

## CHAPTER—2

### Theoretical Understanding of Disability

Bell Hooks mentioned that “I came to theory because I was hurting...Most importantly, I wanted to make the hurt go away. I saw in theory then a location for healing” (Ghai 212). Anita Ghai states that no theory is revolutionary or remedial by nature. Theorizing takes place no sooner than people live through pain and lacuna and engage in action. Theory must function as a channel to highlight disability as ignored identity category (222). In India, the survival issues of people with disability are still relevant because theories about disability issues have not emerged in the Indian disability discourse. On the one hand, in the West, academicians and disability activists have called into question the concept of disability and theorized it consequently. On the other hand, there is a dearth of theorization about disability in India.

Although the Indian academic system is occupied with marginal subjects like caste and gender, it has failed to accommodate disability theory, their experience and identity in it. Despite its non-academic recognition, disability issues began to surface in fields like feminism, special schools and human rights issues in the past few decades. The existing literature reflects that theorists who are determined to explore and communicate experiences of marginalized sections of society have also neglected disabled people (Ghai 221). For instance, the theory of feminism has bypassed disabled women either consciously or unconsciously. It attends and addresses the issues of abled women only and ignores the concerns of disabled women. Mairian Corker and Tom Shakespeare stated that there is a ‘theoretical deficit’ regarding the conceptualization of disability. The existing theories

such as postmodernism and post-structuralism couldn't contribute positively to the understanding of disability because disability has been either reluctant or unable to take on board this scholarship (1). With the emergence of the new field of Disability Studies into the world of academia, it is felt necessary to strengthen Disability Studies and its proposed concept of disability with sturdy theoretical support for its survival and sustenance. Theories form the backbone of any discipline and for that matter even for the overall concept of disability as well.

Commenting on importance of theory, it is pertinent to refer to Donna Haraway who stated that "we need the power of modern critical theories of how meanings and bodies get made, not in order to deny meaning and bodies, but in order to live in meanings and bodies that have a chance for a future" (187). Disability as one of the challenging concepts is still in its infancy. It demands its own theoretical perspectives, new language and models that will expose its constructive nature. For instance, it is in theoretical requisition that will draw a demarcation line between impairment and disability in the manner of sex and gender. The debate on disability and impairment distinction has been kept out of the postmodern analysis. Thus, postmodernism hasn't affected our perception and conception regarding disability and impairment (Corker and Shakespeare 13). Anita Ghai remarks, "For me, theory is enabling, as it helps to ascertain the process which helps to comprehend disability and 'disablism' and also the corollary 'ability' and 'ableism' (222). In the process of its development, the field of disability has to revise and revamp the existing theories and at times, it has to critique and resist them to justify its own assertion. In India, disability theory has not affected its practice part so far. Academicians have taken on board diagnostic approach to disability believing it the domain of medical professionals. However,

disability study views disability as the product of social construction. Therefore, disability theory and practice advance independently and have not united into one. Dianne Pothier remarks “Its goal is not a theory for the joy of theorization, or even improved understanding and explanation; it is theorization in the pursuit of empowerment and substantive, not just formal, equality” (Ghai 224). Corker and Shakespeare argue, “Theory has to be conceived as a means to an end, rather than an end in itself.” (15)

Prior to the 1950 people across nations used to hide their disability on grounds of being labelled as incomplete and imperfect. However, the trend has shifted from negation to assertion. They have made it public and begin to assert their disability. They give instances from the fields where disabled people performed better than an abled person. For the sake of exemplification, they give references of imaginative power of Saur Das who described nature and Radha and Krishna’s romance in such a way that his visual vacuity is called into question. He was highly ignored by his family on grounds of his blindness. Same is the case with Stephen Hawking who is considered as the towering personality in the field of science despite his disability. However, people with visual disability even attempt to ‘pass off’ as normal to escape away from the gaze harassment. This gives birth to normalizing desire which gains momentum to shed down the stigmatization of disability. The category benefits from being disabled have brought in the politics of disability assertion to get the advantages reserved for disabled people.

These entire ideas sneak into the collective consciousness of people leading them either to assert or disown their disability. But most of the disabled men and women prefer to ‘pass off’ as normal which Irving Kenneth Zola has

termed 'structured silence of personal body experiences'. Simi Linton defines 'pass' as a strategy of hiding one's impairment by performing those activities unaffected by impairment (Ghai 213). Their denial of being disabled is out of the fear of non-acceptance and social stigma attached to them by society. Hence, they attempt to hide and cover it. The denial of difference acceptance among human beings in terms of structure, communication, and thinking is one of the biggest faults of medical science. In fact, there has been much theorization about disability from times immemorial till today but the chapter draws on the theories and the models of twentieth and twenty-first centuries besides the archaic religious notions. These models include social, cultural, medical, and human rights model along with the theories of post-colonialism, post-structuralism, postmodernism and post-humanism.

To understand disability from a broader perspective, it is necessary to theorize it from the stance of these models and theories mapped out in detail in the following sections. Moreover, theories work as windows for the reader to look into the problem like disability in a broader perspective. A theoretical approach helps the reader to take a firm stand and equips him with the necessary tools and techniques to open up a text. To begin with, the Medical Model of disability will be discussed at length.

Medical Model which is also known as an individual model is rooted in the biomedical perception of disability. Michael Oliver states "There is no such thing as the Medical Model of disability, there is instead, an individual model of disability of which medicalization is one significant component" (31). Disability, as per Medical Model, is a personal problem which needs individual treatment through medical professionals. It aims at individual adaptation and adjustment of an individual to the

normal social structure. The medical prejudice against disabled people leads to policy-making which entitles medical expertise to care and control them. Medical Model believes in wiping out disability by diagnosing it prenatally and treating it medically. The medical response to disability is totalising in nature because the social, economic and political response to disability is rejected openly. To Medical Model, disability is a condition of aberration or pathology of the physical, emotional intellectual type that is inbuilt within an individual objectively. The first fundamental assumption of the Medical Model is the spotting of disability inside the individual. And the second assumption is that disability stems from functional limitation or psychological losses. (Oliver 32)

Disability is thought as personal deficit and tragedy which needs to be cured through the intervention of medical expertise (Ghai 225). It associates disability with deficiency and abnormality. Medical science aims at normalising disability. Being essentialist in outlook, it permits non-disabled experts to produce damaging narratives about disability ignoring those produced by disabled themselves. These narratives are reinforced through cultural products like media, books, language and art. The internalization of these narratives infuse among disabled people a feeling of inferiority complex and reinforce worth of medical assessment. Medical science advocates rehabilitation of disabled which in turn enforces normality. It sets up normal standards such as ability, behaviours and appearance and those who measure them up are referred normal and otherwise inferior. This model has inspired psychology to come up with the idea of the intelligent quotient (IQ) which is used to label people instead of improving their life. Medical Model promotes what Michael Oliver calls personal tragedy theory of disability (31). It implies that disability is some horrible accident that an individual meets with randomly before or after birth. The

medical discourse claims that disability is a personal tragedy, saying that disabled person lacks what non-disabled person possesses.

Such medical based discourses perpetuate statements like “better dead than disabled” (ibid). It strengthens stereotypes like disabled people are not able to enjoy a quality life. It sends out the notion, as Ghai states, that “disabled person’s problems are perceived to result from bodily impairment and a troubled mind, rather than the failure of society to meet that person’s needs in terms of appropriate human help and accessibility” (228). Discourses like these force disabled people to pass themselves as normal which is termed as enforced normality. It fails to take into account the experience of disabled people. The Medical Model of disability doesn’t celebrate the individual differences of human beings in terms of their structure, thinking, behaviour, etc. It calls such difference as a disease or the symptom of pathology. It pathologises or medicalises differences instead of accommodating and accepting them. Ghai stated that “disabilities are presumed to be genetic, biological and even birth defects reiterating that medical intervention is regarded as a prerequisite without any contemplation of the social perspective” (229). It recommends a medical consultation to treat disability and dismisses categorically its social nature.

The medical treatment of disability is in complete contrast with the Social Model of disability by laying its emphasis on the isolation of disabled people and their confinement in repressive institutions under the constant medical gaze. Thus, it believes in the institutionalization of disability. It may prove fruitful in treating the impairment of an individual but not a disability which is believed to be a socio-cultural construction according to the social model of disability. While it may address the issues of a disabled person like organ dysfunction along with

its effects like pain and suffering, it fails to engage these issues socially. Believing the problem is individual, it exonerates its social cause.

