



Disability, Caregiving, and the Virtual World: A Qualitative Study from Assam

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ABSTRACT

Background: Disability and caregiving are shaped by cultural contexts, family dynamics, and societal perceptions. In the digital era, the virtual world has become a key space where disability is represented, often through narratives of resilience that overlook daily struggles. **Objective:** This study explored the lived experiences of persons with disabilities and their caregivers in Assam, examining how the virtual world influences social perceptions, caregiving practices, and emotional well-being. **Methodology:** A qualitative case study design was used, involving semi-structured interviews with 8 persons with disabilities and 8 caregivers representing neurological, locomotor, visual, and ENT-related conditions. Thematic analysis of interviews, observations, and field notes captured caregiving realities in Jorhat district and adjoining regions. **Results:** Digital platforms provided valuable medical information, rehabilitation guidance, and emotional support, reducing caregiver burden and fostering inclusion. However, participants noted a gap between curated online positivity and lived hardships. Misrepresentation often reinforced stigma, trivialised caregiving, and obscured systemic barriers such as discrimination, limited resources, and institutional neglect. **Conclusion:** While digital spaces hold potential for empowerment, authentic and empathetic representations are needed to bridge the gap between virtual portrayals and lived realities, fostering dignity, inclusion, and resilience.

Keywords: Disability, caregiving, virtual world, social media, psycho-social experiences, qualitative study

INTRODUCTION

Disability is broadly defined as a physical, mental, sensory, or cognitive impairment that significantly limits an individual's capacity to perform everyday activities or fully participate in societal roles. Disabilities may be congenital or acquired, temporary or permanent, and their impact varies across individuals (Linton, 1998). Despite this diversity of experience, one universal truth endures: every human being deserves love, dignity, and care.

Caregiving, therefore, is not merely a fundamental duty but a profoundly human role that shapes the quality of life for both those who receive and those who provide it. Regardless of a person's strength, wealth, power, or education, everyone requires love and care at various points in their lives. Moreover, disability represents a significant challenge in our modern society, and we

must extend support and care to individuals with disabilities, ensuring they receive the love and attention they deserve.

Caregivers are indispensable healthcare assets, diligently providing care to patients in their homes. However, clinicians must recognise and address the needs of these caregivers, rather than concentrating exclusively on the patients. Ignoring caregivers undermines the overall effectiveness of the care team (Bhimani, 2014).

The global scale of disability underscores the urgency of addressing these issues. More than 1 billion people — approximately 15% of the world's population — live with some form of disability, a figure projected to rise due to ageing populations, chronic illness, and the growing prevalence of non-communicable diseases (WHO, 2023). This reality highlights the necessity of advancing inclusivity, accessibility, and rights protections through both global initiatives and robust national policies.

Social changes and technological advancements are transforming every facet of life in our generation. Social media plays a crucial role in shaping individuals' experiences today. People engage in an unspoken competition to showcase their happiness and highlight what makes them unique. The pursuit of fame,

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recognition, and glamour is a prevalent phenomenon. This paper confidently presents an image of today's society, focusing on individuals with disabilities, who are integral members of our community and courageously overcome daily challenges (Ashar, 2024).

Current theoretical and legislative models of disability demonstrate that the disablement process is fundamentally linked to a person's physical, mental, or emotional functioning and their engagement with the environment. This interaction decisively influences the level of social participation an individual can achieve. This paper confidently outlines the progression of the disability process from medical conditions to restricted participation and identifies the most effective measurement methods for this phenomenon, ensuring valuable insights for policy research (Altman, 2014).

Scope of the Study: This study examines the socio-cultural and emotional challenges faced by individuals with disabilities and their caregivers in the Jorhat district and adjoining regions of Assam. Adopting a qualitative case study approach, it focused on three core dimensions: (1) the gap in disability and rehabilitation awareness, (2) the misrepresentation of disability on social media, and (3) the persistence of institutional and attitudinal barriers. Through in-depth narratives, the study captures how these factors shape the lived realities of persons with disabilities and their caregivers, particularly within a regional context characterised by limited medical infrastructure and deeply rooted belief systems.

