

Research Paper



Resisting third spaces and reclaiming identity: disability and sexuality through critical lenses in Bangladesh

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ABSTRACT

This paper sheds light on the portrayals of people with disabilities (PWDs) in the socio-cultural landscape of Bangladesh through the critical lenses of poststructuralism. Viewing from the sharp eyes of these theories and engaging them with the cultural, political, gendered, and disability aspects of Bangladesh, this paper reveals how PWD's identity is formed, how power can be negotiated and resistance embodies the layered dynamics through performativity, endurance and tolerance. Following a qualitative reflexive approach and narrative inquiry using Interpretative Phenomenological Analysis (IPA) from the fieldworks. This paper highlights the narratives of lived experiences and cultural representations of PWDs in contemporary Bangladesh with the help of juxtaposing the theoretical frameworks and linking up these with the field observations and findings.



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1. INTRODUCTION

Diverse cultural identities enmeshing with Bengali linguistic nationalism, Islamic tradition, neoliberal and global developmental- humanitarian agendas echo in the terrains of Bangladesh, yet the voices of Persons with Disabilities (PWDs) are often ignored or silenced. The erased voices of PWDs cries for attention and recognition in the ableist spectrum of normative social spaces, and cultural representations from where they are denied access of and had been historically neglected. This paper

implies the theoretical frameworks of post-structural critical theorists to understand how disability as an embodied identity is framed in the socio-cultural spaces in Bangladesh.

The study is highly relevant for its theoretical interpretations and researcher's reflections synthesized from the acquired qualitative narratives. It has incorporated textual analysis and theories of post-structural thinkers making it a unique synthesis juxtaposing as a reflexive study that links qualitative findings and blending the theoretical lenses to interpret the inner world of PWDs from their own narratives and perspectives. It offers enriched insights on PWD's representations and agency, and offers a new theorizing angle from the critical thinker's lens in the context of Bangladesh. This study aims to incorporate researcher's acquired phenomenological interpretative insights gained through the fieldwork and attempted to link up the perspectives of critical thinkers to synthesize and propose a theoretically enriched understanding of PWD's identity and agency around their sexuality. To address these objectives, I will critically examine the key texts on the theoretical studies and then relate it with the qualitative findings [1].

2. RELATED WORK

Homi K. Bhabha's notion of the Third Space developed in *The Location of Culture* (1994) gives the idea that identity and cultural symbolisms are not rigid but the interpretations and meanings arises through an "in-between" process, through a space of negotiation and hybridity, challenging binary oppositions such as colonizer/colonized or self/other. In this process of cultural enunciation new social identities and meanings are produced. PWDs enunciate sexuality in 'Third Spaces' between medical discourse and lived experiences, between desexualisation and desire, between normativity and performativity [2], [3].

While Bhabha's theory originates in postcolonial cultural theory, disability and sexuality scholars have increasingly reframed related questions of identity, agency and inclusivity in similarly non-binary, socially constructed terms- especially where disability intersects with gender and sexual identity [3], [4], [5]. Disability scholars have long critiqued the medical model that labelled disabled bodies as asexual, childlike or deviant than normalcy; but social models emphasize that disability is constituted through social barriers, cultural norms, and exclusionary practices that shape sexual identities and access to sexual life [6], [7]. Critical work in disability and sexuality frames sexual identity and practice as socially constructed and politicized, rather than biologically determined, aligning with post-structural and queer theories that opposes binary oppositions [5], [8]. For example, in related studies; PWDs with minoritised sexual identities negotiate stigma and identity in ways that deconstruct ableist heteronormative norms [5], [8].

Bhabha's Third Space can be brought into dialogue with disability studies to understand how disabled sexual identities emerge through the negotiation of social norms, cultural binaries and institutional power structures. In this lens, PWD's sexual identities are not predetermined but curated through cultural enunciation within an ambiguous space where normative norms about gender, sexuality, ability, desire and desirability are challenged. The negotiating process of social perceptions of sexuality reflects hybrid identities that resist normative categorisation much like cultural hybridity in postcolonial spaces.

Recent work on disability sexual rights emphasizes autonomy, access, and pleasure as foundational elements for PWD's sexual identity and participation. These elements can be understood as the resultants of negotiation within Third Spaces where PWDs challenge and resist exclusionary norms and assert sexual agency and rights [4]. The Third Space metaphor can be used to frame disability sexual rights not as fixed entitlement or rigid stereotypes but as a socially negotiated term that emerges through resisting the ableist heterosexist systems. Access to sexuality and sexual expectations for PWDs are shaped by intersecting systems of power including ableism, heteronormativity, access to resources and cultural stigma in a disabling society – the term 'disabling society' is introduced by Goodley in his article; where disability is not merely an individual but a socially emulsified problem because society failed to provide security to them [8]. As the disability scholar Panzarino documented her struggle in a study that; to get financial aid for assistive technological tools that would help her in managing her disability and regain autonomy in certain ways; but was led down by the denial of the funding [8], [9]. These intersections create

a complex hybrid identities conceptually akin to Bhabha's Third Space [2], [3]. Disability as an internalized experience is felt emotionally but is always culturally, socially, politically and financially produced [8].