The Medical Model does not allow one to accept that the social system may also cause or intensify disability. Medicalization forms the core of Medical Model of disability. It was developed around the 1970s in the works of Irving Zola, Peter Conrad and Thomas Szasz. Medicalization is the process of terming and treating non-medical problems, behaviours, deviances and differences as a medical condition, illness or disorder, that is, they can only be treated through the intervention of medical expertise. It is a form of control exerted by medical expertise upon those labelled as disabled. Medicalization is a process of understanding conditions and behaviours in the light of the scientific knowledge of medical science which is not fundamentally biological (Mudasir 56). Medicalization of disability has a fixed notion of disability. It believes in its intrinsic nature ignoring all textual, social and cultural roles in its fixation. It is on account of medicalization that in today's society there is little appreciation and understandings of disability as a social construct and its reconsideration in the light of the human rights approach. Medical Model takes disability as an individual deficit, anatomical and morphological defect and uses it interchangeably with impairment. Here it is always perceived as lack, deviance, abnormality and other. The Medical Model uses labels like crippled, handicapped and abnormal to identify disability in order to exclude them from mainstream society. It considers disability as a symbol of tragedy, loss and dependency. Thus, Medical Model isolates disability from social, economic, religious and political contexts and restricts it to the body of an individual. The model emerges as a sort of meta-narrative because its claim regarding the location of disability is totalizing and overachieving in nature. It backgrounds every other cause and

foregrounds medical assertion that its claim is purely objective and scientific in nature. It associates disability with a disease insisting on its medical treatment under the surveillance of medical professionals. They are authorized to declare who disabled and abled is. The question is that disability is not a fixed category rather it is very fluid and a continuum where it is hard to draw a line between abled and disabled.

The Medical Model seems very dominant even in Indian mythology where impairment is equated with diseases and disorder. Paul K. Longmore states that Medical Model perspective doesn't restrict itself to subjects like medicine, special education and rehabilitation but it informs fields like humanities and social science as well. It accounts for representation of disability as an individual deficit which requires treatment. This approach medicalizes, privatizes and individualizes disability what is basically a political and social problem. (4)

Drawing on the postmodern concept of relativity, it is explicit that nothing is absolute in nature, rather everything is fluid and relative. Understanding disability in the light of this principle, it becomes clear that disability cannot be absolute, fixed and final as the Medical Model claims it to be. Based on essentialist philosophy, Medical Model defines disability in terms of some fixed characteristics which are used to identify and label a person accordingly. Ghai says that medicalization of disability is based on an essentialist philosophy which attributes fixed essential characteristics to disabled people. Disability is not basically medical issue nor is it something to be empathised and sympathised. It is rather a question of presenting disability as a social category. (Ghai 224)

By and large, medical experts treating disability are able-bodied. They understand the problem of disability from their own stance and suggest remedial



measures without taking into account the experiential terrain of disabled. Drawing on phenomenology, it is difficult to read out the disabled consciousness and their way of observing and experiencing things. The individual differences are differences in physique and thinking due to which abled and a disabled person cannot think identical. Hence, the abled-body perspective regarding disabled problem is a mere imposition and violation of disabled slogan “nothing about us without us”. The Medical Model postulates about disability are reinforced and passed on to the people through various cultural products like movies, painting and myths. These cultural and literary products are informed by medical thinking and accordingly project images of disabled people. Its views and ideas are dominating and motivating in nature.

It is very pertinent to draw a kind of parallelism between Medical Model and Antony Gramsci's ‘hegemony’. Hegemony is the act of controlling and dominating a group by another group with the consent and approval of the former. Extending hegemony concept to disability, it seems that disabled people have internalized the constructed stigma of disability as pathology. And their desire of achieving normality impels them to hand over themselves to a medical professional with self-consent and approval. Thus, they grant them medical surveillance and domination with the view to get normalized. It has implications of accepting their inferiority and imperfection. As a result, they start measuring up the abled set of standards which are considered normal. The medical ideology regarding disability achieves future strength by identical ideas of these subjects such as intelligent quotient (IQ) tool of psychology. This discipline even suggests clinical treatment for the improvement and correction of disability. It ignores and overlooks the social cause of disability and rolls it back to the individual. It attempts to decontextualize the disabled body as do the New Critics do with the text. It insists that disability is body-centric and calls it a personal tragedy

and inherent in the body. It claims that there is no relationship between disability and socio-culture factors.

Here, the text is a disabled body which is in requisition of correction cutting it off from the socio-cultural context which equally contributes to the suffering of disability. Medical model justifies disability on the ground of being genetic in nature diverting our attention from its socio-culture roots. This viewing of disability only through the perspective of the Medical Model may be termed as a medical fallacy because nothing is absolute and holistic in nature as claimed by the Medical Model. Labellization like cripple and lame done by medical or psychological model does not take place in a vacuum. It requires a context where it is applied. The human cognitive, morphological and anatomical difference provides such context. This, in turn, develops the notion of 'othering' towards the disabled. The medical professionals draw a line of division between abled and disabled. Being themselves abled, they refer disabled as others who do not resemble them in terms of body structure, mental thinking, communication, audibility and visibility. The process of 'othering' pushes them to the margins of society and its institutions. Disability is conceived as a lack of a person arising out of the comparison with normality standards set by abled society. The normative parameters are very exclusive in nature declaring abled model as universal and normal and labelling those abnormal, disabled and deviant who don't conform to set norms.

Medical Model is instrumental in developing a stereotype of disabled such as asexual, abnormal, and dependent. This results in their exclusion from institutions like marriage and education. Although organ dysfunction appears to be the cause of disability, it is society as well that wedges the gulf between impaired and their required societal facilities. Thus, the disability of a person can be reduced to a

minimum level by providing appropriate facilities to the impaired. For example, a wheelchair user may find it hard to go on the 4<sup>th</sup> floor of a library or a skyscraper through stairs but if such a building is equipped with an elevator or lift, he may easily reach over there. Thus, it is also the inaccessibility of infrastructure that makes one disabled. Based on the Medical Model claims, it appears that medical intervention is the lone remedial measure to uproot disability.

Meanings that are given to disability on behalf of medical science are all arbitrary and full of pitfalls. It has avoided external factors that cause disability as well. The disabling factors rooted in the environment are pollution, wars and accidents. The economic factors leading to disability are poverty and malnutrition. The accessibility factors that bring about disability are infrastructure with the non-universal design. The last factor is the cultural one where religion and power politics decides and defines exclusive norms which in turn gives birth to disability. The Medical Model projects and perpetuates disabled as sick, ill, defected and imperfect. It has come to the support of various disability reducing techniques such as sex-determination test (Amniocentesis) and organ transplantation. Although medical science has been playing a key role in reducing pain and impairment of disabled people, it also controls and snatches freedom of disabled people on the pretext of improving their quality of life. The Model Model thinking is an epistemological problem which establishes sources of the problem and hence locate disability in the individual. Michael Oliver observes, “In epistemological terms, the crucial issue is that of causality.” (34)

The genesis of the Social Model of disability is a reaction against the grand theory ‘the personal tragedy theory of disability’ of the Medical Model. Instead, the Social Model puts forward the social oppression theory. It implies that disabled

people are oppressed by the system because they denied freedom of choice and consequently their human rights. Their problem is believed as a social problem which demands social action for its correction. It speaks out of the experience and affirms their identity as a collective identity. Instead of individual adaptation and adjustment, it suggests for social change (Oliver 34). It believes classification of difference as disability is the politics of normality which discriminates disabled people. It acknowledges the problem of disability but shifts the target focus from an individual to society. It is not the individual limitation of any nature that engenders problem but it is a failure of the society to provide services and meet their needs (ibid 32). According to Michael Oliver, disability from a Social Model perspective encompasses all those hindrances that impose restrictions on disabled people. These restrictions range from “individual prejudice to institutional discrimination, from inaccessible public buildings to unusable transport systems, from segregated education to excluding work arrangements and so on” (33). The consequences of system failure are experienced by the entire disabled community. The whole group experience non-accommodative nature of society as institutionalised discrimination (ibid). The Social Model of disability is rooted in the Union of Physically Impaired against Segregation (UPIAS). According to UPIAS, society disables physically disabled people. Disability is something imposed on our impairment which unnecessarily excludes us from full participation in society. (Oliver 33)

Social Model rejects the causal link between disability and illness. It believes that disability is exclusively a social phenomenon. It claims that similarities exist between illness and impairment. Disabled people shouldn't be treated as ill “but could see that many people had impairments as a result of ongoing illness was also disabled” (Oliver 35). Social Model does not deny illness and its medical treatment

but states that “disability as a long-term social state is not treatable medically and is not certainly curable” (ibid 36). According to the Social Model, biomedical conception is based on the ideology of normality which attempts to restore or normalise disabled people at the cost of their pain and suffering.