Beyond documenting lived experiences, the research contributes to the broader discourse on disability rights, inclusive caregiving, and the ethics of representation in both digital and offline spaces. By situating the findings within the Indian socio-cultural context, it offers empirical insights that can inform awareness campaigns, guide social work interventions, and support evidence-based policymaking aimed at fostering inclusivity and equity.

Context and Rationale of the Study: In India, the act of caregiving has long been woven into the social fabric, often regarded as a sacred duty toward family members in need. Within many households, caring for a loved one with a disability has been more than an obligation – it has symbolised devotion, purpose, and emotional fulfilment. For generations, this responsibility was framed as an unquestioned extension of familial love, deeply rooted in cultural and moral values. Yet, the landscape of caregiving is changing. Rapid socio-economic transformations, technological innovations, and evolving cultural norms are reshaping how families approach the care of individuals with disabilities. The once primarily home-centred, emotionally defined role of caregiving is increasingly intersecting with new expectations of independence, digital tools for support,

and the pressures of modern lifestyles. These shifts create both opportunities and tensions: technology can reduce barriers and expand inclusion, but it also redefines traditional caregiving relationships, sometimes straining the balance between duty, identity, and modern aspirations.

Against this backdrop, examining the current state of caregiving in India is essential. Understanding how caregivers navigate these cultural transitions, and how individuals with disabilities experience them, offers valuable insights for policy, social support systems, and technological interventions. This study situates caregiving at the intersection of tradition and change, revealing how evolving practices reflect not only personal choices but also broader societal transformations.

As social media becomes central to self-expression and social validation, public displays of happiness and success often take precedence over authentic emotional connections. This societal trend has contributed to a growing disconnect between perceived and actual support, particularly affecting vulnerable groups like differently able individuals who require consistent and compassionate care (Tew et al., 2013).

The present study seeks to explore the lived experiences of caregivers supporting their differently abled spouses or children. Focusing on families with young persons with disabilities in the Jorhat district, the research examines how contemporary social realities – including media portrayals and resource constraints – shape caregiving relationships.

While social media platforms frequently circulate inspiring narratives of resilience and positivity within disability discourse, these representations may not adequately capture the complex and often demanding realities faced by families. Despite multiple interventions initiated by governmental and non-governmental organisations, significant disparities in access to resources and support systems persist. This study, therefore, investigates the intersection between virtual representations and the tangible challenges of caregiving, with an emphasis on the optimisation of available resources in the Indian context.

Using case studies of four individuals representing diverse categories of disabilities - neurological, locomotor, visual, and ENT-related conditions – the research aims to provide a nuanced understanding of family life, emotional caregiving, and adaptive strategies in the current socio-cultural landscape.

REVIEW OF LITERATURE

In 2001, a pilot study conducted across four Indian states (Karnataka, Kerala, Punjab, and Rajasthan) revealed that, even among educated urban populations, spouses often fail to provide adequate emotional or practical support. It also noted that age and financial

responsibility influence caregiving roles more than religion, caste, or region (Berkman et al., 2001).

In a U.S.-based study involving 1,594 caregivers of veterans, caregiver burden was influenced by factors such as co-residence, income, and race. Spousal caregivers and those with lower incomes experienced significantly poorer health-related quality of life (HRQOL) (Hughes et al., 1999).

A review by Liu, Heffernan, and Tan (2020) highlighted three dimensions of caregiver burden: self-perception, multifaceted strain, and changes over time. Financial stress, limited social engagement, and competing responsibilities were identified as major contributors to caregiver burden, leading to deteriorations in both care quality and caregivers' physical and mental health.

Further et al. (2023) found that younger caregivers and female caregivers, particularly wives and daughters, tend to experience greater burden. Factors such as income level, co-residence, and race were also linked to varying stress levels, with Black caregivers reporting less subjective burden and white caregivers experiencing higher levels of depression.