The disabled psyche is molded accordingly to the opposite of it the abled psyche [8]. For instance, experiences of abuse, stigma and exclusionary practices in sexuality for PWDs have been documented in multicultural contexts where sexual negotiation is critically shaped by local norms and histories, especially in the Global South [10], [11]. 'Psycho-emotional disablism' is enabled because of the deficient social structures which can be analyzed through their capacity of 'what they can do' and 'what they can become' instead [8]. By locating disabled sexualities in society's 'Third Space', scholars can depict how disabled people can actively negotiate social meanings and assert sexual agency against normative constraints.

This approach moves beyond deficit models to recognize disabled sexualities as creative and subversive enunciations of self. Framing disability sexual rights within hybridity and negotiation highlights the importance of inclusive policy framework that recognize sexuality as socially constructed issue which is mediated by power relations rather than inherently fixed identity or absent in PWD's lives. Integrating Third Space with disability and sexuality studies permits us to see their sexuality from a theoretical angle where they continuously negotiate their sexual identity and urges in a cultural space that challenges normative frameworks. Through this lens, disabled sexualities inhabit in-between spaces where identity, power, pleasure, and agency are constantly renegotiated.

3. METHODOLOGY

Adopting a qualitative approach to link the observations of the in-depth interviews, case studies and FGDs conducted, I have arranged the acquired findings and synchronized those with theoretical scrutiny of thinkers like Bhabha, Goodley, Maurice Merleau Ponty, Iris Marion Young, and Sara Ahmed. I applied intertextual analysis combining reflexive analytical interpretations of the qualitative findings and narratives acquired from the in-depth interviews. The study differs significantly in its richness and theoretical enmeshment, where the study echoes the interpretative angle from multiple thinker's perspectives and a critical analysis is thus offered rather than simply discussing theme based findings.

Fifty PWDs participated in the study, 20 men and 30 women, where 42 participants were visually impaired and 8 participants were physically impaired aging between 18-30. They were all tertiary level students studying and residing in the various student residences provided by the educational institutions and welfare foundations in Dhaka city. For content analysis, secondary data were absorbed and extracted from the articles and books using intertextual analysis; the cases were studied deeply and reflected for the psychoanalytical interpretations to further analyze the emotive world of the PWDs. Here, I am using the subjective interpretation from a humanistic epistemic ground on the lived experiences of PWDs and analyzed their interaction with normal-abled persons by interpreting their narratives, listening to their struggles that they had to endure in their daily lives intersecting gender, disability and sexuality to navigate this discursive journey.

As the researcher, I acknowledge that my own social location, embodied positionality, and cultural context shape both the questions I ask and the interpretive lens; I have applied to this study. In Bangladesh, where disability, gender, and sexuality are tightly regulated by patriarchal norms, religious moralities, and socio-economic hierarchies, I recognize that my access to participants, interpretation of narratives, and representation of their experiences are inevitably situated within these broader inter-related structures of power systems.

The participants were selected through snowball sampling method by contacting the network of students with disabilities living and studying at various institutions of Dhaka city. Interviews were conducted in their preferred locations until thematic saturation occurred. The questionnaire was open-ended and written consent were taken and read verbatim before the interviews, and audio-recorded. Through this comparative and interpretive iterative process, this analysis revealed the relational construction of meaning making in the PWDs lives. Table 1 shows the illustrations of the methods used in this study.

Table 1. Methods and Illustrations

Methods	Illustrations
Intertextual Analysis	Thinkers like Bhabha, Goodley, Maurice Merleau Ponty, Iris Marion Young, and Sara Ahmed's theories and concepts were analyzed to interpret disabled individual's subjective spheres in understanding their sexualities.
Reflexive Analytical Interpretation	This method was used to interpret the observation found in the study while thematic analysis and narrative interpretation.
Qualitative Narrative Analysis	Significant quotes and narratives were highlighted for further interpretations.

4. RESULTS AND DISCUSSION

Through linking up and interconnecting various critical thinker's theories with the findings of the fieldwork, I have attempted to theorize the agency of PWDs in Bangladesh. The guiding questions that I had in my mind to assemble the themes are provided in the following Table 2.

