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Invisible Burdens: Psycho-Emotional Conditions and Family Relationships among Women with Locomotor Disabilities in Rural Karnataka

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Abstract: ***Women with locomotor disabilities in rural India face multiple layers of marginalization, where gender discrimination, economic dependency, and social stigma intersect. This study explores the psycho-emotional well-being and family relationships of 350 rural women with locomotor disabilities across Raichur and Bangalore districts in Karnataka. Using a mixed-method design, it analyzes quantitative data on emotional neglect, criticism, autonomy, and perceived burden, complemented by qualitative narratives. Results reveal that 62.9% of respondents were constantly reminded of their inabilities, 46.6% felt like a burden, 39.1% faced criticism, and 30.9% reported feeling unloved. Emotional distress was strongly linked to lack of autonomy and dependency. The findings highlight the need for family-centered counselling, economic empowerment, and community sensitization. The study concludes that disability-related emotional pain is not inherent to impairment but socially produced through patriarchal norms and attitudinal barriers.***

Keywords: Disability, emotional well-being, rural women, family relationships

1. Introduction

Disability in India is not merely a medical condition but a deeply social phenomenon shaped by culture, gender, and power. Women with disabilities, especially in rural contexts, occupy an intersectional space of marginalization where gender discrimination, poverty, and social stigma converge. The household, ideally a site of protection and affection, often becomes a space of control, pity, and emotional deprivation. While policy discourse in India, through the Rights of Persons with Disabilities Act, 2016 and allied welfare programmes, emphasizes accessibility and economic empowerment, the psycho-emotional experiences of women with locomotor disabilities remain poorly documented.

Locomotor disability restricts mobility and social participation, compounding existing gendered expectations of household chores and dependency. A woman unable to contribute physically to household or agricultural work is often viewed as unproductive or burdensome. This perception erodes self-worth and fosters emotional distress. The present study, conducted among 350 rural women with locomotor disabilities in Raichur and Bangalore, Karnataka, examines these psycho-emotional dimensions.

2. Objectives of the Study

- To analyse the psycho-emotional conditions of rural women with locomotor disabilities.
- To examine family relationships and decision-making autonomy.
- To identify patterns of emotional neglect, over-care, and verbal or physical abuse.
- To explore implications for social work and policy.

3. Review of Literature

3.1 Disability as a Social and Emotional Construct

The social model of disability [1],[2], reframes disability as a product of environmental and attitudinal barriers rather than a personal defect. This framework extends through the concept of psycho-emotional disablism, emphasizing how stigma and pity harm emotional well-being [3]. In the Indian context, it is observed that disability is often linked to fate, sin, or divine punishment, beliefs that sustain shame and marginalization [4],[5].

3.2 Gender, Disability, and Family Dynamics

Women with disabilities experience “double discrimination” [6],[7]. Within patriarchal families, they are treated as dependents and excluded from decision-making. It was found that rural disabled women face infantilization and overprotection that limit autonomy [8]. Studies also confirmed that disabled women experience greater familial neglect than men, reflecting structural gender inequality [9].

3.3 Emotional Neglect, Stigma, and Abuse

Emotional neglect often coexists with control. Researches) reported high rates of unrecognized emotional violence in families of disabled women [10],[11]. In many cases, pity replaces empathy, reinforcing dependency and low self-esteem. Cultural beliefs about karma and shame intensify this neglect, leading to internalized stigma [12],[4].

3.4 Theoretical Framework

The study draws on:

- Social Model of Disability: Disability results from societal barriers, not individual impairment [1].
- Feminist Disability Theory: Patriarchy and ableism jointly marginalize disabled women [13],[7].

Together, these frameworks explain how gendered social norms create emotional pain and dependency, while also acknowledging women's resilience and agency.

3.5 Research Gap

While studies on disability in India often focus on education or employment, few examine emotional well-being and intra-family relationships. National datasets like the NSSO (National Sample Survey Office) and Census 2011 exclude psycho-emotional indicators, leaving this dimension invisible. This study bridges that gap through empirical analysis and lived experiences.

4. Methodology

A mixed-method cross-sectional design was used, combining structured interviews and qualitative narratives. The study covered 350 women, 250 from Raichur and 100 from Bangalore, selected through purposive sampling.

