Chapter- 1

INTRODUCTION

Disability has been an indispensable phenomenon of human life experience since the time of conception of human being to be perfect. The conception of disability can't be put outside the periphery of cultural and social structure. If an individual, on the grounds of psychological, physical, sensorial and mental deficits, finds difficulty in performing an activity of daily life or participating in social activities, such individual is treated as a person with disability. Disability is caused not only by the defects in the individual's body but by the facilities constructed and availed for the common mass of the particular community also. In this way disability occurs as a result of interaction between the impairment and physical, social and cultural environment.

There are so many different terms like 'physically challenged'; 'handicapped'; 'disadvantaged'; 'crippled'; 'disabled'; 'persons with especial needs' and 'differently-abled' used for a person with disabilityand every term has distinct meaning and each and every term is subtly different from other. These terms must never be used interchangeably. Disability and its associated terms like impairment and handicap are far different from one another too.

'Disability' is defined to understand the different issues in different fields like science, sociology, economics and other disciplines of humanities. Definition of disability has incessantly undergone a change from time to time and from place to placeby every attempt. It seems that there is no definition of disability which is unbiased and unprejudiced and

holds universal acceptance. Different dictionaries define 'disability' in different ways on the basis of different cultural and social contexts.

The Oxford Dictionaries use the word 'disability' to mean:

- A physical or mental condition that limits a person's movements, senses, or activities.

[http://www.oxforddictionaries.com/definition/english/disability]

The Merriam-Webster Dictionary uses the word 'disability' to refer to as:

- A condition (such as an illness or an injury) that damages or limits a person's physical or mental abilities.
- The condition of being unable to do thing in the normal way.

[http://www.merriamwebster.com/dictionary/disability]

The Oxford Learner's Dictionaries reads 'disability' mean as:

- A physical or mental condition that means you cannot use a part of your body complete or easy, or that you cannot learn easily.
- The state of not being able to use a part of your body completely or easily.
- The state of not being able to learn easily.

[http://www.oxfordlearnersdictionaries.com/definition/english/disability]

The Cambridge Dictionary Online puts 'disability' to refer to as:

- An illness or injury or condition that makes it difficult for someone to do the things that other people do.

[http://dictionary.cambridge.org/dictionary/english/]

The Macmillan Dictionary holds 'disability' to signify as;

- A condition in which someone is not able to use a part of their body or brain properly, for example because of injury.

[http://www.macmillandictionary.com/dictionary/british/disability]

The Collins Dictionary defines 'disability' as:

- A disability is a physical or mental condition that restricts the way someone can live their life.

[http://www.collinsdictionary.com/dictionary/english/disability]

Impairment is some disease, sickness, abnormality in the parts of the body or any defect in the mind and sensory organs of an individual. A person, with some impairment and disability, experiences many types of barriers, in the form of physical or abstract, during the participation in a socio-cultural institution, school, and community. The individual experiences to be disadvantaged and this feeling and experience of disadvantage is handicap.

The definitions from different dictionaries signify that there is no consensus and harmony among them at any of the above."World Report on Disability"(2011) puts definition of NDS as:

"NDS focused solely on disability defined as difficulties in functioning in any of the following domains: seeing, hearing, speech, mobility, and dexterity, remembering and concentrating, intellectual and learning, emotional, psychological, and mental health, and pain and breathing."(23)[http://www.who.int/disabilities/world_report/2011/report.pdf]

The UN "Convention on the Rights of Persons with Disability"(2006) in its Article 1 defines the term 'disability' as "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory which in interaction with various barriers may hinder their full participation in society on an equal basis with others." (4)

[http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf]

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, (1995) defines the concept of persons with disability as:

"Persons with disabilities' means a person suffering from not less than forty percent of any disability as certified by a medical authority (a 'medical authority' means a hospital or institution specified for the purposes of this Act by notification by the appropriate   Government)."(3-4)[https://sadm.maharashtra.gov.in/sadm/GRs/PWD%20Act.pdf]

The World Health Organization (WHO) has developed the International Classification of Impairment, Disability, and Handicap (ICIDH) (WHO 1980) and in the first chapter of its report with the title "Community-Based Rehabilitation and The Heath Care Referral Services", it defines the three terms as:

Impairment, in the context of health experience, is any loss or abnormality of psychological, physiological or anatomical structure or function.   .