Table 2. Conceptualization, Mind-Mapping and Visualization of the Study

Questions	Mind-Mapping	Theme And Linkage
Are PWDs living in a third space?	They are neither accepted fully nor are they integrated in the society. They live in a hybrid space.	Disability in poststructural lens: PWDs in a third space? Interpreted through the lenses of Bhabha, Goodley, Ponty, Young, and Ahmed.
How do they enunciate their sexuality in normative stereotypical space?	Disabled sexualities inhabit in-between spaces where identity, power, pleasure, and agency are constantly renegotiated.	This aspect is interpreted through Bhabha's concept of cultural enunciation.
Why does their sexual and reproductive health matters in the society?	They are constantly living in fear and stigma of ridicule. Sometimes they hide their expressions of sexuality and experience of any forms of sexual abuse in their lives.	This can be related to Sara Ahmed's concept of 'Orientation'

Table 2 shows the conceptualization process through mind-mapping the questions theorizing disability and sexuality. Table 3 shows the demographic characteristics of the respondents (n=50).

Table 3. Demographic Information

Characteristics	Value (%)
Age (in year)	
15-20	14 (28.0)
20-25	28 (56.0)
25-30	8 (16.0)
Mean = 22.08, SD = 2.704, Range = 5	
Sex	
Male	20 (40.0)
Female	30 (60.0)
Type of disability	
Visual impairment	42 (84.0)
Physical impairment	8 (16.0)
Relationship status	
Single	28 (56.0)

Married	20 (20.0)
In a relationship	12 (24.0)

4.1. Disability in Post Structural Lens: Pwds in a Third Space?

Homi K Bhabha's postcolonial theory centers on pointing the poignant aspect of identity formation and integration- the hybridity of identity in binary conditions [2]. Disability is largely seen as a curse in the conventional beliefs; mostly in rural Bangladesh, whereas, modern human discourses and NGO-initiatives emphasizing on the inclusivity and accessibility of PWDs posits disability in a complex scenario where they are often captured in a "Third Space"- not fully accepted nor fully excluded [2]. For example, inclusive education embraces PWDs without building an inclusive infrastructure for them or guaranteeing them a safe inclusive social space where they would not be ridiculed, pitied or wronged for their disabilities. Moreover, frequently they are socially expected to mimic the behavior, attitude, mindset and lifestyles of an able-bodied person for social appeals. Despite such attempts of continuously performing, of trying to break the disabled dependence/ independence binary in the disabling cultural spaces [6], they are never completely included, the social distance is too not covered up nor are the differences erased. These aspects are largely visible in our cultural space and structures. Hence, 'Cultural Enunciation' is required from PWD's perspectives. Cultural enunciation can reclaim disabled voices against normative, medicalized narratives [2], [12], [13].