Data Collection Tools:
Structured interview schedule: Assessed socio-demographics, emotional neglect, decision-making, criticism, and support.
In-depth interviews: Captured subjective feelings, coping, and perceptions of family care.

Observation notes: Documented interpersonal behavior and emotional expressions during home visits.

Data were collected in Kannada, ensuring cultural sensitivity. Quantitative analysis was prepared using SPSS (descriptive and chi-square tests), while qualitative data underwent thematic analysis [14].

Ethical Considerations:
Informed consent, anonymity, and right to withdraw were ensured. Sensitive disclosures were handled with empathy.

5. Results and Discussion

This section analyses the psycho-emotional conditions of rural women with locomotor disabilities. Deprivation, marginalization, and negative societal attitudes were found to have deep emotional repercussions. During interviews, many respondents became visibly emotional or cried while recalling their family experiences, revealing the intensity of their inner distress.

Table 1: Percentage Distribution of Respondents by feelings about home environment

Feelings	Raichur	Bangalore	Total
Not Allowed to take decision	38.0%	24.0%	34.0%
Not Given enough opportunity	58.0%	32.0%	50.6%
Interference in personal matters	46.0%	39.0%	44.0%
Feeling of home as prison	39.2%	25.0%	35.1%
I feel over cared	44.4%	30.0%	40.3%
I am criticized	42.4%	31.0%	39.1%
Feeling as a burden to others	52.4%	32.0%	46.6%
Favouritism by parents	18.8%	11.0%	16.6%
Feel I am not loved	34.4%	22.0%	30.9%
Emotions not cared for	42.0%	33.0%	39.4%
Abused verbally more than others	48.4%	29.0%	42.9%
Beaten more often than others	18.4%	9.0%	15.7%
Not cared for	32.0%	16.0%	27.4%
Feelings of hopelessness	56.4%	34.0%	50.0%
Inabilities counted all the Time	67.2%	52.0%	62.9%
Not recognized	47.2%	26.0%	41.1%
Kept aloof	26.0%	16.0%	23.1%
Presence not valued	42.4%	25.0%	37.4%
I feel like a stranger in my house	19.6%	13.0%	17.7%

*Multiple Questions N = 350 (Raichur - 250 Bangalore- 100)

Table 1 presents the distribution of feelings about the home environment. The findings show that 34 percent of respondents were *not allowed to make decisions*, and 50.6 percent felt *not given enough opportunity* to participate in household or personal matters. Nearly 44 percent experienced *interference* in personal issues, while 40.3 percent felt *over-cared for*, reflecting infantilization and loss of autonomy. Alarmingly, 35.1 percent viewed their *home as a prison*, indicating social confinement and absence of freedom. These findings echo Garland-Thomson's (2002) notion of "benevolent patriarchy," wherein overprotection masks control. Lack of autonomy erodes dignity and mental health. Consistent with this pattern, 39.1 percent of respondents reported being *criticized*, and 62.9 percent said that their *inabilities were counted all the time*. About 46.6 percent internalized the idea of being *a burden*, and 16.6 percent felt that their parents practiced *favouritism*. 42.9 percent faced *verbal abuse*, 15.7 percent were *beaten more often than others*, and 27.4 percent stated that they were *not cared for*. Almost 30.9 percent felt *unloved*, 39.4 percent said *their emotions were ignored*, and 37.4 percent believed *their presence or opinions were not valued*. These figures portray a prevalent atmosphere of emotional neglect and rejection within the family.

Half of the respondents (50 percent) admitted to *feelings of hopelessness*, and 41.1 percent felt *unrecognized* even within their own homes. Qualitative responses described experiences such as "no one listens to me," "Name calling such as *langdi, kunti,* etc, prevails" and "I live like a stranger in my own house," echoing Thomas's (1999) concept of *psycho-emotional disablism*, where repeated humiliation undermines identity. Respondents from Raichur exhibited more negative feelings than those from Bangalore, pointing to regional disparities in awareness and support services.