A study in the USA examined how social media affects relationships, revealing that platforms like Facebook, Instagram, and Snapchat, while fostering connections, can also lead to addiction, like substance abuse. This "SNSs addiction" involves poor self-control, neglect of personal life, and emotional disturbances, often leading to issues like envy, anxiety, and strained relationships. The study of 365 individuals found that higher social media addiction correlates with a greater likelihood of infidelity-related behaviours, with older users being less prone to both addiction and such behaviours (Abbasi, 2019).

These findings, together with the insights of the present study, highlight the pressing need to re-examine caregiving within the realities of the digital age. Caregivers today stand at the crossroads, balancing traditional expectations of devotion with the demands of modern life, while navigating emotional, social, and structural challenges. Understanding how they adapt – and how society can better support them – is not only essential for the well-being of individuals with disabilities but also for shaping a more inclusive and resilient caregiving framework for the future.

Theoretical Framework: The current study decisively employs critical theory to uncover the emotional realities of caregivers for individuals with disabilities and the influence of the virtual world in the Jorhat district. Drawing on the foundational work of German philosopher Max Horkheimer, critical theory critically evaluates the socio-political structures that significantly impact communities, families, and individuals. Its primary aim is to analyse and challenge social systems

or beliefs that require transformation, ultimately providing a comprehensive understanding of societal dynamics (Kellner, 1990).

In this context, critical theory provides a rigorous normative framework for examining the social dimensions of caregiving. Guided by this perspective, the present research systematically investigates the lived realities of caregiving and their implications for the emotional well-being of families supporting individuals with disabilities.

A qualitative method has been strategically implemented, involving eight cases that span four types of disabilities. Critical qualitative research asserts that knowledge emerges from the personal perspectives of individuals, anchored within their socio-historical and political contexts (Levitt et al., 2021).

A central aim of this research approach is to contribute to a transformative vision of social justice. The study seeks to develop a nuanced understanding of the stark realities of caregiving by examining the subjective experiences of individuals directly engaging in supporting persons with disabilities. To achieve this, semi-structured interviews were employed as the primary method of data collection, involving a purposively selected sample of participants from the Jorhat district of Assam.

METHODOLOGY

Study Design: This study employed a qualitative case study design, with particular attention to family relationships, caregiving dynamics, and the role of the virtual world in shaping social perceptions. The qualitative case study approach was deemed most appropriate, as it allows for the detailed examination of individual and collective experiences within their natural contexts, emphasising meaning-making, lived realities, and subjective interpretations.

Given that disability and caregiving are embedded in complex socio-cultural environments, the case study design enabled the research to capture the nuances of how these experiences are mediated not only by family structures and caregiving practices but also by wider influences, including digital media, online communities, and technology-mediated interactions. By grounding the inquiry in specific cases, the study provides both depth and contextual richness, highlighting how local cultural norms intersect with broader, media-shaped perceptions of disability.

The design thus allowed for a holistic understanding of the phenomenon under investigation, recognising that the virtual world increasingly informs how disability is represented, perceived, and negotiated, both within families and in the wider community. This framework aligns with the study's aim of situating personal narratives of disability and caregiving within the evolving digital and social landscape of Assam.