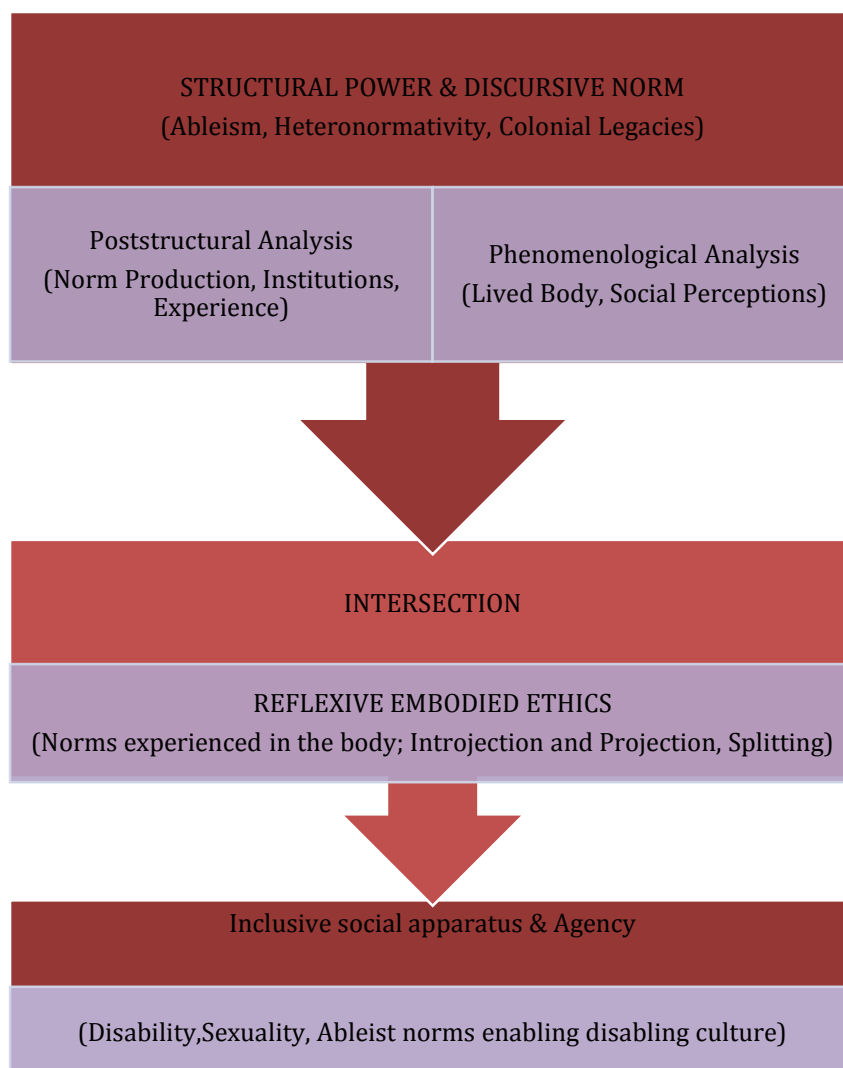


Figure 1. Conceptual Framework for Poststructural Disability Studies

As shown in the [Figure 1](#), a conceptual framework is developed from the discussed theoretical proponent. The model incorporates phenomenology and poststructuralism to understand the intersection between disability and sexuality in contemporary Bangladeshi society. Phenomenology is used here to understand the embodied lived experiences of disabled subjects, whereas, Poststructuralism critiques the normative, discursive and institutional forces that produce and reproduce, regulates and shapes bodies, sexualities and gender differences. The body is a space where we perceive, relate and interpret meanings through our embodied feelings, it's not merely a biological object but a meaning making carrier.

Maurice Merleau Ponty argued perception is always embodied [\[6\]](#). Our bodies have their own minds reading spaces through inclusivity, exclusivity, accessibility and inaccessibility. For people with disabilities and marginalized demography, experience is not something casual and abstract – It is felt through fatigue, stares or social gazes (Garland-Thomson), spatial access and emotional strain [\[14\]](#), [\[15\]](#). Based on this, Iris Marion Young illuminated how body compartment is socially constructed in her celebrated work on gendered embodiment where she elucidated how often women are socialized to occupy less space, move with certain gestures and internalize vulnerability [\[16\]](#). Similar insight can be extended into comprehending disabled subject's sexuality. PWDs may internalize exclusion and shrink themselves in the public spaces for the architectural special inaccessibility and social discomfort. They may too feel isolated and alienated from the cultural and social spaces where they could perform their sexualities, but instead social fear and exclusionary practices render them invisible for which they bear emotional strain and embody social anxiety – constantly thinking what others are thinking about them, remaining in fear, protective and scanning environments for potential harm as the FGD conducted with the participants highlighted. Participants said that they felt unseen, unheard and unacknowledged in such spaces where concerns related to their sexual urges and sexualities were rendered unnecessary [\[17\]](#). More often, disabled subjects are put in a process of 'Cultural Splitting' where they are torn off in between the feelings of being both appealing and appalling, feared and scared of, pitied at and disgusted of in the abled psyche [\[8\]](#). This creates the introjection in the disabled psyche due to the projection of the societal expectations and cultural stereotypes on them [\[8\]](#). Thus, the splitting has a psycho-emotional strain on PWDs, where 'Possability' can be a way of them expressing their unique dispositions. Possability here refers to the reactions formed because of the splitting cultural facts where disabled people sometimes show resistance and agency in owning their social and mental space [\[7\]](#), [\[12\]](#), [\[16\]](#).

In a study of Roulstone and Balderston, 2009, they depicted about 25% disabled people in UK faced hate crime because of such cultural splitting instances [\[17\]](#). If similar study was conducted on the violence held against people with disabilities in Bangladesh due to the embedded cultural disablism and cultural splitting, no less data than this would appear. Here in this study, I aim to study the disabling society and disabling culture that enables ableist stereotypes, understand the ableist psyche that splits the PWDs culturally into binaries of good and bad, normal and abnormal; that normalizes a risky and vulnerable society for them. Hence, reading Goodley has been useful to understand the role of psychoanalytic theory in comprehending disablism, the process of introjection and internalisation that disabled people feel, the practices of repression that follows because of social projections on them, as he emphasized on the 'Denormalising the normalizations' in the society to value non-conformity and each consciousness that derives from such interactions in the social spaces [\[6\]](#), [\[7\]](#), [\[8\]](#), [\[12\]](#), [\[16\]](#), [\[17\]](#), [\[18\]](#).

