & Edwards, 2018). Often, they are based on "moral" or "charity" models that consider disability as a tragedy, a burden or even a punishment for God (Griffiths, 2023; KC, 2016).

These cultural beliefs have a great impact on the social construction of disability in South Asian contexts, such as in Bangladesh (KC, 2016). The attitude of the public towards disability is often one of pity or of shame. This may cause social isolation of both the person and the family (Hussain, 2021; Stefánsdóttir & Ólafsdóttir, 2021). These attitudes foster a “cycle of dependence” where disabled people are not encouraged to attain independence as they are “socially constructed” as being helpless (Logeswaran et al., 2019; Rahman et al., 2024). This is also compounded by the underreporting of disabilities in national data, stemming from a family's lack of awareness or desire to remain silent about a disability, to avoid social stigma (Bhuiyan et al., 2025). But it can miss the point of the agency and resilience of disabled people. In the context of South Asian countries, as in Bangladesh, these cultural beliefs have profound impact on the social construction of disability as persons with disabilities often challenge these narratives and assert themselves in public life, thereby questioning the traditional concept of dependency and making it an active demand for social inclusion and recognition (Cameron, 2015; Loja et al., 2012). The public is often described as being in a "peculiar attitude" towards disability, which means that they tend to feel pity or shame when they encounter a person or family with a disability which can lead to social isolation for the person and the family (Hussain, 2021; Stefánsdóttir & Ólafsdóttir, 2021). These attitudes lead to what has been termed as a ‘cycle of dependence' whereby disabled persons are discouraged from striving for independence, as they are socially constructed as being helpless.

4.4 The policy and market exclusion in institutions and the economy

This is reflected in the institutional barriers, such as the inconsistency in accommodation policies in academic institutions. Although many countries have embraced the ‘paper approach' to rights, the implementation of disability accommodation policies – especially in higher education – is variable (KC, 2016; Saltes, 2020). For one example, in the academic world, varying policies across institutions regarding faculty and student accommodations result in disparities in the measures taken to support faculty and students. The implications for the economy are far-reaching (Baar, 2017; Hussain, 2021). Disability is directly correlated to poverty, which is called the ‘disability-poverty trap' (Rahman et al., 2024). The lack of employment opportunity is not related to the inability to work, but to the physical and attitudinal barriers of the labor market faced by disabled individuals in Bangladesh (Hussain, 2021; Sarker, 2024). Access to even basic specialist care is significant financial barriers for many disabled people due to limited support from the State and a healthcare system based on 'need' not rights. Forces of dependency and marginalization (Adam & Koutsoklenis, 2023) continue to be at work in the economy of disability if no structural intervention is available. The impact of these institutional failures is huge (Baar, 2017; Hussain, 2021). The relationship between poverty and disability is direct – known as the disability-poverty trap (Rahman et al., 2024). The lack of employment opportunity is not related to the inability to work, but to the physical and attitudinal barriers of the labor market faced by disabled individuals in Bangladesh. Access to even basic specialist care is significant financial barriers for many disabled people due to limited support from the State and a healthcare system based on 'need' not rights (KC, 2016). Others, however, have suggested that the economic framing of this deficit approach may mask the agency of disabled people who are implementing innovative livelihood strategies in spite of the barriers faced by them (Cameron, 2015). Such views are not merely limited to the idea of dependency from disability, but focus on the contribution that might be made if inclusive environments and equitable opportunities are taken into consideration. However, if structural changes do not take place, the economic stigmatization of disability often continues to be one of forced dependency and marginalization.