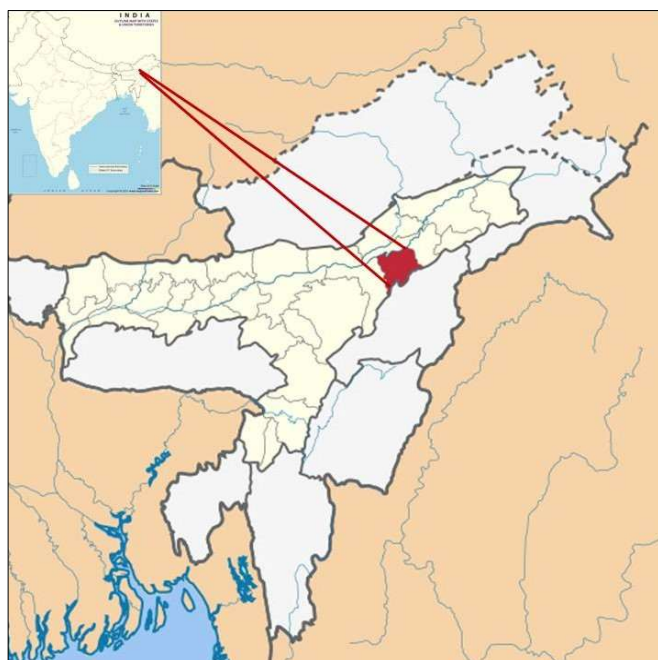


Figure 1: Location of the study area

Study Location and Rationale: The research was conducted in the Jorhat district of Assam, a region notable for encompassing all 21 officially recognised categories of disability. This site was purposively selected to facilitate an exploration of the gap between the everyday challenges encountered by persons with disabilities and their caregivers, and the often-idealised representations of disability and caregiving disseminated through social media platforms.

Sampling Technique and Participants: A purposive sampling technique (also known as judgmental sampling) was employed to select a total of sixteen (16) participants. The sample comprised:

Eight individuals with disabilities - representing the categories of neurological, locomotor, visual, and ENT-related conditions.

Eight primary caregivers - preferably spouses/parents corresponding to each of the above categories.

Participants were drawn from between urban and semi-rural settings in order to capture socio-cultural variations in caregiving experiences. The inclusion criteria emphasised the capable to provide in-depth, first-hand accounts of caregiving practices, emotional challenges, family dynamics, and societal attitudes. This approach was intended to ensure that the data collected reflected both the diversity and complexity of caregiving within the regional context.

Data Collection Process and Instrument: Data were collected through a combination of in-depth interviews and observation, guided by a semi-structured interview schedule. Interviews were conducted in the local language and subsequently translated into English for transcription and analysis where required. Each session

lasted between 45 to 90 minutes and was conducted either at the participant's residence or in another private setting to ensure comfort, privacy, and confidentiality.

The data collection process spanned approximately one month, during which the researcher visited each participant's household at least twice. This approach facilitated rapport building and allowed for a more nuanced understanding of participants' lived experiences. In addition to formal interviews, supplementary information was gathered through conversations with close family members and friends, providing contextual depth. All interviews were conducted in Assamese by the author and electronically recorded for transcription and analysis. The researcher also maintained detailed field notes, documenting observations, insights, and reflective impressions, thereby enriching the interpretive process.

The triangulated approach – drawing on interviews, observations, supplementary narratives, and reflexive documentation - ensured a holistic and contextually grounded understanding of the caregiving experiences and challenges encountered by the participants and their families.

Ethical Considerations: Ethics in research is fundamentally concerned with the treatment of subjects or individuals involved in the study or interview process (Knottnerus & Tugwell, 2018). All participants provided informed consent before the commencement of data collection. Participants were fully briefed on the objectives, scope, and anticipated outcomes of the research, enabling them to make an informed decision regarding their involvement.

Confidentiality was maintained throughout the study by employing pseudonyms and by safeguarding all personal data. Participants were assured that their identities would not be disclosed at any stage of reporting. The study strictly adhered to established ethical guidelines for research involving human subjects, ensuring voluntary participation without any form of coercion.

Furthermore, participants were encouraged to share their experiences, opinions, and emotions freely, with the understanding that they could withdraw from the study at any point without consequence. This ethical framework ensured respect for participants' rights while fostering an environment of trust and openness, thereby enriching the quality of the data collected.

Data Analysis: The data were analysed using thematic analysis, with an emphasis on identifying recurring patterns and themes related to caregiving challenges, relationship dynamics, emotional well-being, and the perceived influence of media representation. All interview transcripts were manually coded, and emergent themes were cross-checked for consistency and validity.