This model above helps us understand stigma constructively. Disabled bodies are stared at, mocked and visibly such non-confirming bodies can become a spectre in public spaces where they are questioned, pitied or feared. Either their bodies are appealing or appalling [\[12\]](#), [\[17\]](#), [\[18\]](#). Stigma here is hence not only psychological but embodied and felt in hesitation and withdrawal.

Sara Ahmed introduced the concept of 'Orientation', by which she argues that bodies are oriented in space in such ways that some bodies feel welcomed while others not. Some feels "at home" whereas others experience disorientation. Spaces then are not neutral, rather it is subjective largely shaped by norms and social expectations [\[19\]](#). It can be negotiated and renegotiated constantly. A wheelchair user may experience spatial exclusion in public spaces where the infrastructure is inaccessible. Likewise, sexuality of PWDs might not be a concern for larger population. The notion of orientation helps us ask: why some bodies are included and other discarded? Some are appreciated and others not? Some are considered

while other's inconveniences are deemed inconsistent? And, most importantly, who must conform and adjust accordingly? Then the question shifts from what challenges these people face from how these experiences are lived and felt? How they experience stigma and where do they see themselves in the social spaces?

Stigma then may manifest as withdrawal from public spaces, accessing sexual and reproductive healthcare, avoiding eye contact and communication or anticipatory anxiety builds up over the time. It may shape how someone carries themselves, how they speak, walk or dress or what they should do and not do; what they can chose for themselves whether it be sexual preferences or partner selection and what they cannot chose or do. That's how ableist culture promotes normative spaces and enables a disabling society through the propagation of stigma [6], [12], [16]. Orientation therefore reveals how power is spatially embedded, shaping who can live comfortably and who must renegotiate as well as constantly adjust [19]. Likewise, asking how bodies negotiate space and social interaction draw attention to daily micro-practices. How does a disabled person strategize an inaccessible healthcare space or classroom? How does a sexually non-conformist disabled individual measure hostility before exposing his/her identity? How does a parent adjust their own body to assist a disabled child in navigating stereotypical environments? These are not abstract negotiations, but very materialistic, spatial and embodied experiences.

Thus lived embodiment allows one to capture the diverse experiences beyond policy or discourse. It explicates perception, stigma, vulnerability, resilience and agency of marginalized people. It acknowledges the exclusion, stigmatic cultural notions are not only social phenomena but embodied realities lived through flesh, gesture, gaze and space that's again negotiated through spaces. Thus, I aim to define spaces especially 'Third space' in terms of post-structural propositions to elucidate PWD's embodied experiences in a disabling society like Bangladesh. Goodley has defined disabling society as one that is not inclusive to accommodate the needs of disabled people, hence the term 'disabling society'. He explicates that it's not the problem of PWDs but the very issue of society that fails to integrate their needs and ensure inclusion and accessibility [6], [7]. Most often, their difficulties and struggles aren't acknowledged when they have to accept and imitate the ableist notions and dominant ideals of our society just to fit in and be included. Bhabha's Third Space becomes significant here especially, in South Asian disability contexts [2], [3], [13].

Third Space is not a metaphorical site but a very relevant lived reality experienced by disabled subjects who face difficulty in daily negotiations in institutions, households, public and digital spaces. For example, during FGD, participants mentioned how often families of PWDs disregard them as burden and threat to their familial honor and moral order. Though, disability focused NGOs prioritize education, rehabilitation and employment, but have largely ignored sexual health concerns of disabled people due to social stigma and cultural repercussions. As, often religious discourses in Bangladesh posits disabled bodies as a testament of faith demoralising sexuality. Because of such intersecting factors, PWDs enunciate sexuality in liminal manners through silence, refusing marriage, sometimes forming clandestine relationships and through online presence where they can enable sensual expressions anonymously. Such practices constitute 'Third Space' cultural enunciations, where sexuality is neither fully visible nor entirely erased but continuously negotiated.

The inclusivity of disabled people comes with a hidden cost of losing oneself to fulfill the social destiny; aligning it with cultural expectations. They remain in the 'Third Space' where they are largely unseen and unheard of. But, cultural enunciation appears as a resisting force that enables them to reclaim their identities. This helps them to embrace themselves to integrate in the society where they can speak their own language, appear in public spaces with their authentic selves, advocate for their rights, talk about the discrepancies they face and challenge the normalized aesthetics, body norms and cultural ideals that often marginalizes them.