On the one hand, Medical Model develops professional skills like physiotherapy, occupational therapy and clinical psychology for the purpose of normality restoration and development discourses to reinforce such practices. Jayna Kothari argued Medical Model aims at reintegration of disabled person into a mainstream society which demands changes in the person rather than in the society (31). On the other hand, Social Model demands the acceptance of disabled people as such without any intervention in their difference. There is a need to change society but not the disabled individual which in turn will bring about political empowerment of disabled people as a collective identity. The empowerment of disabled people cannot be materialised through social policies and programmes announced by political establishments nor it can happen through individualised medical treatments. (Oliver 37)

Focusing on discrimination, the Social Model holds that disabled people are not disadvantaged on the basis of their impairment. They are discriminated by the way society is organised because society takes its norms as given and uses those norms to measure deviance. Such exclusive social organisation precludes them to access education, public services and so on. It impedes disabled people to overcome social, legal and economic structures of society (Kothari 31). Jerome Bickenbach argues:

Any anti-discrimination law should be grounded on a social conception of disability, in which disability is the outcome of an interaction between features

of a person and the person's social, physical and attitudinal environment rather than a biomedical conception in which disability is an attribute of a person's body or mind. (Kothari 32)

The Social Model asserts that disability is a socially designed condition which doesn't reside inside the body of an individual. It is the lack of opportunities and a dearth of conducive condition that disables an individual. The lack of accessibility, the absence of universally designed infrastructure, non-availability of assistive technology, abled-friendly legislation that makes them disabled. Disability is as much culture rooted as there are other social markers like gender, race and caste. The social stigma, roles, functions, myths and meanings assigned to people based on their impairment is termed as a disability.

The Social Model of disability has emerged as a reaction against the medical perception of disability. It holds that disability does not lie within the individual and rejects the idea of disability as a personal tragedy and deficit. It asserts that disability is not genetic or biological rather it is a socio-culture in nature and location. It does not blame individual difference rather it lashes out at abled-friendly dominated social system which denies restructuring of infrastructure conducive for both abled and impaired. Social model does not use disabled and impaired synonymously rather it differentiates them in terms of their source of origin. It insists that disability is a socio-cultural in origin and impairment is organ dysfunction. The Social Model celebrates and enjoys the human difference of various kinds instead of marking them as a symptom of some organ pathology. It revolts and rejects universalism where individual differences are bypassed and erased in order to arrive at generalisation. It implies that every disability should not be treated uniformly with an identical remedy.

Their different requirements need to be attended and treated differently. For example, an orthopedically impaired requires a wheelchair and an accessible infrastructure but the orally and audibly challenged person requires well-developed sign language, that is, oralism should not be foisted on their manualism. A visually challenged person is in requisition of tactile surfaces, Braille system of education and walking sensitive cane. It is explicit that different impairments require different solutions and remedies.

Based on the recognition of difference, the Social Model of disability is most acceptable to the disabled people. This model does not consider individual limitations as the disabling factor of an individual rather they are part and parcel of the social structure which is not accommodating and universal in nature. The non-accommodating factor can be justified by citing examples of the able-friendly infrastructure of buildings, transport, and even washrooms which are almost inaccessible to disabled people. It is this inaccessibility that renders one as disabled. The social model is highly cognizant of the experiences and requirements of disability. It may be feasible to draw a parallelism between disability and gender on the one hand; impairment and sex on the other hand because both gender and disability are products of social construction and impairment and sex are biological in nature. This model believes in celebration of human difference and does not treat any physical, cognitive and deviance difference as diseases. Disability degree is a sort of continuum of human condition spectrum where it is difficult to distinguish and draw a line between abled and disabled. The boundaries between them are blurred and merged into one another. Objectively it appears difficult to label people as abled and disabled. Therefore, symptoms like incompetence for execution and bodily appearance are considered enough proof for giving nomenclature.

The Social Model of disability holds society responsible for disabled stigmatization, marginalization and their exclusion from various walks of life. The normal notion of justice attempts to gauge every person with an identical standard for equal treatment without taking any cognizance of difference. This homogeneous treatment approach is unfair for disabled people because it is based on essentialism. Social Model of disability destabilizes the essentialistic assumptions of the Medical Model. Medical Model understands disability in terms of metanarrative of deviance which makes sweeping, totalizing and all-encompassing assumptions about disability. Lennard Davis holds that impairment is a loss or decline in sense of vision and audibility. It means loss of or reduction in mobility and cognitive ability. However, impairment only qualifies for disability as soon as the social system offers obstructions in the form of sensory, affective, cognitive, or architectural barriers. He exemplifies in various ways. He argues that a wheelchair user with a mobility impairment is disabled by the absence of ramps and a visually impaired person becomes disabled by texts which are not Braille-based. Even an audibly impaired person becomes when nobody communicates with him in sign language. (41)

Materialization approach of disability lays its focus on infrastructural barriers which are concrete in nature while as idealistic approach highlights the abstract social stigmas, attitudes, labels which work as impediments in their way of smooth living progress. Thus, both approaches show that disability is not centripetal (human) but is centrifugal (society) because the apparent intrinsic disabling factors actually stem from outside. Thus, the social atmosphere deprived of disabled-friendly facilities seems biased and discriminative. It has been made conducive for able-bodied at the cost of disabled because every prevailing facility has been designed with respect to the needs of the able-bodied person.



The issue of disability and impairment is very complex and appears like a continuum of a degree of health spectrum where the beginning and ending of impairment and disability are difficult to find out. There are many objections to the belief of believing impairment as a personal deficit of biological or genetic type. Impairment is even believed as social because its causes are identified as social like poverty, imbalanced diet and unhygienic condition, diseases of various types, wars and ammunition. Similarly, disability is seen as an outcome of multiple factors which may include social, psychological, political, religious and economic. The two concepts of disability and impairment are so complicatedly conflated that it is difficult to disentangle them apart. However, in the relational equation, disability seems the function of impairment which implies impairment leads to disability. For instance, when impairment like amputation obstructs an amputee to perform any action as a non-disabled person does, it qualifies for disability. The social strictures like inaccessible buildings, transport, technological gadgets and many other factors subject disabled people to the highhandedness of abled society. It leads to their vulnerability, social separation and alienation.

Thus, in the light of layman's definition, disability is defined as such stricture personal or impersonal which does not allow an individual to integrate and participate in the system. Delving deep into the nature of definitions, there appear two types of definitions, experienced and non-experienced. However, Oliver and Barnes classify them into official definitions and definitions by the disabled. To cut it short, disabilities may be a short-run, life-long, congenital, acquired, visible and invisible depending upon the nature of impairment. The problem of disability becomes more complicated when the degree of disability certificate passed by a medical professional is thought of as a social welfare charity instead of their right. The various social

institutions like social welfare and special education are designed for their social integration. But these institutions equally contribute to their marginalization because they limit their circle beyond which they cannot work. Thus, inclusion at the same time means their exclusion. This also becomes the cause of their castification, which means the exploitation of minorities institutionally by assigning them lower status socially, politically and economically. Talking in terms of the relationship between impairment and disability, the former is internal in nature and the latter is external, that is, socio-cultural attitude towards the impairment. The problem with the Social Model of disability is its negation and dissociation with the painful experience of impairment. It doesn't deal with personal restrictions of impairment. Rather it focuses on social barriers of disability. Its ignorance of "the pain of impairment" is highly criticised. (Oliver 38)

It was Roy Grinker, psychologist and neurologist, that introduced Bio-Psycho-Social Model of disability in 1964. George Engel, a clinician and its first advocate, expressed that Bio-Psycho-Social Model of disability can cope up with the crisis faced by medicine and psychiatry (Simmons 12). Bio-Psycho-Social Model of disability has emerged as a reaction against the exclusive approach of a Medical and Social model of disability. The extreme stands taken by both these models with reference to causation and location of disability cannot be true because a human condition like disability is rooted simultaneously in body, psychology and society.