Table 1: Open-Ended Questionnaire for interview

Sl. No	Interview Questions
1	Who is your primary caregiver, and what is their relationship to you?
2	What forms of support do you currently receive from your caregiver? In which areas do you feel additional support is needed?
3	What has been the most significant challenge you have faced in relation to your disability?
4	How has the caregiving experience influenced your relationship with your caregiver or family members?
5	What role does the virtual or online world play in your daily life?
6	How do you perceive society's attitudes toward your condition?
7	Do you use any form of digital technology (e.g., mobile phones, computers, and the internet)? If yes, how does it assist you?
8	Are there any online communities, applications, or digital resources you use for managing your condition or connecting with others?
9	In your view, does the virtual world bridge or intensify the challenges associated with living with a disability? Please explain.
10	From your perspective, how has the caregiving role affected the caregiver's work life, emotional well-being, and social relationships?

Data analysis constituted a critical component of this research, enabling the researcher to draw conclusions aligned with the stated objectives. A qualitative data analysis approach was employed, integrating both interview transcripts and observational notes (Akinyode & Khan, 2018). Codes were systematically derived from the verbatim transcripts through an iterative process, ensuring that key concepts were grounded in participants' narratives. This coding process followed a structured, step-by-step methodology (Thomas, 2003), which facilitated the organisation of data into coherent categories.

The categorised data were then synthesised to develop broader themes that reflected the lived realities of participants. This approach not only enhanced analytical rigour but also ensured that the interpretations remain contextually embedded, thereby capturing the depth and complexity of caregiving experiences in the study setting.

FINDINGS

Table 2: General Background of the Respondents

No	Types of Disability	Respondent' s Age (Years)	Disability Onset Years	Relationship	Residence	Education
1	Neurological	42 (PWD)	32	Son – Mother	Urban	M.C.A.
		65 (Caregiver)	-			Graduate
2		75 (PWD)	68	Wife – Husband	Semi-Urban	Graduate
		85 (Caregiver)	-			Graduate
3		67 (PWD)	65	Mother - Son	Urban	Graduate
		45 (Caregiver)	-			Engineer
4	Locomotor	35 (PWD)	By birth	Daughter – Mother	Semi - Rural	High school
		62 (Caregiver)	-			M.A.
5		42 (PWD)	39	Son – Mother	Urban	High School
		60 (Caregiver)	-			Graduate
6		75 (PWD)	70	Husband – Wife	Urban	Graduate
		68 (Caregiver)	-			Graduate
7	Visual	68 (PWD)	60	Mother - Daughter	Urban	Graduate
		38 (Caregiver)	-			Graduate
8	Deaf & Mute	65 (PWD)	62	Mother - Son	Urban	LLB
		35 (Caregiver)				Engineer

Table 3 shows the responses of the interview participants regarding caregiving, the virtual world of differently able persons with four types of disabilities. All the respondents had a story to narrate.

The study highlights the dual role of virtual media as both an enabler and a disruptor in shaping social narratives, influencing perceptions, and redefining societal values across diverse groups. Digital platforms provide important spaces for empowerment, visibility, and advocacy - particularly for marginalised communities such as persons with disabilities. However, they simultaneously contribute to distorted representations and the reinforcement of unrealistic expectations.

Table 3: Virtual world, & stark reality: A true picture

How do you think the virtual world helps bridge or exacerbate the challenges of living with a disability?