Disability, in the context of heath experience, is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap, in the context of health experience, is a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, social and cultural factors) for that individual (1).

In different socio-cultural and environmental periphery the different responses and ripostes to disability have induced the different approaches and techniques in the form of models to figure out disability.Initially, without any logic and rational grounds, the moral model of disability was taken into consideration. With the change in the mind set and attitude towards disability the few other models of disability came front to advocate the different meaning and definition of disability as the charity or welfare model, the medical model, the rehabilitation model, the social model, the right-based model, the cultural model, and the psycho-social model of disability.

The moral model of disability looks at disability as consequence of misdeeds or sins committed by the concerned individual or by the individual's near and dear relatives and family members. This model avoids the logical causes to be the result of disability and it completely relates disability to the shame on the entire family of the concerned

individual. This model happens to be the oldest model of disability as it is based on the concept of a fairy tale and a cock and bull story. By putting on the glasses of this model, the family attempts to its best to hide the individual with disability from the eyes of the people by putting the individual away from school and other educational and socio-cultural institutions. Considering misdeeds or bad *karma* as the grounds of disability on the part of the moral or sin model, TARSHI (Talking About Reproductive And Sexual Health) in its working paper titled "Sexuality and Disability In The Indian Context" (2010) puts Renu Addlakha's concept of sin model as:

> Indeed the law of karma decreed that being disabled was the just retribution for pastmisdeeds. Pity, segregation, discrimination and stigmatization became normalized in the management of persons with disabilities. Such constructions of the disabled by the non-disabled have the dual effect of not only justifying the complete marginalization and disempowerment of a wholepopulation group but also leading to the internalization of such negative stereotypes by disabled persons themselves. (TARSHI 11)

The charity or welfare model denotes that model of disability which induces establishment of institutional care of the persons with disability. This model looks at the disabled persons to be the subjects of sympathy and care and to survive on the charity and donations paid to the institutions made especially for the persons with disability. This model ostracizes the persons with disability and eradicates the chances and possibilities of participation and inclusion in the social and cultural activities or to be the part of

advantaged in earning the bread and butter for life. Even today this model is in vogue in India some parts of the other countries.

The medical or individual model is that model of disability which looks for the cause of disability within individual and not in the community or physical environment in which the concerned individual resides. This model refers to disability as the disease and defects in the body and these defects are to be treated through the medical intervention. This model regards the disability as a personal problem of the concerned individual and takes 'normality' to an objective state or situation and simultaneously the persons with disability is considered to be 'abnormal' and inferior to a normal person. This model directly relates the problems and experience felt by the individual to his/her impairment and physical, mental or sensorial disease. The medical model looks at disability completely with the perspective of medical treatment assigned to the concerned individual and at the same time it does not consider society to be as a tool for difficulties, restrictions and enabling and empowering the persons with disability.Article 25 of the United Nations "Conventions on the Rights of Persons with Disability" (CRPD) reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination (81).In the book *Disability Studies in India, Retrospect and prospect,*G. N. Karna puts of medical model:

> "The medical approach reduced disability to impairment and sought to locate it within the body or the mind of the individual while the power to define, control and treat disabled individuals was located in the medical and paramedical professionals." (38)

Rehabilitation model of disability is offshoot of medical model and it is largely inspired by medical model in the respect of its point and intention. This model like medical model looks at disability as a deficiency and flaw and it takes a person with disability as a subject to be cared under the supervision of rehabilitation professionals. The "World Report on Disability" (2011) defines rehabilitation as "…a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal of functioning in interaction with their environments." (96) [http://www.who.int/disabilities/world_report/2011/report.pdf]

"Talking About Reproductive and Sexual Health Issues" (TARSHI), founded in 1996 and registered under the Societies Registration Act in 1997, in its working paper named "Sexuality and Disability in The Indian Context" (2010) puts rehabilitation model as: "It focuses on therapies, exercises and special care to help people with disabilities overcome their constraints and approximate the ideal body." (TARSHI 12)