Table 2: Percentage Distribution of Respondents by strength derived from personal beliefs

Personal beliefs help to face difficulties	Raichur		Bangalore		Total	
Not at all	3.6%	9	1.0%	1	2.9%	10
A little	14.8%	37	1.0%	1	10.9%	38
A moderate amount	26.4%	66	16.0%	16	23.4%	82
Very much	38.0%	95	60.0%	60	44.3%	155
An extreme amount	17.2%	43	22.0%	22	18.6%	65
Total	100.0%	250	100.0%	100	100.0%	350

Spirituality emerged as a critical coping mechanism. As shown in Table 2, 62.9 percent of respondents derived *very much to extreme strength* from personal beliefs, with 44.3 percent saying faith helped them "very much" and 18.6 percent "extremely." The influence of spirituality was stronger in Bangalore, suggesting that exposure to faith communities and social organizations reinforces

psychological resilience. These results confirm the study which found that belief systems promote optimism and emotional regulation among disabled women [15].

Table 3: Percentage Distribution of Respondents by positivity about the future

How positive are you about future?	Raichur		Bangalore		Total	
Not at all	15.2%	38	8.0%	8	13.1%	46
Slightly	19.6%	49	6.0%	6	15.7%	55
Moderately	20.8%	52	26.0%	26	22.3%	78
Very	30.4%	76	49.0%	49	35.7%	125
Extremely	14.0%	35	11.0%	11	13.1%	46
Total	100.0%	250	100.0%	100	100.0%	350

Table 3 demonstrates that 48.8 percent of respondents expressed a *positive outlook* toward their future, while 28.8 percent were negative. Positivity was notably higher in Bangalore (60 percent) than Raichur (44.4 percent). The gap reflects contextual differences in education, economic opportunity, and accessibility. The data suggest that empowerment initiatives and visible success stories can substantially improve optimism among rural women with disabilities.

Table 4: Percentage Distribution of Respondents by value of self

Value self	Raichur		Bangalore		Total	
Not at all	8.4%	21	5.0%	5	7.4%	26
A little	16.4%	41	5.0%	5	13.1%	46
A moderate amount	29.6%	74	25.0%	25	28.3%	99
Very much	29.2%	73	54.0%	54	36.3%	127
An extreme amount	16.4%	41	11.0%	11	14.9%	52
Total	100.0%	250	100.0%	100	100.0%	350

The study examines the perception of the respondents about themselves. To the query asked about how they valued themselves, more than fifty percent of the respondents have a positive notion about themselves and have valued themselves more than moderately. However, the percentage of respondents who valued themselves more than moderate amount is 45.6 percent in Raichur and 65 percent in Bangalore. And the respondents who have valued themselves less than moderate is 24.8 percent in Raichur and 10 percent in Bangalore. Hence it can be considered that the confidence level among the locomotor disabled rural women is comparatively lower in Raichur than that of Bangalore. Bangalore is a place of opportunities in education, employment and amenities, therefore, even the women with locomotor disabilities get opportunity for earning, and hence they are able to value themselves more than their counterparts from Raichur. Qualitative responses too reflected on the earning opportunities saying "the textile industries provide for employment and also provide for transportation from and to the work place".

Table 5: Percentage Distribution of Respondents by value of self and Magnitude of Disability

Percentage of Disability	Value self					Chi Square & Correlation result
	Not at all	A little	Moderate	Very much	Extremely	
<45	11.5	28.3	32.3	42.5	42.3	X^2: 65.96 p> 0.05 df: 16 r: 0.052
45 - 59	3.8	30.4	34.3	33.1	34.6	
60 - 74	0.0	0.0	5.1	2.4	7.7	
75 - 89	76.9	39.1	28.3	22.0	15.4	
> 89	7.7	2.2	0.0	0.0	0.0	
Total	100.0	100.0	100.0	100.0	100.0	

As indicated in Table 4, more than half the respondents valued themselves "more than moderately," yet the average self-esteem score was lower in Raichur than in Bangalore. Statistical analysis (Table 5) revealed a *positive but weak correlation* (r = 0.052) between the *severity of disability* and *self-valuation*, implying that greater physical limitation corresponds with diminished self-esteem. These findings align with the scholars, who identified severity of disability and social stigma as predictors of psychological distress [16],[11]. Though there might be other causes too such as employment opportunities, psycho-social environment for the Individual with disabilities, educational opportunities as well as PwD friendly amenities.