No	Respondent	Responses
1	65 years mother with 42 years son suffering from Parkinson's disease(PD) - Neurological	"My son still posts photos on Facebook, like everyone else. But the truth is hidden. His wife left him after learning about his Parkinson's diagnosis, her decision was influenced by what she read on Google. Our lives collapsed after that. Social media only shows a glamorous surface; in reality, it can magnify stigma and even destroy families."
2	85 years husband with 75 years wife suffering from Parkinson's disease (PD) - Neurological	"Even though we live in a semi-urban area, digital platforms have been a blessing. With just a click, we can access medical guidance, expert consultations, and practical advice that would otherwise require travel to big cities. The digital world has made healthcare knowledge more accessible to us."
3	45 years old son with 67 years mother suffering from Parkinson's disease (PD) - Neurological	"Son acknowledged that the virtual world has been a valuable support system. Access to online consultations with neurologists reduced the need for frequent hospital visits, while digital platforms offered tips on exercises, diet management, and medication adherence. Also providing with reassurance and a sense of solidarity, helping to cope with stress."
4	62 years mother with 35 year's daughter suffering from (Locomotor Disability)	"I don't feel the virtual world truly helps me with the challenges I face. I was born without a healthy hand, but I can still do everything like others. Yet, society did not treat me equally—my marriage was stopped by a boy's family only because I am disabled. On social media, I see stories of 'happy lives' of girls like me, but in reality, I have only received sympathy, never genuine empathy. What we see on Facebook or Instagram is not real, it's just a false world."
5	60 years mother with 42 years old son suffering from (Locomotor Disability)	"Digital platforms have been a great source of rehabilitation guidance for us. Through YouTube, online journals, and expert consultations, we learned about therapies and care that we otherwise could not access locally. The digital era has truly helped us provide better support for my son."

6	68 years old wife with 75 years old husband suffering from (Locomotor Disability)	"Digital technology acted as a bridge for ageing caregiver, though digital literacy and accessing virtual networks (video calls with relatives and local support groups on messaging platforms), which reduced her sense of isolation. Online platforms - offered both information and emotional relief to the caregiver."
7	32 years wife with 48 years husband, who is a blind person (Visual)	"I cannot see, but the virtual world still inspires me. Through music and stories online, I feel connected. My wife, who is educated, cares for me beautifully. I see the world through her eyes, and digital platforms add to that by giving me motivation and hope."
8	55 years husband with 43 years wife with disability (Deaf and Mute)	"My wife cannot speak or hear, yet our family runs smoothly. Personally, I don't see much impact of social media or the virtual world in our lives. What matters more is individual attitude, not technology. Even in the media or on occasions like the International Day of Persons with Disabilities, it often feels like empty celebration. Real change lies in changing people's mindsets, and that is not easy."

Despite growing awareness initiatives and visible efforts by governmental and non-governmental organisations - such as the annual observance of the International Day of Persons with Disabilities on December 03 attitudinal barriers, discrimination, and social exclusion remain persistent in everyday life. These entrenched challenges often remain obscured behind curates' online portrayals of positivity and resilience.

A central theme emerging from participant narratives was disconnecting between virtual representations and lived realities. Social media tends to highlight selectively inspirational content, which, while motivating, risks overshadowing the persistent struggles of individuals with disabilities and their caregivers. Additionally, the subtle yet pervasive competition for digital recognition and social validation, even within the differently abled community, raises critical concerns regarding the psychosocial implications of digital engagement.

Through qualitative thematic analysis, the study identified three major thematic gaps concerning disability, caregiving, and societal perception, grounded in narratives of individuals and caregivers from Assam. These themes are elaborated below, supported by direct voices from the field.

1. Gap in Enhancing Awareness of Disability and Rehabilitation:

A substantial gap persists in public awareness and understanding of disability and rehabilitation. Despite increasing advocacy efforts, many individuals - irrespective of their educational background - continue to lack comprehension of psychological, emotional, and social dimensions of disability. Rehabilitation, which is intended to restore or enhance functional abilities, remains underutilised or misunderstood due to widespread misconceptions and inadequate support systems.

One respondent living with Parkinson's disease recounted his deeply personal experience:

"Parkinson's Disease has changed my life completely. My wife left me, and my daughter distanced herself because they believed I had a mental illness and could pose a risk to them. We spent five wonderful years together in a relationship before we got married during our engineering college days. Now, I find it hard to find meaning in life."