Rehabilitation model applies different approaches as institution-based approach and community-based approach to follow its points in the form of providing educational, vocational and skill-based training to the persons with disability to make them deserve to be included in the community of normal people. In its report titled "Community-Based Rehabilitation and The Health Care Referral Services", WHO puts rehabilitation as: "Rehabilitation is a process that assists people with disabilities to develop or strengthen their physical, mental, and social skills." (2)

The persons With Disabilities Act, 1995 defines rehabilitation as: "Rehabilitation refers to a process aimed at enabling persons with disabilities to maintain their optimal physical,

sensory,   intellectual,   psychiatric   or   social   functional   levels."(4)

[http://www.disabilityaffairs.gov.in/upload/uploadfiles/files/PWD_Act.pdf]

In the 1980s the Union of Physically Impaired Against Segregation (UPIAS) opposed the concept of medical as well as rehabilitation models of disability and the group resisted their exclusion from the opportunities of participation in social and cultural activities, exclusion from the offices and industries and the places of earning wages as well as they brought into consideration the attitudinal prejudiced, architectural barriers and other community barriers developed by the society and as a consequence of the UPIAS's movement and opposition the social model emerged. The social model of disability, contradictory to medical model as the old paradigm which locates disability within the individual, looks at society to be responsible for making an individual with impairment to be disabled.The postulation of the social model is that the causes and foundations of an individual's disability are the attitudinal, architectural, and social barriers created by the community in which the concerned individual resides. Dr. Rumi Ahmed, in her book titled *Rights of Person's with Disability in India*(2015), puts Michael Ashley Stein's view about social model of disability as:

"The social model presents disability as a consequence of oppression, prejudice and discrimination by the society against the disabled people. For the social model, it is the societywhich constructs economic, social, health, architectural, legal, and cultural and other barriers in order to deliberately prevent people with impairments enjoying full benefits of social life. Factors external to a disabled person's

limitations are really what determine that individual's ability to function." (Ahmed 76)

TARSHI (2010) puts Tom Shakespeare's perspective of the social model as: "The social model takes disability away from the individual alone and places the responsibility on society as a whole. It argues that disability is a result of social structures, not deficits in the body or brain."(TARSHI 12)

The World Bank, in its report titled "People with Disabilities in India: From Commitments to Outcomes" (2007), defines social model emphasizing on the social change creating an adaptable and favourable environment to adjustment of persons with disabilities:

> The social model of disability places the emphasis on promoting social change that empowers and incorporates the emphasis of PWD, asking society itself to adapt. The social model emphasizes institutional, environmental, and attitudinal discriminations as the real basis for disability. Thus it is the society at large which disables the person with disabilities through discrimination, denial of rights, and creation of economic dependency. (30)

The Stanford Encyclopedia of Philosophy puts social model of disability as:

> …the social model understands disability as a relation between an individual and her environment: the exclusion of people with certain physical and mental characteristics from major domains of social life. Their exclusion is manifested not only in deliberate segregation, but in a built environment and organized social

activity that preclude or restrict the participation of people seen or labeled as having disabilities.[http://plato.stanford.edu/entries/disability/]

The social model of disability assumes that disability is caused by social setting that includes political, social, economic, cultural norms, architecture and community's perception about ability and normality. In the book *Sociology: Themes & Perspectives*(2007), Haralambos & Holborn put the perspective of Michael Oliver, a sociologist, about the key point of social model as it creates distinction between impairment and disability as: "A person may have a physical impairment of some kind, but it only becomes a disability when the society organizes social and economic features in such a way as to translate the impairment into a disability."(Haralambos & Holborn 311)

If there are steps or stairs as the only way to go on the first floor of a building, a person with some impairment using wheelchair becomes disabled and if there is availability of lift, the same person is no longer disabled. A person with hearing impairment has deafness but not an inability to hear but the society's failure to provide Sign Language makes him/her disabled. Rumi Ahmed in her book *RightsofPersons with Disability in India* (2015) puts the point of social model raising a question of disability as human right coming under the umbrella of politics specified by the World Health Organization, International Classification of Functioning, Disability and Health (2001):