Table 6: Percentage Distribution of Respondents by satisfaction in ability of providing for others

Satisfaction with ability to provide for others	Raichur		Bangalore		Total	
Very dissatisfied	13.6%	34	9.0%	9	12.3%	43
Dissatisfied	22.8%	57	9.0%	9	18.9%	66
Neither satisfied nor dissatisfied	35.2%	88	26.0%	26	32.6%	114
Satisfied	17.2%	43	51.0%	51	26.9%	94
Very satisfied	11.2%	28	5.0%	5	9.4%	33
Total	100.0%	250	100.0%	100	100.0%	350

Table 6 indicates that 32.6 percent were moderately satisfied and 26.9 percent satisfied with their ability to provide for others, while 31.2 percent expressed dissatisfaction. Respondents from Bangalore reported higher satisfaction, correlating with better access to income opportunities. This supports the observation that economic independence enhances emotional dignity, a key theme in feminist disability literature.

Table 7: Percentage Distribution of Respondents by Abuses faced

Faced Abuse	Raichur		Bangalore		Total	
Verbally	55.2%	138	41.0%	41	51.2%	179
Physically	20.4%	51	14.0%	14	18.6%	65
Economically	40.8%	102	17.0%	17	34.0%	119
Emotionally	54.8%	137	43.0%	43	51.4%	180
Sexually	5.6%	14	9.0%	9	6.6%	23

*Multiple Choice N = 350

Multiple forms of abuse were reported (Table 7) and abuse leads to emotional trauma and negative self-worth, Emotional abuse was reported to 51.4 percent overall, and was the most prevalent form followed by Verbal abuse which was 51.2 percent overall (Raichur 55.2 percent; Bangalore 41 percent).

Economic abuse was reported at 34 percent, with higher incidence in Raichur (40.8 percent) followed by Physical abuse at 18.6 percent overall (Raichur 20.4 percent) and Sexual abuse at 6.6 percent, though under-reported due to social taboos. When observed keenly sexual abuse was reported more in developed region than less developed region compared to other forms of abuses. This might be because of the empowerment through education, supportive environment, employment opportunities, which gives courage to stand for oneself even in a scenario which is humiliating in a conservative society.

These patterns reveal that emotional and verbal violence are far more pervasive than physical assault, which corroborates with earlier studies [10],[11]. The frequency of abuse is higher in less developed regions, again demonstrating the intersection of poverty and vulnerability.

6. Summary, Recommendations and Conclusion

6.1 Summary

Rural women with locomotor disabilities face layered discrimination manifested as emotional neglect, lack of autonomy, and criticism. Emotional well-being is closely tied to economic independence and supportive family dynamics. The data collectively indicate that *emotional neglect, dependence, and abuse* remain central to the lived experience of rural women with locomotor disabilities. The Social Model of Disability interprets these as socially produced disadvantages, not inevitable consequences of impairment. The Feminist Disability perspective adds that patriarchal family structures control women's bodies and emotions under the guise of protection. In this framework, emotional deprivation becomes both a symptom and a tool of structural subordination.

Nevertheless, the respondents' expressions of faith, modest self-valuation, and hope suggest latent resilience and agency. Empowerment through education, economic participation, and community inclusion can transform these internal strengths into sustainable well-being.

6.2 Recommendations

- Integrate psychosocial counselling into disability programs.
- Establish rural support centres for disabled women.
- Promote family sensitization and gender-inclusive care.
- Provide vocational and microcredit opportunities to reduce dependency.
- Train social workers to address emotional needs and rights advocacy.

6.3 Future Research

Longitudinal and intersectional studies should explore caste, religion, and other disability types to deepen understanding of emotional inequalities.

6.4 Conclusion

Emotional distress stems from social attitudes, and not merely from impairment. Though the impairment of a family member, might burden the caretaking individuals in the family, and pave way to such negative attitude. Solution to this, is economic participation, which enhances dignity and respect.

Patriarchal values define disabled women as dependent, diminishing their self-worth. This is understood through the 'family', though a source of care, often perpetuates control and neglect of the underprivileged members. In order to curb these practices emotional well-being must be integrated into disability policy and practice.

The study reveals that the most profound disability faced by rural women is the invisible emotional burden of neglect, dependency, and silence. True empowerment lies not only in accessibility but in emotional recognition and dignity. When families and communities transform care into compassion, women with disabilities can redefine strength and belonging on their own terms.

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Conflict of Interest
The author declares that there is no conflict of interest regarding the publication of this paper.

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Author Contribution
The author solely conceptualized, designed, conducted, and prepared this manuscript

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