4.5 Embodiment, Feminism and Intersectionality: The Interacting Body

Embodiment theory and feminist approaches are an important shift in disability studies, as these theories reject the earlier social model (Davis (2014). Embodiment theory recognizes that disability is not

simply something that stands in the way but it is an experience of the body (Loja et al., 2012). It aims to discuss the "misfit" between a certain body and its environment, to produce disability at the very moment of the interaction (Saltes, 2020). Intersectionality also exacerbates the social construction of disability by highlighting how it is intertwined with other social identities like gender, race and age (Jackson-Best & Edwards, 2018; Wolbring & Nasir, 2024). For example, in Bangladesh, where disability is largely associated with male gender, women with disability are subjected to ‘double burden' of being ‘doubly disabled’ both by their physical disability and gender, which prevent them from being able to access the traditional social role of women, for example, marriage and social management within the family (Sarker, 2024). Likewise, older people with disabilities experience 'intersectional stigma' when they are excluded from the city and when they are denied access to health care services (Era et al., 2024; McKee et al., 2024). The experience of disability is not uniform but is always mediated by other social hierarchies (Danforth, 2023). But with the over-emphasis on Intersectionality, there is a risk it can fracture the disability movement and may obscure the collective advocacy needed to tackle Intersectionality again (Jackson-Best & Edwards, 2018). For example, in Bangladesh, where disability is largely associated with male gender, women with disability are subjected to ‘double burden' of being ‘doubly disabled’ both by their physical disability and gender, which prevent them from being able to access the traditional social role of women, for example, marriage and social management within the family (Sarker, 2024). Others, however, warn that the emphasis on intersectionality could also be a danger to the disability movement because it could split and weaken its ability to collectively advocate for systemic change. This view argues that the change of focus towards a distinct identity category may dilute the sense of political unity that is essential to foster universal standards for access and disability law reform and calls for more inclusive practice to reconcile an intersectional nuance with a strong core of collective disability identity (Ressa & Danforth, 2023; Wolbring & Nasir, 2024).

4.6 Criticism of the Social Model: Pain and chronic illness

The "strong" social model has been subject to many critiques (Davis, 2014; Twardowski, 2020). The social model may neglect to consider the common experience of suffering from "impairment effects," such as physical pain, fatigue and psychological distress, that is experienced by many conditions (Davis, 2014; Shakespeare & Watson, 2004). Social barriers are only one of the factors in the process so that it is not possible to achieve the complete "enablement" of people with chronic diseases or degenerative diseases (Yang & Mani, 2024). There are also critiques that the social model sometimes results in a "denial of the body" (Figar & Unsain, 2023), that is, the focus on the social and/or medical or biological aspects of disability is interpreted as a betrayal of the movement. This is now a position taken by contemporary scholars who believe in affirmation rather than the "disability" model, which views impairment as part of the diversity of human beings and still strives to combat the social oppression of impairment which is experienced as disability (Cameron, 2015). This perspective makes it possible to conceptualize the disability as "de-pathologized" and not forget the materiality of the body (Baar, 2017). One criticism of the social model is that at times, it can be interpreted as "denial of the body", which means that mentioning the medical and/or biological nature of disability is viewed as the "betrayal" of the movement. This is now a position taken by contemporary scholars who believe in affirmation rather than the "disability" model, which views impairment as part of the diversity of human beings and still strives to combat the social oppression of impairment which is experienced as disability (Cameron, 2015; Twardowski, 2020). This means that disability can be seen in a "de-pathologized" way and is not identified as a pathological condition or disease. The focus on the social and/or medical or biological aspects of disability is interpreted as a betrayal of the movement. This is now a position taken by contemporary scholars who believe in affirmation rather than the "disability" model, which views impairment as part of the diversity of human beings and still strives to combat the social oppression of impairment which is experienced as disability. This way, you can have a "de-pathologized" perspective.

Social construction of disability occurs worldwide and happens locally as well (KC, 2016). The social model is applicable across all contexts and

states the same essentials from culture to culture; however, the application of the social model is different in every socio-cultural context (Bhuiyan et al., 2025; KC, 2016). In the Global North, the struggle tends to focus on the issue of institutional 'misfitting' and the specifics of identity politics (Saltes, 2020; Green & Barnartt, 2016). However, in the Global South and more specifically in Bangladesh, the struggle often is for a mere form of being seen and existing within a context of systemic poverty and "moral" stigma (Hussain, 2021; KC, 2016; Sarker, 2024). In addition, disability is a multi-layered phenomenon in which inaccessible environments and discriminatory institutional practices are embedded in stigmatizing cultural discourses (Adam & Koutsoklenis, 2023). The initial step to overcoming these barriers is to acknowledge them as human barriers rather than biological ones (Cameron, 2015; Twardowski, 2020). The shift toward an intersectional and embodied approach to disability helps create a society that values difference in people, instead of punishing it, and that policy and practice can cater to the needs of all in the various ways that disability manifests (Logeswaran et al., 2019; Wolbring & Nasir, 2024).