The social model of disability…sees the issue mainly as a socially created problem, and basically as matter of the full integration of the individuals into society…. Hence the management of the problem requires social action, and it is the collective responsibility of society at large to make the environmental modifications

necessary for the full participation of people with disabilities in all area of social life. The issue is therefore an attitudinal or ideological one requiring social change, which at the political level becomes a question of human rights. For this model disability is a political issue." (78-79)

Though the social model proves itself very decisive in initiating and shifting the disabled from institutional care to community and social care at the political and social plane and proportion yet it has not identified any such impairment which really can't be evaded even by out-and-out arrangement of social settings. This model rejects the intervention of medical, rehabilitation and institutional care in the therapy and ministration of impairment to bring the concerned persons with disability in the community of mainstream. This model conceptualizes the society to be all in all in constructing disability and differentiating impairment from disability.

"Tom Shakespeare in his book *Disability Rights and Wrongs* (2006) puts '*the social model is wrong'*".Tom Shakespeare, Nick Watson, Michael Bury, and Simon Williams agree that impairment and chronic illness have direct causative effects on the daily restrictions of that activity that constitute disability" (Ahmed 80). Impairment and disability can't clearly be distinguished from each other and at the same time the social setting is not utterly accountable for disabilities for persons with impairment. Any kind of disability results by the interaction between physical, intellectual and sensorial impairment and physical as well as conceptual discriminating hurdles contrived by society. The social model yields uncorroborated and unjustified supposition appearing very scrupulous but in fact it presents a narrow conjecture of disability. According to Tom Shakespeare:

Another problem is its authorship by a small group of activists, the majority of whom had spinal injury or other physical impairments and were white heterosexual men. Arguably, had UPIAS included people with learning difficulties, mental health problems, or with more complex physical impairments, or more representative of different experiences, it could not have produced such a narrow understanding of disability. (Ahmed 81)

The social model starting with 1990s with the passage of time shifted its attention from 'social oppression' to the 'social rights' approach and invited the emergence of rights-based model of disability. This model, founded on individual's fundamental rights to live a life with dignity and honour, has advocacy for the construction of such physical, social and cultural environment, at every place like school, institution, offices and other meeting abodes, which accept easily every individual, abled or disabled with some difference or some similarity, without any discrimination at physical level or conceptual level.TARSHI puts definition of the rights-based model of disability given by The World Bank Report (2007) as: "The rights-based model of disability builds on the insight of the social model to promote creation of communities which accept diversities and differences, and have a non-discriminating environment in terms of inclusion in all aspects of the life of society." (TARSHI 13)

The right- based model takes the person with disability to be subjective entity, not an objective, who has, like all of us, individual difference at the level of physical, intellectual, psychological, ideological and at the same time having some specific as well as similar needs, perception, and desire to be belonging and an inclusive phenomenon in

the social setting with an individual recognition and identity materializing all human rights needed to live a life along with healthy personality. Jill Marshal in his book named *Human Rights Law and Personal Identity* (2014), puts the concept of identity-formation as:

> The possibility of sensing, interpreting, and realizing one's needs and desires as a fully autonomous and individuated person— in short the very possibility of identity-formulation-depends crucially on the development of self-respect, and self-esteem. These three modes of relating practically to oneself can only be acquired and maintained intersubjectively, through being granted recognition by others whom one also recognizes. (Marshal 12-13)

The persons with disabilities have all the human right declared by UDHR (1948) and declared by international and national constitutions to fulfil their requirements and to evolve their healthy personality. The Indian education policies and Acts considered by Constitution and legal professionals give guarantee to provide inclusive education by integrated the persons with disabilities in normal schools without discrimination on any grounds. "Article 22 of the Universal Declaration of Human Rights (UDHR) states that everyone is entitled to the realization of the rights needed for one's dignity and the free development of their personality." (Marshal 13)

We may have often come across the term discourse but were unable to frame a demanding definition. Even though we make use of this term in many theoretical discussions and in social sciences and literature, an ample definition of it could not be found. Since the word occurs in most of the theoretical discussions, we tend to use this

term as a gesture towards theoretical sophistication. There are many definitions available, but we are required to understand in what meaning the term is used. The general meaning of the term in fact is 'to speak about' or 'to hold forth on' in both English and French languages.