According to Bio-Psycho-Social Model, disability is not purely a medical or a social problem rather it is an outcome of the intricate interaction of biological factors (genetic), psychological factors (behaviour) and social factors (barriers). Convention of Rights of Persons With Disability comes up with the idea that disability being an evolving concept "results from the interaction between persons with impairment and

attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others” (WHO 4). It is based on the assumption that medical or Social Model alone cannot explain the problem of disability. It counters all three models for their exclusive claims on disability causation and location. For instance, it counters Medical Model for attributing disability only to biological factors like genes, viruses and somatic abnormalities. It contradicts the Social Model for ascribing disability only to social barriers. Likewise, it resists the psychological approach of calling every behaviour difference as a disability. This model is broader in terms of analysing the condition of disability. It is widely accepted by disciplines ranging from medical science, sociology and to psychology. World Health Organisation (WHO 2011) observes:

Bio-Psycho-Social Model represents a workable compromise between medical and social models. Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors). (WHO 4)

Bio-Psycho-Social Model of disability bulldozed the barriers existing between society, doctors and patients. Thereby, it helps in developing the congenial relationship between them. Removing away the mechanical approach of the Medical Model, a Bio-Psycho-Social Model of disability reads out psyche and cultural norms of patients first and then gives them treatment accordingly. It seems more scientific because of its holistic approach to treatment. According to Shakespeare and Watson, disability is the outcome of numerous bio-psycho-social factors along with the appreciation that impairment in varying degrees exists in every person. (Mehrotra 34)

Cultural Model believes that disability is understood differently across cultures. Anthropologists, sociologists and rest of the social scientists attempt to understand disability in the light of culture ethos of a particular society. Culture refers to the collective system of beliefs, customs, rituals, language and habits which are shared by society in common. It passes on from generation to generation spontaneously through the process of socialization, acculturation and assimilation. It is in a culture that the process of meaning formation takes place and accordingly people are identified by different social makers like disability, gender and caste. Culture is understood as “a learned system of meaning and behaviour that is passed from one generation to the next” (Ghai 22). Considering disability from a cultural point of view, it has always been given what Harry calls ‘transcendent status’ (Ghai 23). However, due to the cultural nuances, different cultures understand disability in the light of their respective religious belief systems and making it very composite and complex in understanding.

Disability is highly affected and influenced by local beliefs, social and cultural attitudes. It holds true across cultures. Michael Oliver mentions that charitable practices of Christianity have “kept us disabled, oppressed and excluded for more than 150 years” (Ghai 23). It is believed that the present status is the outcome of one’s past deeds which correspond with Christian doctrines of sin. However, the religion under consideration is Hinduism which is a major and dominant religion. Drawing on Hinduism, Cultural Model locates disability in *Karma Theory*. It calls into question people with disability negatively.

*Karma Theory* is one of the major cultural discourses for Hindus. The notion of *dukkha* is entrenched in the understanding of disability which implies suffering. And suffering is brought about by *karma* which means deed or action. Ghai mentions

that *karma* “broadly refers to the universal principle of the cause and effect and action and reaction that governs all life”. According to *Karma Theory*, there is corresponding karmic compensation for every action either in this life or future life (26). Extending *Karma Theory* to the understanding of disability, disability is believed as the outcome of one’s past deeds and actions implicitly. It believes that for every deed, good or bad, there is corresponding compensation accordingly within this life or in second life. It shows a close resemblance with poetic justice wherein good is rewarded and the bad are punished. It sounds highly relevant to refer to Gananath Obeyesekere’s theory of ‘ethicization’ which explains the relationship of *karma* with rebirth. The term ‘ethicization’ is employed to “conceptualize the process whereby a morally right or wrong action becomes a religiously right or wrong action that in turn affects a person’s destiny after death.” (Obeyesekere 75)

The *Karma Theory* has its locus not only in Indian culture but also in the west as evidenced by proverbs like ‘as you sow so shall you reap’ and ‘what goes around comes around’. Drawing on these theories, disability is pinpointed as a form of punishment for the previously done activities. Cultural Model does not associate it with material and non-material social barriers rather a sort of retributive compensation for some immoral action which brings home the point ‘as you sow, so shall you reap’. Thus, disability is stigmatised as a consequence of one’s maligned actions of earlier birth and is considered as inevitable in nature. *Karma Theory* strikes a kind of directly proportional relationship between disability and nature of actions vocalizing that if the nature of actions is good, the person will feel himself in a state of bliss and if the actions are the satanic type, he harvests its fruits in coming life. Thus, according to Cultural Model, disability has a transcendental cause and bodily effect. Karma is, therefore, associated with processes like transmigration and reincarnation. Some

people believe disability as the will of God cutting it off from various external factors such as nutritional deficiency, wars, poverty, and accidents. Even the people with disability have internalized the tenets of *karma theory* and ascribe their disability to their past sins. They are regarded as carriers of God's curse and every sigh of their suffering is believed as a form of compensation. Sound religious personalities believe disability as a form of suffering inflicted on them on behalf of God to check out or test their patience and resilience. If they bear with it without any grumbling, they will be rewarded well hereafter.

Evaluating disability in the light of Cultural Model, it appears action-oriented phenomenon whose causality is different in nature i.e. cause is divine and transcendental with its effect on earthly human. The Cultural Model even ascribes the problem of disability to the casting of the evil eye, witchcraft and many other supernatural factors. Due to the supernatural character of these factors, they lie beyond human control. It is, therefore, imperative to invoke divine intervention to cure all such diseases such as lameness, blindness and deafness. The problem worsens when a person suffering from impairment is believed to have other impairments as well. As a result, a blind or lame person is also disqualified from marriage, education, caring and employment. And a dumb is often supposed as deaf. Moreover, Cultural Model believes disability as a kind of test for the strength of their faith in God, sidelining all social, economic and political factors which though primary become secondary.

Cultural beliefs give birth to narratives like a 'lame is a villain'. This reflects the negativity of disability. Cultural ethos channelizes the diverse perspective of disability understanding into a specific one letting one perspective to hegemonise the rest. In this way, it authenticates and normalizes a specific able-friendly

understanding and marginalizes the disabled understanding of disability. It changes attitudes of the community and the family towards a disabled person. They demean and make them feel inferior. As John Quickle states that these notions about disability are rooted in the past and are still in practice. The evil-disability association suffuses history of western civilization and religious teachings which gives birth to the notion that “disability indicates possession by the devil or by an evil force, or is the outcome of evil-doing.” (3)

Mythology forms a significant component of any culture. The body perfection has engulfed and informed almost every discourse. The lack is looked upon with abhorrence and inferiority. As far as the Indian mythology is concerned, disability has been represented as a lack or deficit of an individual rendering him incapable and incompetent in executing a framed plan or assigned duty. These are instances in the *Mahabharata* wherein Dhritarashtra, the older prince of *Kuru* dynasty is denied kingship on grounds of his visual impairment. This clearly brings forth as to how an impairment leads to disability. The single impairment disqualifies and rejects person's rest of the sound capabilities in which he was equally competent and at times was stronger than a well-sighted person. It was not on grounds of lack of leadership competence or indecisiveness that renders him an undeserving candidate for kingship. But it was his visual impairment that made him ineligible for being a king. The crown was shifted to his able-bodied brother, Pandu, giving forth the notion that loss of vision or any other impairment means loss of opportunities. Pandu is crowned on the basis of his vision, not on grounds of leadership competence. This accounts for the preference and privilege of non-disabled over disabled one (Ghai 61). Disability has been associated with evil in Indian mythology. Shakuni, one of the famous characters

of the *Mahabharata*, is represented physically impaired. His sharpness in dice playing deconstructs disabled image as inferior and unsound.

The sharp mindedness despite his physical impairment deconstructs the established notion that sound mind exists only in sound body. In the context of the *Mahabharata*, most of the negative attitudes and nefarious activities are ascribed to Shukani. This association of disability and wickedness is apparently taken as given and inherent. Anita Ghai remarks that Shakuni is brought to light as the mastermind of the battle of the *Mahabharata* between the cousins (64). In the *Ramayana*, Queen Kaikeyi's states that one must treat hunchback, lame and blinds deceitful, disloyal and evil. This statement hits at her hunchbacked maid, Manthara. She is even believed as the instigator of Lord Ram's banishment because she reminds her mistress, Kaikeyi, about the two boons king Dasharatha promised her for (Ghai 64). Moreover, the names like Manthara and Shakuni are not used to name children because there has been established an association between wickedness and their names.