4.7 Significance of the Study

A foundational step to moving from the "pity-based" charitable model to more powerful, rights-based models are understanding disability as a socially constructed issue. It is important to acknowledge that disability is a socially constructed issue in order to move from models of charity to stronger models based on rights. This research has important implications for the creation of inclusive policies, in line with the United Nations Convention on the Rights of Persons with Disabilities, while offering a theoretical basis to critique "rhetorical hollowness" in global disability governance as might be observed in the policies (KC, 2016; Twardowski, 2020). This study argues that the act of identifying disability as a result of systemic failure as opposed to personal deficit is a call for systemic changes in education, employment, and healthcare (Rahman et al., 2024; Saltes, 2020). The study makes a compelling case for the need for uniform accommodation practices in the field of education, especially in the academic setting, and that accessibility is not an "extraordinary" request, but rather a civil rights issue. For the labor market, it highlights the role systemic exclusion and inaccessible infrastructures play in perpetuating a 'disability-poverty trap,' that inhibits socio-economic empowerment (Bhuiyan et al., 2025; Hussain, 2021). Another example in health is the need for a transition from "need based" to "rights based" health care for the long-term specialist care of people with disabilities in the developing world (Rahman et al., 2024).This review becomes more relevant and significant in the context of marginalized groups in the Global South, where "moral" models of disability continue to cause entrenched social stigma and marginalization of women in Bangladesh (KC, 2016; Sarker, 2024). This study aims to examine these socio-cultural dynamics, as it can be used as a framework for breaking the "cycle of dependence" and enable positive identity construction as described by Logeswaran et al. (2019). In conclusion, this research is a call for a more inclusive social imaginary that takes into account human diversity and that the digital and the physical worlds are built for "interaction for all" (Orero & Tor-Carroggio, 2018; Yang & Mani, 2024).

5. Key Findings

The findings of this thematic review reveal that disability that is not actually a birth defect but instead is created by a combination of social, architectural and cultural barriers (Rudnicki, 2018; Twardowski, 2020). There are pervasive examples of environmental exclusion across the board, including in physically inaccessible infrastructure as well as examples of "accessibility violations" in digital spaces (Bhuiyan et al., 2025). This is especially true in the Global South, where the vast majority of Web sites cannot be deemed to be inclusive, effectively excluding people with disabilities from access to key educational and health services (Orero & Tor-Carroggio, 2018). Such barriers stem from "ableist norms" which privilege certain physical and cognitive capacities, which in turn perpetuate systemic hierarchies of human value, and place non-normative bodies into the category of "the other".

One important finding of this study was that current policies may uphold and not challenge these social injustices. In other parts of the world, such as South Asia and Bangladesh, disability governance often suffers from a "rhetorical hollowness," meaning that on paper, there are rights-based approaches but

they are not followed through in the provision of accessible services (KC, 2016). For example, healthcare access in Bangladesh is sometimes based on a “need-based” approach, without accounting for the long-term care that is needed to achieve genuine empowerment, thus creating a “cycle of dependence” (Rahman et al., 2024). Likewise, in the field of higher education, the lack of a uniform policy means that faculty and students have to work out their needs on an ad hoc basis, continuing their marginalization as "misfits" in the educational institution (Saltes, 2020). The lived experiences of disabled people are greatly influenced by intersectionality, which includes gender, class, race and origin (Jackson-Best & Edwards, 2018; Wolbring & Nasir, 2024). This review illustrates that people can be Othered by multiple Othering, for instance, disabled doctoral students are Othered by ableism and race and place in academia (Ressa & Danforth, 2023). The situation of women with disabilities in Bangladesh is the most extreme form of marginalization in the society, where male dominant society denies them marriage, employment and autonomy. This is to affirm that disability is never in isolation, but always within other social identities and "intersectional stigma" (McKee et al., 2024; Wolbring & Nasir, 2024).