Macmillan Dictionary defines the term 'discourse' to refer to as:

- A long and serious speech or piece of writing on a particular subject.
- Serious spoken or written discussion of a particular subject.

[http://www.macmillandictionary.com/dictionary/british/discourse_1]

Merriam-Webster's Dictionary defines discourse as the following;

- The use of words to exchange thoughts and ideas.
- A long talk or piece of writing about a subject.

[http://www.merriam-webster.com/dictionary/discourse]

Michel Foucault has very clearly defined the term 'discourse' to refer to as:

Ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledge and relations between them. Discourses are more than ways of thinking and producing meaning.They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern.[*http://www.massey.ac.nz/~alock/theory/foucault.htm*]

Literary discourse alienates or disaffects the ordinary speech and brings us into a complete, closer understanding of experience. Just like breathing is done unconsciously, language too is a medium in which we live in. but what happens when the air we breathe in is infected? We will have to breathe more cautiously the next time around. The same happens with discourse as a slight change in its nature can have a direct impact on the readers.

Transactional, expressive, and poetic are the different types of literary discourses. Discourse is the way by which language is manipulated to communicate a certain impact. Poetic discourse is used in most fictional forms of literature, although they may also incorporate the use of expressive discourse in an experiential fashion. Business communications primarily use transactional discourse for advertising or correspondence.

Expressive literary discourse is mainly adopted in creative non-fiction prose. Diary entries, letters and stream of consciousness writings are the examples of expressive discourse. This type of discourse is helpful in individual expression of the writer's point of view on a particular incident. Nowadays, living in a digital world, online writings including Blog publishing are popular modes of expressive discourse.

Poetic discourse is the most known and spectacular form of literary discourse. Poetic discourse includes creative works like novels, poetry fictional short stories and dramas. Poetic discourse makes use of different types of genres or styles of writing. The focus of fictional discourse is on how language is formed and used to communicate various philosophical ideologies, abstract themes, imagery and settings. Resolution of emotional questions through character development is the main focus of this discourse.

Transactional is another main type of literary discourse. Most of this communication deals with the establishment of some degree of interaction with the reader. It is found in advertising, business correspondence, editorial articles and instruction manuals. In most cases, it brings the reader into action, such as asking for more information or purchasing a product.

Literary discourse is usually analyzed in English composition courses, creative writing and literature. Discourse analysis can be used to develop vocabulary, to increase an individual's ability to communicate effectively, and to teach proper language structure. In advanced literature courses, experiential and traditional forms are analyzed according to their intended meaning and effectiveness. Technique choices, such as descriptive language, scene transition and point of view are typically discussed.

Likewise, in the majority of advanced creative writing programs expressive discourse has become a studied art form. This type of written communication is usually categorized as creative non-fiction and is represented by collections of prose, commentary, and memoir-style works. Academic essays which are assigned to students in college level English courses to help them develop their writing skills are a form of expressive discourse.

Turning to the problems and solutions there have been originated different discourses of disability as medical or clinical discourse, psychological discourse, economic vocational discourse, system analysis discourse, minority group discourse, human rights discourse, and socio-political discourse of disability. These discourses look at disability with different glasses and views. The medical discourse of disability looks at disability as the individual's personal problem. This discourse shows the person with disability

biologically inferior to the other abled persons in the society. This discourse gives an objective state of normality and puts medical solution for this clinical problem in the body of the individual.

The psychological discourse of disability views disability as some sorts of mental or intellectual disturbances. This type of discourse not only puts emphasis on the impairment in the body of the individual but it thinks disabled as having some extraordinary potentials. The psychological discourse of disability is based on the main concept of psychology as 'adjustment'. This discourse has a ground that if something happens to the body of an individual, it affects much or less to the mind of the individual also.

The economic or vocational discourse on disability cast light on vocational restrictions of the persons with disabilities. This discourse suggests, like clinical discourse, employment rehabilitation and programmes regarding income maintenance, as solutions of disabilities, these put them on the periphery and secondary to the abled-bodied persons in the labour market and make them perpetually dependent on the other for financial support. The economic discourse suggest modification in the individual' impaired body and not in the infrastructure or environment.