Disability is linked with a curse in Indian mythology as well. It is associated with the loss which in turn arouses fear. People are afraid of their curse because they believe that curse of disabled comes true. It is evidenced by the Shravan Kumar's blind parent's curse on Dasharatha who suffered an exodus of his son Ram. Thus, the curse and fear were associated with disabled people (Ghai 65). Therefore, people show the ambivalent attitude towards disability. They are simultaneously attracted and repelled by it.

The concept of disability varies from culture to culture and religion to religion. Some cultures approve and accept it and few of them reject it. Islam traces its roots in supernaturalism declaring it as the will of God. In this religion blind is not the one



who cannot see things and happenings but refers to one who denies things even after witnessing the proof. It implies disability is not an essential feature of any individual, be he impaired or unimpaired. It is obvious that disability is not an outcome of body defects rather lies in one's negation of proofs and facts of observation. It does not link it with past deeds or future prospects. The concept of disability finds the same sort of treatment in the religion, Christianity. It, too, attributes it to the will of God and avoids and ignores its past deeds consequences. However, some religions like Hinduism believe it to be the result of the erstwhile action of life. They draw a kind of negative correlation between disability and deeds of past life. They think disability as a sort of retribution and atonement for the sign of earlier life. They held the person itself responsible for it and ascribed it as the response mishandled life. Swami Vivekananda remarks, "if what we are now has been the result of our past actions, it certainly follows that whatever we wish to be in the future can be produced by our present actions." (Ghai)

Baba Amte, a social activist, holds that "work builds, charity destroys". He further says "give them a chance, not charity" (Ghai 59). According to the charity and welfare approach, disabled are believed as a dependent, weak and helpless, hence incapable to lead an independent life. People with disability are pitied. They are thought as beings that need our help, sympathy, charity and welfare instead of rights what is due to them. It gave birth to various charity homes and organization for the purpose of rendering service to disabled people. On the one hand, the Charity Model being patronizing in nature generates a feeling of gratefulness among donors. On the other hand, it hurts the self-esteem of recipients, that is, disabled people (Mehrotra 32). It often causes their alienation and inferiority complex. Charity Model has religious reasons behind its charitable practices. It is thought of as a religious duty to

help the needy such as disabled people and beggars. But charitable practices and institutions often subject disabled people to high handedness of paternalistic attitudes of pity. Harlan Hahn states that there is a close relationship among paternalism, interests of ableism and subjection of disabled people. Paternalism permits dominant non-disabled to guide, protect and lead disabled people because they are thought of as helpless, asexual and unproductive. Although paternalism of non-disabled sympathises minority groups, it subordinates them socially, politically and economically. (Ghai 60)

There are models which can be said as either derivations or offshoots of the Medical Model. The first derivative of the Medical Model is the rehabilitation model. Rehabilitation is defined as “planned process with defined goals, timeframes and means in which professions and/or services co-operate in assisting the efforts of the client to achieve best possible functioning and coping capabilities, thereby promoting independence and participation in society” (Blocksidge 58). Therefore, the rehabilitation model believes that disability is a personal deficit that needs to be treated by rehabilitation professionals who will render services like training, counselling and therapy to them (Mehrotra 32). The second minor model is the economic model of disability. It regards disability as the inability of an individual to participate in economic production. It plays role in framing economic policies for the benefit of disabled people. (Mehrotra 32)

Besides being a medical and social issue, disability is considered a human rights issue as well. It has given birth to the Human Rights Model of disability. It is influenced by the Social Model of disability. Human Rights Model advocates for equal rights of disabled people in order to ensure their equal opportunity and participation in society. It argues people with disability are human beings first and

disabled later, suggesting that their basic needs are same as the needs of the rest of humanity (Mehrotra 32). Its activists believe that the element of disablement arises as soon as they are denied their due human rights. Human Rights Model understands disability not a health issue but as a human rights issue. They face instances of discrimination in employment, marriage, accessibility, education, transport and political representation. They are victimized both at domestic level and public level. This model of disability sneaked into the disability discourse with the advent of the United Nations Universal Declaration of Human Rights of 1948. This convention guarantees civil, political, economic, social, cultural, and developmental rights, irrespective of difference of any kind. The Human Rights Model was reinforced with the adoption of United Nations Conventions on the Rights of the People with Disabilities (UNCRPD) by the UN General Assembly in 2006 (Mehrotra). UNCRPD was adopted to “promote, protect and ensure the full enjoyment of all human rights and fundamental freedoms by all persons with disabilities.” (UNCRPD 3)

Jean-Francois Lyotard defines postmodern as ‘incredulity towards meta-narratives’. And meta-narratives are narratives which issue homogenizing, totalizing and all-encompassing statements, that is, they claim to explain any phenomenon, condition or problem holistically (Nayar 52). The totalizing ideas try to define people in universal standards who don’t fit into or comply with them. This brings about suspicion towards meta-narratives. Postmodernism seeks to highlight what is ignored and undervalued by labels like cripple, deviant or different. They depict instability of knowledge and shifting nature of the world (Corker and Shakespeare 228). Grand narratives of enlightenment, Christianity, Marxism, scientific progress and human perfectibility have lost their credulity. Meta-narratives attempt to “smother differences, opposition and plurality” (Barry 83). Their credibility is lost as well on

account of being mere representations instead of absolute truths. Postmodernism is skeptic about these meta-narratives because they make generalizing and sweeping explanations about things. They attempt to justify modern stock of knowledge and limited social standards. The decline in legitimating power of meta-narratives is a distinctive feature of postmodernism. It lays emphasis on 'mini-narratives' which accounts for actions locally and historically. Postmodernism uses situated knowledge, genealogy and deconstruction as a methodology to question established truth and reality. It lays emphasis on incompleteness, uncertainty, hybridity and reflexivity of knowledge. It focuses on language, discourse, identity and culture which were highlighted as centres of discussion. It advocates de-differentiation and relativism (Corker and Shakespeare 6) as theories of knowledge based on thoughts of Locke, Husserl, Kant and Marx cannot account for social practices. "They presuppose an ahistorical standpoint from which to understand the human mind, knowledge, society and history" (Corker and Shakespeare 5). Metanarratives were replaced by mini-narratives. The de-centring of unified subject and mind gave way to multiple subjects and minds exhibiting different histories and locations.

Skepticism and incredulity to meta-narratives form core characteristic of postmodernism. Extending postmodern skepticism of meta-narratives to disability, it can be elicited that the existing theories of disability such as medical and social model of disability have emerged into meta-narratives because both generalize their claims about the location of disability, that is, Medical model identifies it within the individual and Social Model locates it in the socio-cultural environment. The Social Model of disability disregards physical dimensions of disability and the pain of the body it lives through. It ignores the role of the body in causing disability. This disregard of the medical dimension has limited the horizon and scope of disability. Its

sweeping statement is that society disables them and not the body overlooking the role of impairment altogether. Same is the case with the Medical Model which considers the exclusive cause of disability is body itself relegating its social dimension. The models don't take into account all the factors that cause disability. Both the models make universal, generalizing and totalizing statements about disability exhibiting their meta-narrative character. But both are not adequate enough to explain it holistically. Hence these meta-narrative models exclude important dimensions of disabled experience and their knowledge which cannot be restricted to one set of ideas or a unitary model. The huge range of impairments, their different experiences and their different ways of affecting life cannot be generalized as meta-narrative do.

Postmodern knowledge advocates local and historically contextual knowledge. It sensitizes us towards tolerant towards differences. Thus, the second major postulate of postmodernism is a celebration of the difference of any sort namely identity difference, structural difference, human difference and so on. Nilika Mehrotra observes, "postmodern approaches not only focus on differences in the way different kinds of impairments have different implications for health and individual capacity but also generate different responses from the broader and social milieu" (34). For instance, visible impairment prompt social response and invisible impairment don't. Congenital and acquired impairments have different implications for self-identity. Disability cannot be narrowed down into a singular identity. It is plural in nature. Postmodern identity is not fixed but is fluid and multiple in nature. Identity is defined through difference be it physical, sensory, intellectual difference etc. For instance, the identity of disabled people is represented differently. Hence examination of disabled identity becomes the centre of focus for postmodern perspective which celebrates

differences and defies their classification based on their deviance. It doesn't pathologise disability differences and deviances rather accept and accommodate them as such. The spectrum of identity is vast and disability is one of those identities. The postmodernism celebrates disability differences whereas Medical Model pathologises them. According to this theory, subjects do not exist prior to politics and social structures but are constituted through specific socio-political arrangements. Poststructuralist rejects the modernist belief that an individual is an autonomous agent. Thus, it promotes tolerance toward social differences.