This narrative poignantly illustrates how misconceptions and stigma surrounding neurological conditions can result in emotional abandonment and social isolation. It underscores the urgent need to strengthen awareness initiatives at the grassroots levels, ensuring accurate knowledge but also cultivating empathy and supportive attitudes within families and communities.

2. Gap in Social Media's Representation of Disability

While social media platforms have the potential to amplify marginalised voices and foster advocacy, they frequently present an idealised and selective portrayal of the lives of persons with disabilities. Disability is often depicted through celebratory posts, competitions, or motivational stories, leaving the complex, multifaceted, and often painful realities largely invisible.

A caregiver - the husband of a woman who is both deaf and mute – reflected on this phenomenon:

"One cannot gauge happiness and success through social media platforms. They primarily serve as tools for publicity. The International Day of Persons with Disabilities is now celebrated similarly to a festival, yet it does not truly empower individuals with disabilities in meaningful ways."

Although such portrayals may generate sympathy or admiration, they risk obscuring the emotional and physical toll of caregiving, particularly for spouses and mothers who undertake substantial, yet often invisible, labour. Another caregiver remarked:

"The burden is not only physical, it is mental and emotional. No one sees that in pictures."

These narratives reveal a profound disconnect between digital representations and lived experiences.

They underscore the need for more authentic, nuanced portrayals of disability in virtual spaces – representations that honour the dignity, resilience, and agency of both persons with disabilities and their caregivers, without reducing their lives to either spectacle of suffering or romanticised narratives of inspiration.

3. Gap in Addressing Institutional and Attitudinal Barriers:

Despite the existence of legal frameworks and advocacy efforts promoting inclusivity, deeply ingrained social beliefs continue to operate as an invisible institutional barrier. These attitudes restrict the full participation of persons with disabilities in critical domains such as education, employment, and marriage.

The lived experience of a young woman with a locomotor disability, who is able to independently manage daily tasks despite having only one functioning hand, illustrates this challenge:

"My boyfriend's mother refused our marriage proposal. She said I was born unlucky and wouldn't bring happiness into the family."

This narrative reflects more than a single rejection; it exemplifies the entrenched stigma that persists within intimate social structures, often beyond the reach of legislation. While public platforms and official discourses may advocate for inclusion, personal prejudices within families and communities remain powerful deterrents to genuine social integration.

Addressing these barriers requires a paradigm shift: moving from a deficit-oriented view of disability towards an ability-focused perspective that recognises individual strengths and contributions. Empowerment must extend beyond symbolic representation to actively challenge discriminatory mindsets through sustained education, intergenerational dialogue, and rigorous implementation of inclusive policies. Only then can institutional and attitudinal barriers be dismantled in meaningful and lasting ways.

DISCUSSION

This study offers a nuanced exploration of disability, caregiving, and the lived stark realities of families in the Jorhat district, while also reflecting broader societal dynamics. Prior research has underscored the gender dimensions of disability, noting that girls and women often experience heightened discrimination and marginalisation (Ghosh et al., 2022).

The present findings, however, reveal complex and sometimes contrasting narratives. While women with locomotor disabilities continue to face significant barriers – including rejection in intimate relationships – the accounts of husbands supporting their deaf and mute wives highlight instances of resilience and agency. In these cases, caregivers deliberately distance themselves

from the performative aspects of social media, choosing instead to prioritise authentic family relationships over virtual validation.

Equally striking is the emotional toll experienced by caregivers themselves. The case of a man with Parkinson's disease, abandoned by his wife at a critical stage, illustrates the profound psychological consequences of caregiver withdrawal. His subsequent depression and suicidal ideation underscore the urgent need for more structured psychosocial support for both persons with disabilities and their caregivers.

Consequently, other narratives demonstrate the potential of caregiving and digital engagement to foster positive outcomes. The wife of a blind man – a graduate teacher and mother of two – emphasised the absence of barriers in her marital relationship, describing a fulfilling family life. Her proactive use of Facebook and other digital platforms not only provides her with inspiration but also enables her to share their stories in ways that challenge stereotypes and empower others.