During the in-depth interviews, I contemplated a spirit of cultural enunciation within the participants; who were against the cultural practices and misconceptions that made them feeling inferior, that took away the privileges of being seen and acknowledged, that regarded and subjected them to be 'non-sexuals' and spread wrong views on their sexualities- that often disregards their sexualities - the silent declarations in the public spaces that they don't have any sexual urges or need SRH care. They

resisted the ableist cultural notions prevalent in Bangladeshi society. They were vocal about their rights and emphasized on having a policy reformulation that would include sexual and reproductive health rights (SRHR) of disabled people. They challenged the inappropriate judgmental attitude of the healthcare providers towards them. They were aware of the mockery they faced from their peers on their sexuality if they shared any concerns about SRH issues. They admitted that they did not have family's support in these matters. They even vocalized for the awareness raising campaigns about the sexual and reproductive rights challenging the ableist cultural notions. This raising awareness and collective consciousness can be understood as reclaiming their agency and identity in a highly conservative patriarchal society as Bangladesh. This study indicates that inclusion of their voice must matter that will challenge the fixities of normalized ableist notions and dominance of hegemonic cultural constructs by incorporating tolerance and practicing inclusivity.

Now, injecting the ideas of hybridity, cultural enunciation, and third space into my research findings based on the interactions and observations with the participants, it is clearly depicted that people with disabilities, are living in a third space. In this study we have seen that they have built their own intricate world where they are all interlinked as if living in a web, closely related to each other; interpreting their world views through collective experiences, where they give their own voice to the shared experiences and narratives. Their sexual tendencies and behavior is largely ignored and forgotten. Kapoor in his study (2002) discussed Bhaba's conceptualization of Third Space as a space of negotiation between the differences [20]. Here, the acknowledgement and awareness provides a space for the marginalized [14]. Engaging with the same thought, I want to lay a few questions for future studies in this light, how do we more often get involved with the lifestyles of the unspoken world of disabled people? Why they are often ignored and why their SRHR is largely silenced in the ableist cultural practices? Why such hegemonic, epistemic dominance appears both in the healthcare discourse and practical field? Why such prejudices are practiced in the social spaces and public spaces where their presence is unwelcomed and undermined? Is there any space of negotiation practically exercised in the socio-cultural space of Bangladesh where they have the chance to speak openly about the distraught they face in accessing SRH services, seeking related knowledge and information? Where their sexual and reproductive health is considered and taken care of? And, the differences between the normal-abled body's SRHR and disabled-body's SRHR are acknowledged and mobilized? Is there any awareness raised?

I am channeling a comparative interpretive lens and linking their narratives with the poststructuralist theoretical frameworks; being completely aware of the limitations that needs further probing. It discusses PWD's being in a space of negotiation, mimicking the ableist culture, and in their 'becoming'- they go through the process of hybridity completely leaving them on the grounds of 'Third Space' where their existence is neither embraced nor completely erased. Gender, class, sexuality and disability intersects here with the findings, where sometimes they resist by challenging the normative structures by voicing for their SRH rights overcoming the stigma.

Similarly, we shall not undermine the role of shared cultural and embodied lived experiences of the PWDs in forming their cultural identity. Here, I intend to deconstruct the idea of "cultural normalcy" to show that it's not neutral, but is socially constructed that often exclude disabled bodies. Hybridity is often used in poststructural discourse to mean simply cross cultural exchange [3], [13]. But here the ideas of PWDs are not exchanged, they are living in the third spaces and through hybridizing they are negotiating with the dominant ideals, the able-bodied people do not always adapt to the world of PWDs, they don't learn the sign language or understand the interactions of PWDs and most often are not used to feeling the sense of separation and isolation from the world because of the othering process and objectification that the ableist dominant cultural ideals impose on the disabled people. It reflects the dichotomy and the binary of belonging and not belonging, the inclusivity and non-inclusivity- that we often forget to dissect and deconstruct. And, even if we try to do so by amending the loss and breaking the barriers- the cultural residues strongly precipitates and reflects the dominance- the othering of persons with disabilities prevails in the social spaces for SRH concerns.

Through intersecting all these poststructuralist ideas; this study proposes an "Embodied Stigma Negotiation Model (ESNM)" incorporating these theoretical insights. Here, the proposed model has four

interrelated components. First, structural normativity capturing broader macro level aspects such as ableism, heteronormativity, patriarchy, cultural norms and cultural enunciations that defines conformist body types and desires. Second, embodied perception encapsulates how these social constructs and perceptions are internalized and experienced as emotional hardships, anxiety, hyper vigilance and withdrawal. Third, spatial negotiation elucidate the micro-level cues and maneuvers individuals employ to negotiate their spaces and voice for themselves while navigating social interaction through advocacy, selective visibility, and carrying out meaningful relationships. Finally, transformative agency recognizes that non-confirming body types are not merely passive carriers of stigma but active citizens capable of transmuting their experiences into something meaningful where they actively reorient space through resistance, collective agency and self-assertions.