The second major theorist of postmodernism is a French writer Jean Baudrillard. He is associated with the concept of 'the loss of the real'. It means that the pervasive influence of images from computer technology, film, and advertising has eroded the distinction between real and imagined and thereby lead to the growth of hyper-reality culture (Barry 84). For theorists like Jean Baudrillard, industrialization has given way to the simulated world of computer technology. The floating images of mass media have displaced reality itself (Corker and Shakespeare 5). Baudrillard takes postmodernity as a 'post-industrial' society in which primacy of mode of production is replaced by the primacy of mode of information and its transmission through technology. The characteristic of postmodern society is "the implosion of the social into hyper-reality or a collapse of the distance between an original object (signifier) and its simulacra (signified). Baudrillard considers the social order as code-oriented and social experience only a spectacle. He would view disability as a simulation like a gender and "would, therefore, refuse the fetishisation of people with impairments in the same way that he refuses the fetishisation of women" (ibid 6). Drawing on Baudrillard's hyper-reality, there seems no logical relationship between an impaired person and disability stigmas represented or

simulated in media, advertising and literature. A visually challenged person is also desexualized through writings and media. Jacques Derrida, a poststructuralist, is concerned about as to how meanings are established through difference, a neologism of difference and deferral. It implies meanings involve identity (what it is) and difference (what it is not). Extending Derridean perspective to disability, it becomes explicit that though disability and normal are antagonistic, normality requires disability to define itself. It implies that non-disabled can define himself as normal against what he is not, that is, a person with impairment. Thus, disability is not essentially excluded from normality rather it is integral to it. (ibid 7)

Although Michael Foucault never claimed himself as a postmodern thinker, his works and concepts are significant to analyse disability, sexuality and madness from the post-structural point of view. For instance, in *History of Sexuality*, Foucault shifts his emphasis from sex to 'techniques of self'. He argues that sexual subject is not the natural origin of sexual truths but discourses on sexuality such as sexology and psychiatry are instrumental in producing dominant and subjugated sexual subjects (ibid 7). Extending Foucauldian perspective to disability, it can be argued that the production of discourses on impairment gave birth to disability. The discourses were earlier medical classificatory devices but later were adopted by judicial and psychiatric fields of knowledge. "Disabled people didn't exist before this classification" though impairment was in existence. It is inferred that disabled identity is a function of discourses or the way knowledge is organized. (ibid 8)

Drawing on the theory of postmodernism, disability is not a fixed, universal and unalterable category. It has a slippery nature and is relatively defined against normality. It is believed as lack and absence in opposition to normality which is understood as complete and presence. Understanding in the light of Ferdinand De

Sosure signifier and signified, there seems an arbitrary relationship between disability and an impaired individual. There is no logical relationship between them. It is an oppressive act of limiting activities of impaired people and the underestimation of their well being that makes them disabled. According to Dave Elder-Vass, in his book *The Reality of Social Construction*, social construction is one of the prominent features of postmodern belief. Social construction is a theory of knowledge that analyses the development of a collective constructed understanding of the world that is believed to form the basis for shared assumptions about reality. According to the theory, humans devise models of the social world in order to rationalize their experience and share and reify these models through language. It believes in socially constructed nature of knowledge and discourses stating that that meaning is not inbuilt and inherent but are constructed by society collectively. Peter Berger and Thomas Luckmann's book *The Social Construction of Reality* argues that knowledge such as common sense knowledge of reality is the outcome of the social interaction. It means that humans bring into being themselves and their world through interaction with their surroundings. Language plays a key role in such interaction based construction. They observe, "the developing human being not only interrelates with a particular natural environment, but with a specific cultural and social order, which is mediated to him by the significant others who have charge of him" (48). Drawing on social construction theory, it can be safely said that disability is socially constructed through discourses in which meanings are attached to it. Susan Wendell observes, "I see disability as socially constructed in ways ranging from social conditions that straightforwardly create illnesses, injuries, and poor physical functioning, to subtle cultural factors that determine standards of normality and exclude those who do not meet them from full participation in their societies." (36)



Wendell argues that disability is caused due to the lack of health and safety measures. It is as well caused by the inaccessible physical, social and cultural environment. At times disability is brought about by wars, terrorism both individual and state-sponsored. Disability of deaf and dumb is on account of not permitting sign language to get documented (Wendell 36). Anita Ghai argues that disability is frequently elucidated through narratives, theories and ideas which enable society to comprehend the reality of disability. But the epistemological system never reflects reality objectively rather a creation which is meant to support our values, perceptions and experiences. For instance, shared stories about disability give birth to knowledge system about disability. Disability seems more a phenomenon of discursive formation than a reality. "When we discursively understand disability, language is a crucial factor". Being a social construct, disability is produced in conflicting images across existing societies (235). They are nominated as abnormal on account of showing deviance from norms of the society.

Both abled and disabled, use different means to access buildings but still, there is a difference of nomenclature for users as disabled and abled respectively. This question will keep haunting us until we do not resolve the complexity of normality. Michael Davidson, in his "Universal Design", points out that normality must be appreciated as fluid and multiple because it varies with respect to time and geography. It is contingent upon culture and hence varies accordingly, highlighting its non-universal character (Hall 50). Able-Bodied beings count and present themselves as normal in terms of bodily structure and thinking. They are in a continuous effort to normalize those who seem different from them in various respects. They wish that disabled people should look like them in all aspects. It reflects their inability to appreciate the differences. It seems colonial effort where a person masquerades his

real body identity and passes himself off as the normal one. This act of labelling is highly instrumental in developing the concept of normality among humans and defines it in terms of able-bodiedness, sound thinking and the wholeness of the human body because capitalist requires them for its own ulterior motives of more production with less utilization of human labour. Moreover, disabled people suffer pains of all sorts like physical, psychological and emotional because they are looked upon as abnormal. It results in gaze harassment and their subsequent disappearance from public places. It brings about their invisibility in the job sector and educational fields. It develops in them a desire for normal and perfect able-bodies.

Understanding literary and cultural production from the postmodern stance of performativity, the theorisation of Golman and Judith Butler gives new insight into the fact that identities are not contained in the bodies but are developed out of a performance in our daily lives. Drawing on the concept of performativity, the use of sign language, gestures and facial expression is the mere performance of identity, instead of the stigma of disability. Thus, disability is not confined to the body but to the performance that one gets engaged with. The mainstream society pathologises deafness as an abnormality and suggests technological aids like a cochlear implant to normalise the abnormal. However, digital forms of communication and assistive technological gadgets have succeeded in realising the dream of normal people to a satisfactory level. Besides, digital intervention has reduced the gap between abled and disabled. Both sections understand only one dimension of the message and raise a very fundamental question about normality.

The relationship between deaf and technology employed by them as cyborg has become concomitant today. There is a speech recognising software that translates sounds into a text easily understood by the individual. This miraculous software has

become an instrumental foundation for performance installation in which hearing aids are installed in the human body to raise his audibility to the level of the normal person i.e. 20-20000 Hz. There are different forms of disability and each form needs to be treated differently. Their ways of rehabilitation even vary. So far as the case of blindness is concerned, it is as well regarded as organ dysfunction and bodily disease. It is again majority that decides what a disease is and what not. This can be evidenced by the story *The Country of Blind* wherein Nunez is visually fit but with a peculiar disease in his eyes. Since a majority was visually challenged and dominant, they at once declared his case as organ dysfunction. Therefore, blindness or any other disability is more determined by the dominant majority than by bodily dysfunction.