Lastly, although the social model is a strong mobilizer for socio-political action, results suggest that it must be combined with "embodied and relational understandings" (Davis, 2014; Saltes, 2020). The "strong" social model, which is based on the assumption that there is no material aspect to pain, fatigue or chronic illness (impairment- effect) is increasingly under criticism as incomplete (Shakespeare & Watson, 2004). This results in a clear shift in thinking towards a "affirmation model" that both affirms impairment as part of human diversity, and challenges the socio-political barriers that create disability in people with impairment (Baar, 2017, Cameron, 2015).

6. Limitations

The review is constrained by primary and secondary sources, particularly from the literature, and therefore may not fully represent the lived experience of individual people with disabilities (IDP) in their everyday lives. One challenge is the Western-centric approaches to disability in the historical background of disability studies—although this article is opened by Global South perspectives, there are many Western-centric approaches and a "rhetorical hollowness" and absence of indigenous knowledge in the existing peer-reviewed research (KC, 2016). In South Asian countries, particularly in Bangladesh, there is a lack of empirical data and the under-reporting of disabilities, which is compounded by the "moral" approach to disability, leading to a perception that disability is less common than it really is, and that social exclusion and "accessibility violations" (Hussain, 2021; Bhuiyan et al., 2025) can be ignored. In addition, the scope of this concept (which ranges from the early social model to more recent theories of intersectionality and embodiment) makes it difficult to provide a comprehensive analysis of each individual type of disability. This study focuses on structural and attitudinal barriers and may neglect to consider the medical difficulties and "impairment effects" that may give rise to chronic pain or illness (Shakespeare & Watson, 2004). Lastly, because this is a qualitative thematic review, the findings are not meant to provide generalizability for all culturally and linguistically diverse global populations (Rahman et al., 2024; Green & Barnartt, 2016).

7. Conclusion

Our main finding from this review is that disability is a complex socio-political construct and not something inherent to the body of the person with the disability (Green & Barnartt, 2016; Twardowski, 2020). The social model of disability revises the analytical shift from ‘biologically determined defects' to ‘systemic societal failures' and has fundamentally challenged the medicalization and pathologization of human difference. As this research shows, however, it is a growing challenge to manage a ‘weak’ social model, one that excludes the material impact of the ‘impairment effects' (chronic pain, fatigue or psychological distress) that are involved. Shakespeare & Watson (2004) argue that a ‘strong’ social model that fails to take material aspects of ‘impairment effects into account is becoming increasingly inadequate to the needs of a modern and inclusive society. Rather, a more holistic and ‘affirmational' framework is needed that would combine social and architectural obstacles with that of ‘embodiment' and ‘intersectional identities' (Cameron, 2015; Loja et al., 2012; Wolbring & Nasir, 2024).

Importantly, this research highlights the need for additional research with specific focus in the context of non-Western settings. In certain regions, such as South Asia and Bangladesh, the concept of "rights" is still "rhetorically hollow" as it exists predominantly on paper and the "moral" or "charity" models still prevail in local attitudes. Systemic exclusion is a daily reality as evidenced by the commonality of “accessibility violations” in digital platforms in the Global South and the “cycle of dependence” within “need-based” rather than “rights-based” healthcare systems (Bhuiyan et al, 2025; Rahman et al, 2024; Sarker, 2024). Such regional disparities must be overcome to implement concrete socio-political empowerment. Thus, social construction of disability requires a radical transformation on a policy, institutional and cultural level. This includes establishing a uniform "civil rights-based" accommodation in higher education, designing all digital and physical spaces for "interaction for all", and changing the society's attitude to "de-pathologizing" human diversity (Orero & Tor-Carroggio, 2018; Saltes, 2020). A world in which bodies and minds are valued for their diversity instead of punished for their difference from what is perceived as "normal" (Figar & Unsain 2023; Yang & Mani 2024) can be achieved by deconstructing the physical, attitudinal and economic barriers which are currently in place that define what it is to be "disabled. The transition to true inclusion should be both a global imperative and a local reality, with a view to eradicating the so called "disability-poverty trap" and enabling each and every individual to be a full citizen of society

Author Contributions

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