This framework shifts analytical attention from abstract identity categories to lived, sensory, and spatial experience. It enables the study to examine how stigma operates at the level of the body while remaining attentive to broader structural conditions. By centering embodiment, the framework captures the dynamic interplay between perception, space, and power, allowing for a nuanced understanding of how disabled individuals and sexual minorities experience marginalization and negotiate belonging in everyday life.

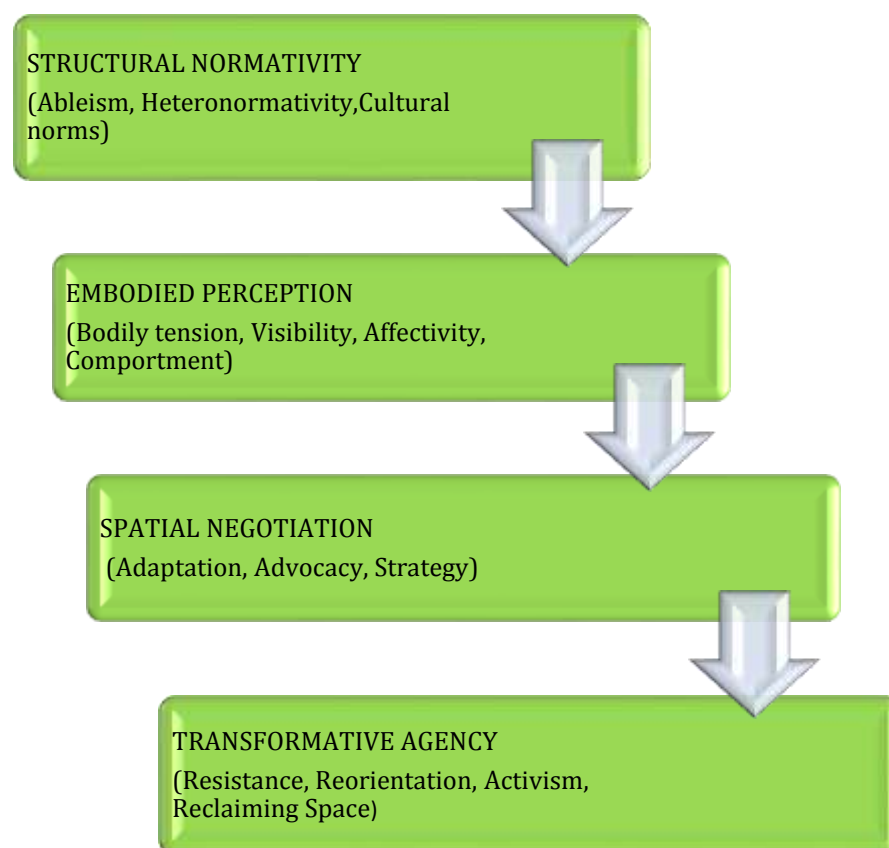


Figure 2. Embodied Stigma Negotiation Model (Esnm)

As shown in the Figure 2, how stigma can be bypassed and transformed into transformative agency for PWDs is shown.

Bhabha's notion of Third Space elucidates a hybrid space, a liminal site where dominant and marginalized identities negotiate and create a new hybrid form meaning making, often known as cultural enunciations. It is a productive mid-space where meanings are rearticulated and identities reoriented. Here, in the proposed 'Third space disability-agency model' following, I have shown how disabled subjects transforms their agency by reframing narratives and enabling collective mobilization through active participation and advocacy around their disability, sexuality and other relevant aspects of their lives.