Postcolonial criticism, a distinct critical category of the 1990s, rejects universal claims of liberal humanist and Eurocentric critics who believe that great literature is universal and hence valid in all ages. It takes into account all differences, national, cultural, social and experiential, and thereby rejects a single universal standard (Barry 185). Postcolonialism is all about the problematics of representation of colonised, voiceless and marginalised people. Edward Said observes, "Representations are formations, or as Roland Barthes has said of all the operations of language, they are deformations. The Orient as a representation in Europe is formed- or deformed- out of a more and more specific sensitivity towards a geographical region called the East" (273). Extending such theorization to disability, it is observed that disabled people are represented as docile, dependent and deviant by non-disabled writers. Non-disabled writers produce a lot of discourse about disabled people to reinstate and reinforce their stereotypes. The disabled are later understood in the light of the same discourse produced by positional intellectuals who behave as colonisers

towards disabled people. The disabled bodies are just taken as passive texts to be written.

Postcolonialism reclaims one's identity and feels proud of it. "Frantz Fanon argues that the first step for colonised people in finding a voice and an identity is to reclaim their own past" (Barry 186). Postcolonialism challenges the unitary models of identity and exposes the colonial malpractice of involving a subject spoken for instead of speaking for himself. Disabled people are hardly given the chance to speak for themselves. Their guardians and parents are legally authorised to address their issues and concerns. Their biographies are even written by others, presenting them in a way that holds untrue for disabled people. However, disabled people have resorted to Life Writing genre, resisting circulation of negative stereotypes about them. Postcolonialism affects language and theory of Disability Studies which works as a means to challenge the process of speaking for others. (Hall 48)

The stereotypical labels such as lame, blind and mentally retarded project passivity, burden and dependence of disabled people. Such labellization is constantly resisted by the disabled community. This resistance is one of the important features of postcolonialism. Disability Studies borrow metaphors and theoretical frameworks from postcolonialism. Language is an important component of postcolonial literature because it is a carrier of culture and identity. The linguistic expressions employed by non-disabled people for the description of disabled people are imposed in nature. They resist such language and try to write back in language which is the embodiment of their experience.

Edward Said exposes the Eurocentric universalism, believing that European or Western take Eastern as 'inferior' or 'other' (Barry 186). Disability and postcolonial

studies focus on the common concern of highlighting the voices of silenced populations. The two fields attempt to address the silence and voicelessness of people. It narrates experience from the perspective of the colonial subject. There is a commonality of experiential terrain between postcolonial and Disability Studies. The common ideas between the theories relate oppression of disabled to colonised people who are subjected to social, economic, physical and cultural oppression. Disabled people like the colonised people experience cultural imperialism, that is, they are continuously discriminated on grounds of their disability. Their deviant living style is not recognised as an independent one, rather a dominant culture is imposed upon them. Anita Ghai observes, “The experience of cultural imperialism means to experience how the dominant meanings of society render the particular perspective of one’s group invisible at the same time as they stereotype one’s group and mark it as other.” (40)

Cultural imperialism is experienced by different disabled people in varying degrees. For instance, deaf culture hasn’t been recognised as a culture in its own right but is considered as deviance and disability. Deaf culture has its own separate language called sign language which is as valid as is oral language. The only problem lies with its unrecognised status and non-documentation. The entire investment is done on non-disabled oral language and the same is imposed upon the deaf and dumb community. Drawing on postcolonialism, this language imposition is called linguistic imperialism.

Historically, disabled people have been represented as idiotic figures. In the nineteenth and early twentieth century, disabled and ethnic minorities were represented alike as the embodiment of oddity and exoticism, especially in freak shows. And in the twentieth century, disabled people and non-white population were

considered intellectually and physically inferior according to eugenics (Hall 48). Many scholars, like Meekosha, censure the Euro-American bias of disability studies for assuming capitalist conceptions of citizenship of Global North and its imposition upon Global South ( Hall 50). There is a need to push Disability Studies from Euro-American universal models towards the local settings. This theoretical shift from universal to local understanding of disability is an important characteristic of postcolonialism. Clare Barker and Stuart Murray point out that Disability Study is dominated by a Social Model of disability. Therefore, to decolonise Disability Studies, there is a need to think differently from the universalism of Social Model which makes a sweeping statement about its social causation (225). According to postcolonialism, there is no demarcation line between disability and impairment. It proposes the concept of disability as flexible.

Postcolonialism believes that social and political contexts define and determine what it is to be disabled. It challenges the binary opposition of disabled and non-disabled, highlighting the notion that impairment is essentially different from disability (Hall 50). Postcolonial writing abounds in images of wounded and impaired bodies. Frantz Fanon, in *Black Skin, White Masks* (1952), delineates his colonial experience of objectification. The usage of conditions like amputation and haemorrhage reflects the loss of identity and agency. He observes, “In the company of the white man who unmercifully imprisoned me, I took myself far off from my own experience ... and myself an object. What else could it be for me but an amputation, an excision, a haemorrhage that spattered my whole body with black blood?” (112)

Postcolonial theory has many distinctive features and the process of ‘othering’ is one of them. The concept of the ‘other’ is closely connected to those of identity and difference. Identity is understood on grounds of difference from the ‘other’ and is

extremely important in postcolonial theory. Othering takes place when someone is seen different, physically, verbally, culturally and from one's own self, and is later colonised and labelled as abnormal. Positioning themselves as 'self', the colonisers defined themselves as distinct from the colonised. Frantz Fanon argues "Othering occurs on the basis of physical and verbal difference" (Lacom 138). All those looking different from white colonisers were termed as others. This gives birth to the binaries of 'self' and 'other'; 'coloniser' and 'colonised'. These binaries of difference involve a relationship of power which dictates for the inclusion of one as 'self' and exclusion of the 'other'. The relationship in a binary pair empowers the 'self' and marginalizes the subordinated 'other'. Accordingly, their voices are silenced and their pictures are painted as horrific through the discursive formation. Extending postcolonial 'othering' to disability, disabled people are otherised on grounds of the physical, mental and sensory difference. Non-disabled distinguish themselves from disabled people because disabled bodies remind them about the temporary nature of their non-disabled bodies. Thus, in abled-bodied culture, disability becomes instrumental in the construction of able-bodied as the ideal. In othering, disabled people are marginalised by keeping them out of employment. The non-disabled writers have even excluded them from their texts. There is hardly any role given to the disabled character. If any role is given to them, the representation is parochial, unrealistic and discriminatory.

Bill Ashcroft, Gareth Griffiths and Helen Tiffin point out, "the body has been the literal text on which colonization has written some of its most graphic and scrutable messages". The colonised and disabled bodies are represented as passive as texts. They are spoiled by dominant discourses written with violence (Hall 48). Human nature tends to overcome certain individuals whom they consider substandard

on account of their poverty, lower caste status, 'unnatural' sexual orientation and disability. These groups are subjected to prejudice on daily basis.

The relevance of postcolonial theory can be safely brought to bear upon the social and political life of a subject. It undertakes to identify those groups or subjects which are oppressed, marginalized and colonized. People, marginalized on grounds of their disability, are entitled to describe themselves as colonized. They are divested of their entitlement of economic, political and educational opportunities, resulting in their dependence on normal people. Colonialism of this nature may be termed as internal colonialism which means discrimination on account of class, gender and disability, where the disabled-fetus is aborted, privileging the abled-fetus. It upholds the cause of those who are victimized at various levels ranging from domestic to the public sphere which includes schools, courts and army. Homogeneity and uniformity are considered standard norm among human beings. The heterogeneous human form is considered to be deviant. It attempts to smoothen the difference in accordance with the norms established by the homogeneous dominant society. It further establishes the hegemonising role of homogenous society over the marginal groups such as disabled, homosexuals, *Dalits* and subaltern. The application of dominant ideology upon the dominated is analogous to colonisation. Thus, abled people behave as colonizers and the disabled as colonized. Edward Said, in *Culture and Imperialism*, maintains that the postcolonial writings "should be seen as sharing important concerns with minority and 'suppressed' voices within the metropolis itself: feminists, African-American writers, intellectuals, artists, among others." (63)

The list of suppressed voices mentioned by Edward Said doesn't include people with a disability whose voice is oppressed and unheard as well. Characters with deafness, blindness, sensory loss or any orthopaedic disability fail to find textual



space in literary narratives for they do not get fit into the culture of normal beings, their language, vocabulary system, their ways of feeling and seeing. There is a well-developed system of their own such as sign language for the deaf community, Braille system for blind and tactile modes of perception for people possessing sensory loss. These marginal communities celebrate the nuances of language and accept it instead of feeling shy of it. They resist and oppose the colonial attempt of normal mainstream society to erase and efface such differences. Sometimes, blindness is used as a metaphor for the communication gap, or difficulty of communication between individuals. However, people with deafness have their systematic and well-established sign language system which turns their status into linguistics minority. This generates a kind of binary opposition and dichotomy between hearing-abled and hearing-impaired communities, giving the upper hand to the dominant community. Thus, postcolonialism is equally applicable here because the hearing community takes it as a civilizing task to restore and normalize the audibility of deaf people.