G. N. Karna puts definition of 'disability' given by The International Labour Vocational Rehabilitation and Employment (Disabled Persons) Convention 1983 as "…an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of duly recognized as physical or mental impairment." (Karna 46)

The Minority Group discourse looks at disabled persons taking them under the minority class looking them as similar to other minority groups such black, women and poor. This discourse categorize the persons with disabilities under the socio- economically and politically backward powerless group.

The Human Rights discourse looks at constitutional and legal parameters as grounds of ensuring the equal opportunity, equal participation and equal access to other opportunities to live a dignified life for person with disability. This discourse also focuses on the psychological and physiological needs as food, sex, shelter, belonging for the growth and development like the needs of other persons with abled bodies. To materialize this idea the society has to change the attitude toward needs of persons with disabilities keeping in view the legal reasoning.

The socio-Political discourse of disability took birth as a reaction contrary to medical discourse of disability. This discourse focuses on the failure of infrastructure of the society in adapting to the aspirations of persons with disabilities rather than the disabled persons' incapacity or inability to adjust to the social environment and social expectations. Accordingly the external deficiencies are causes of disable's inability to adjust to the expectations of the society.

So the literary genres, magazines, articles, and audio-visual media have been continually depicting the persons with disabilities as less than human as Sir Clifford, a disabled character in *Lady Chatterley's Lover,* has been depicted as less than human quality. Especially, the mass media has been successful obliterating the prevalent biased presumptions about the needs and rights of persons with disabilities.

Works Cited

Ahmed, Rumi.*RIGHT OF PERSONS WITH DISABILITY IN INDIA*. White Falcon Publishing, Chandigarh, 2015.Print.

Haralambos, Michael, Martin Holborn & Robin Heald. *Sociology: Themes and Perspectives*. Harper Collins Publishers, London, 2007. Print.

Karna, G.N.,*DISABILITY STUDIES IN INDIA: Retrospects and Prospects*. Gyan Publishing House, New Delhi, 2001. Print.

Marshall, Jill. *Human Rights Law and Personal Identity*. Routledge, New York, 2014. Print.

Web Sources:

TARSHI, "SEXUALITY AND DISABILITY IN THE INDIAN CONTEXT." 2010. Web.

http://www.tarshi.net/downloads/Sexuality_and_Disability_in_the_Indian_Context.pdf

Consulted at 10:15 PM, March 23, 2016, Mahendergarh, Haryana

http://www.merriamwebster.com/dictionary/disability

Consulted at 10:28 PM, April 2, 2016, Mahendergarh, Haryana

http://www.oxforddictionaries.com/definition/english/disability

Consulted at 10:48 PM, April 2, 2016, Mahendergarh, Haryana

http://www.oxfordlearnersdictionaries.com/definition/english/disability

Consulted at 11:05AM, April 4, 2016, Mahendergarh, Haryana

http://dictionary.cambridge.org/dictionary/english/

Consulted at 11:15 AM, April 4, 2016, Mahendergarh, Haryana

http://www.macmillandictionary.com/dictionary/british/disability

Consulted at 11:45 AM, April 4, 2016, Mahendergarh, Haryana

http://www.collinsdictionary.com/dictionary/english/disability

Consulted at 1:45 PM, April 8, 2016, Mahendergarh, Haryana

http://www.who.int/disabilities/world_report/2011/report.pdf

Consulted at 1:55 PM, April 8, 2016, Mahendergarh, Haryana

http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

Consulted at 4:10 PM, April 12, 2016, Mahendergarh, Haryana

https://sadm.maharashtra.gov.in/sadm/GRs/PWD%20Act.pdf

Consulted at 4:35 PM, April 12, 2016, Mahendergarh, Haryana

http://plato.stanford.edu/entries/disability/

Consulted at 4:45 PM, April 12, 2016, Mahendergarh, Haryana

http://www.macmillandictionary.com/dictionary/british/discourse_1

Consulted at 4:15 PM, April 13, 2016, Mahendergarh, Haryana

http://www.merriam-webster.com/dictionary/discourse

Consulted at 5:45 PM, April 13, 2016, Mahendergarh, Haryana

http://www.massey.ac.nz/~alock/theory/foucault.htm

Consulted at 6:18 PM, April 14, 2016, Mahendergarh, Haryana