4.2. Transformation of Dominant Meaning and Hegemonic Tropes

4.1.1. Third Space Disability-Agency Model

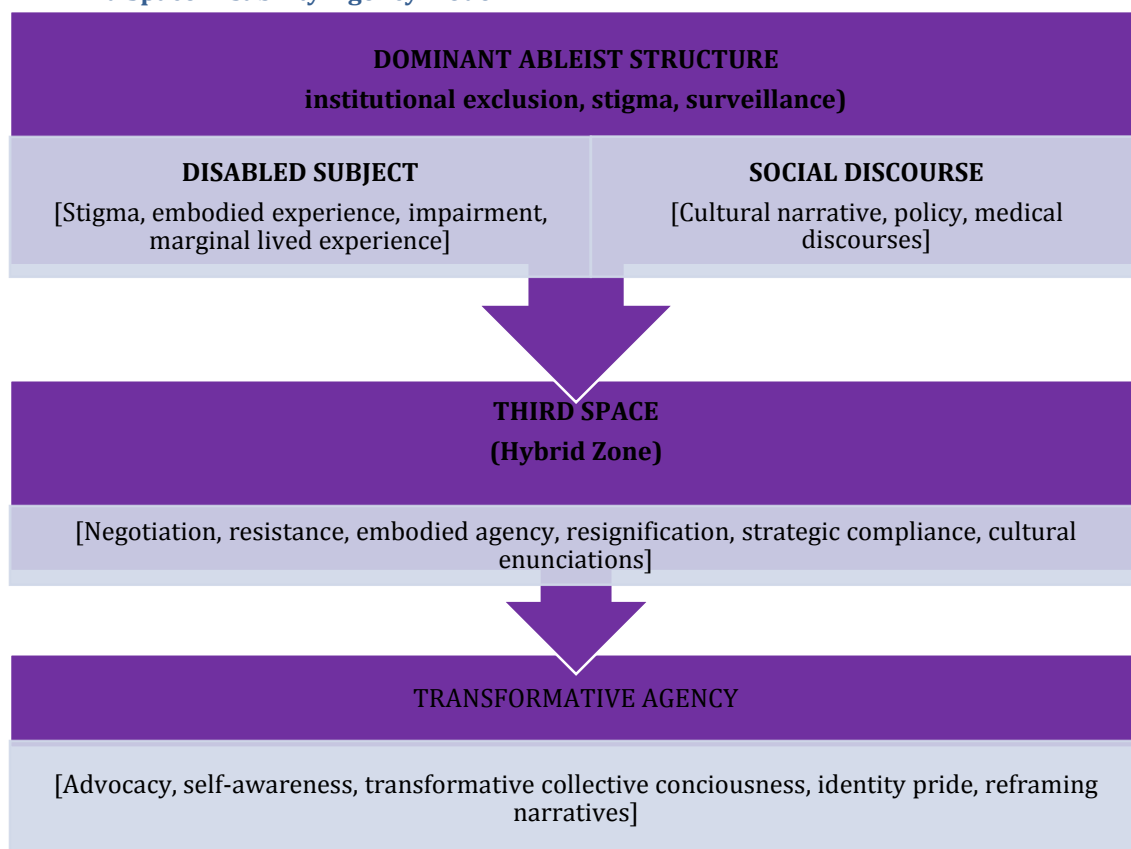


Figure 3. Third Space Disability Agency Model

As shown in the Figure 3, we can see the proposed model is developed where Third Space is redefined and disabled identity is redefined.

When applied to disability, the First Space is the dominant ableist norms (medical model, normalcy, conformist ideals, productivity), Second Space is the 'lived disabled identity' shaped by exclusionary malpractices and marginalization, stigmatized embodied experiences and alienation felt through social interactions. Third Space can be defined as the hybrid site of negotiation where the disabled subjects themselves reinterpret and renovate the meanings of norms and generate self-assertive agency that promotes their growth and ensures dignity as well as enables safe space for them in the society. In this space, they are no longer the passive recipients of pity and stigma, they strategically reorganize their identities, resist and re-signify dominant meanings.

5. CONCLUSION

The theoretical lenses of the discussed poststructuralists offer a rich comprehension of the qualitative findings emerged from field observations and reflections that contextualize and highlight the complex realities of PWDs in Bangladesh. This study attempted to resist the dominant cultural ideals and misconceptions prevalent in the society on PWD's sexualities. PWDs dwell in the hybrid spaces, challenges the ableist representations, engage with embodied performance through their bodies, media presence and online activism. It is time to reimagine their identity as a contributor rather than assuming them as charity case, be aware of their resistance and embodied identities, and invite future scholarship centering on their voices that contests ablesist domination and cultural hegemony, and patriarchal narratives that continue to frame and mold their lives. Poststructuralist theoretical lens in the study challenged essentialist constructions of identity through the concept of hybridity and cultural ambivalence, offering new

theoretical models; “Third Space-Disability Agency Model” and “Embodied Stigma Negotiation Model” for understanding the disabled subject formation in Bangladesh.

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Author Contribution Statement

Name of Author	C	M	So	Va	Fo	I	R	D	O	E	Vi	Su	P	Fu
Farheen Akter Bhuian	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

C : Conceptualization

M : Methodology

So : Software

Va : Validation

Fo : Formal analysis

I : Investigation

R : Resources

D : Data Curation

O : Writing - Original Draft

E : Writing - Review & Editing

Vi : Visualization

Su : Supervision

P : Project administration

Fu : Funding acquisition

Conflicts of Interest

This is a sole-authored paper, hence, there are no conflicting interests.

Ethical Approval

Institutional Review Board of Department of Sociology, Faculty of social Sciences, University of Dhaka (Approval no. Soc/AC 11.02.2023).

Informed Consent

Signed consent was taken before the interviews began, also the participants were made well-informed about the study.

Data Availability

The data can be provided upon request from the author.

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