Taken together, these diverse accounts underscore the heterogeneity of disability and caregiving experiences. They highlight the dual role of education and awareness: as both tools for dismantling entrenched stigma and mechanisms for amplifying authentic voices in the digital sphere. For social work practitioners, the findings call for a recalibration of intervention strategies that address emotional caregiving, challenge attitudinal barriers, and harness digital spaces responsibly. Ultimately, the study underscores that while progress has been made, significant gaps remain and require sustained efforts at individual, community, and policy levels.

CONCLUSION

This study underscores the multifaceted realities of disability, caregiving, and the influence of the virtual world in the Jorhat district of Assam. The findings challenge prevailing stereotypes by revealing both the resilience and vulnerabilities of persons with disabilities and their caregivers. While gender-based discrimination continues to present a significant barrier, the contrasting narratives within families demonstrate that support, empathy, and understanding can transcend societal norms.

Caregivers emerge as pivotal figures – experiencing profound emotional strain in some cases, while serving as a source of strength and hope in others. Similarly, the virtual world is shown to be a double-edged space: on one hand, it generates curate and often distorted portrayals; on the other, it fosters positivity, advocacy, and meaningful connections that can reshape perceptions and relationships.

The narratives documented in this study reveal critical gaps in the awareness, representation, and institutional

practices concerning disability. They emphasise the urgent need for reforms that extend beyond legal frameworks and media portrayals to actively engage communities in dismantling stigma and cultivating empathy. Disability must be reframed not as a deficit, but as a dimension of human diversity that warrants dignity, equal opportunity, and social inclusion.

Moving forward, stronger collaboration between social workers, caregivers, educators, media practitioners, and policymakers is essential. Targeted interventions, particularly in education, community engagement, and social work practice—are required to enhance awareness, strengthen support systems, and challenge entrenched attitudinal barriers. By addressing these complexities holistically, society can move closer to embracing inclusivity and empowerment while fostering a more nuanced and humane understanding of disability and caregiving.

LIMITATIONS

While this study provides valuable insights into disability, caregiving, and social representation, several limitations must be acknowledged:

Limited Sample Size: The findings are drawn from a small set of case narratives and, as such, are not statistically generalisable. They should be interpreted as indicative rather than representative.

Regional Focus: The study is situated within the socio-cultural context of Assam and the North-eastern region of India, which may restrict the transferability of findings to other geographical or cultural settings.

Subjectivity of Interpretation: As is characteristic of qualitative research, the potential for researcher bias in data interpretation cannot be fully eliminated, despite deliberate efforts to maintain reflexivity and objectivity throughout the analytical process.

Participant Accessibility: Regional medical constraints and social stigma limited access to a broader and more diverse pool of participants, particularly individuals with complex neurological conditions.

Communication Barriers: Some participants with sensory impairments required assistance from family members during interviews, which may have inadvertently influenced the authenticity or completeness of the responses.

Digital Divide: Insights concerning social media representation reflect the experiences of those with access to digital platforms, potentially excluding the perspectives of the most marginalised groups who remain digitally disconnected.

As this study adopts a qualitative approach, the emphasis lies on depth rather than breadth of inquiry. In qualitative research, the number of participants is not the principal determinant of validity; instead, the richness, diversity, and contextual relevance of the cases are

central. The sample size of 8 individuals with disabilities reflects both the practical challenges of identifying participants in the given context and the methodological orientation of qualitative studies, where even a single case can yield meaningful insights. Thus, the number of cases should not be viewed as a limitation but rather as a deliberate choice consistent with the study's objective of capturing lived experiences in depth.

Acknowledging these limitations helps contextualise the scope of the findings and underscores the need for further research with larger, more diverse participant groups across varied socio-cultural contexts.

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CONFLICT OF INTEREST

The authors declare that there are no potential conflicts of interest with respect to the research, authorship, or publication of this study.

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