It, as well, emerges out the case of linguistic imperialism wherein sign-language is attempted to be wiped out by the majoritarian ideology which undermines the importance of sign language that doesn't require any compromise with the dominant language of hearing-abled people. There is an analogy between English and marginal languages of colonised countries, and between the common language of the majority and the sign language. The way English has attempted to wipe out all languages, likewise verbal language wishes to kill away the sign language. Drawing on the theoretical perspective of post-colonialism, it seems more a case of linguistic and cultural imperialism, rather than of disability. Linguistic imperialism is the privilege and preference of dominant language over marginal language, aiming to eradicate it and shift its speakers to the dominant one. This linguistics, subjugation

can be equated with colonizers stepping in the land of colonized, where their language prevails and turns out to be lingua-dinosauria. It brackets together language and colonialism. The deaf community takes sign language as a reliable form of communication, and resist conforming to the majoritarian verbal language which they fail to use and understand such drives which insist on normalization and lend support to oralist teaching methodology. Instead, they prefer practices of manualism which uses sign-language as a means of communication.

It is very pertinent here to draw on Derrida's deconstructionist theory which questions centralized discourse and gives equal weight to the marginal ones. According to this theory, the deaf culture has brought to light one more binary opposition, oralism and manualism. The privileged term oralism is in no way an absolute and ultimate term. So, there is no reasonable cause to prefer one over another, as both are equally important and one cannot become standard for the other and vice versa. Sign language is a perfect means of communication as is oralism. Moreover, modern educationists prefer performance and demonstration instead of delivering lectures. Drawing on demonstration, sign language sounds more authentic and naturalized than oral language. So this is a language in its own right and needs to be documented, taught and developed further, instead of stigmatizing the people who use and perform it as accurately as oralists do.

Prior to explaining posthumanism, it is germane to have a cursory look at humanism. Traditional humanism takes a human as an independent subject having attributes like rational thinking, authority, autonomy and agency. He is considered as the master of his own destiny who designs his own course of action to meet his own needs and satisfy his own desires. Humanism studies the human subject along with the essential features that constitute him. Believed as the centre of the world, he is

entitled to control the world. These exclusive definitions of a human being by traditional humanists is instrumental in causing discrimination against those who don't meet the constructed criteria of human being such as disabled people, non-whites and many other life forms. The humanist discourse is the product of the renaissance movement and the philosophy of enlightenment. Such human conception is highly critiqued by critical posthumanism. There are two strands of posthumanism. The first strand deals with the ontological condition of human beings who live with the bodies modified chemically, technologically and surgically. The human bodies share technological gadgets or organs of non-human life as their body parts and thus hybridise the constitution of their body. It suggestively reflects the hybridisation of their identity as well (ibid 3). The technological inventions of cloning, genetic engineering, xenotransplantation and artificial intelligence have blurred the boundaries between human, animal and the machine, giving birth to the new organism (ibid 2). It believes that humans are in the intermediate stage of their evolution and their perfectibility can be achieved with the introduction of technological and biological modification. It also holds that human enhancement is possible with technological insertion. It is also known as transhumanism or popular posthumanism. Cary Wolfe defines transhumanism as the "intensification of humanism." (ibid 6)

The second strand of posthumanism is critical posthumanism which puts forward new conceptualization of human in the age of "technological modification, hybridised life forms, new discoveries of the sociality of (and humanity) of animals and a new understanding of life itself". Critical posthumanism is defined as the "radical decentring of the traditional sovereign, coherent and autonomous human in order to demonstrate how the human is always already evolving with, constituted by and constitutive of multiple forms of life and machines"(Nyar 2). Posthumanism

examines critically the existing discourses, power relationships and cultural representations which give the upper hand to human over other life forms. Promod K. Nayar states:

In a radical reworking of humanism, critical posthumanism seeks to move beyond the traditional humanism ways of thinking about the autonomous, self-willed individual agent in order to treat the human itself as an assemblage, co-evolving with other forms of life, enmeshed with the environment and technology. (3)

It deconstructs the conventional view of the human as perfect, independent and dominant. Posthumanism regards the uniqueness of human being as a myth because it incorporates difference in terms of genetic material and species (ibid 3). It rejects ableism of humanism, making room for deviant bodies such as differently-abled people and animals. Withdrawing from narrow definitions of human by traditional humanists, posthumanism rethinks the concept of human afresh in order to propound inclusive definitions of a human being. It questions the binary oppositions of the abled/disabled, human/inhuman and human/machine. There is no emphasis laid on independent human or identity of species, but interspecies identity is preferred. It rejects human exceptionalism which means that human beings are unique creatures. It also denounces human instrumentalism which implies that humans are entitled to control and exploit the natural world.

Critical posthumanism is based upon the idea that human beings co-evolve with other life forms calling into question his independent evolution. It believes that technology is not a mere adjunct to a human being but is integral to him. It believes that human identity is not unitary but it is multiple. It involves rethinking of human subjectivity which is seen as assemblage, co-evolving with life and technology. It

holds that subjectivities are interconnected, leaving no scope for free and independent one (ibid 8). Extending the posthuman concept to disability, people with disability seem no longer deviant and different. They are as dependent on nature and others as non-disabled people are. The perfectibility of non-disabled is declared as the myth and construction. Therefore, it is not rational to discriminate disabled people on grounds of their deficit.

Moreover, technological insertion can largely improve and compensate for the deficits and deficiencies of disabled people. It upholds the belief that the concept of human is a socially constructed concept. It questions traditional claims of human beings such as his uniqueness, sovereignty and self-sufficiency. It engages with ideas like rationality, perfection, independence and superiority that are believed to be constitutive of humanity. The latest technologically assisted organ transplantation has blurred “corporal borders with other bodies and organs” (Nyar 1). According to posthumanism, it is not only the borders of bodies but the frontiers of identities and consciousness also blur. Drawing on posthuman theorization, disabled and their usage of technological gadgets are no longer questionable. The assistive devices used by the disabled blur the boundary between him and the technological device which defines the 21<sup>st</sup>-centuryman. Rosi Braidotti begins his book, *The Posthuman*, with the observation that not all of us can say, with any degree of certainty, that we have always been human, or that we are only that. Some of us are not even considered fully human now, let alone at previous moments of Western social, political and scientific history. (1)

According to posthumanism, identity and subjectivity are not fixed in the age of technology and information. These are multiple assemblages. Donna Haraway comes up with the concept of the cyborg to deconstruct the concept of independent

and fixed notions of identity and subjectivity. Cyborg is a neologism formed out of the beginnings of two words cybernetic and organism. Donna Haraway observes, “A cyborg is a cybernetic organism, a hybrid of machine and organism, a creature of social reality as well as a creature of fiction. Social reality is lived social relations, our most important political construction, a world-changing fiction” (6). This half-human and half-machine have disproved the fixed notion of the human body. It is simultaneously human and a narrative construction and a technological object and discursive formation. The emergence of the cyborg is the biggest critique of men as the norm for all humanity, marginalising women and for that matter all the marginalised sections like disabled people etc. (Corker and Shakespeare 12). Extending cyborg theory to disability, the identity of disabled people can be deconstructed and de-stigmatised to the great extent. Disability is recognised as the identity of a person which is in complete contrast with posthumanism. According to the posthuman concept, the identity of a person is not fixed, rather it is flexible and shifting in nature. It cannot be framed on the basis of impairment and dependence on technology because postmodern man has emerged into a cyborg i.e. combination of a machine and human. It is inferred that an individual’s identity is not complete in himself.

His self-sufficiency is openly questioned and doubted. The emergence of cyborg displays the imperfection of all human beings and lays emphasis on their dependence and coherence. The twenty-first century is emerging as the age of cyborg, emphasising the role of technology in the improvement of human lives and their dependence on it. Almost every twenty-first-century man is techno-dependent who is deemed to be imperfect and incomplete without its aid. They may make use of hearing aids, prosthetic tools, reading glasses, breast implants, pacemakers and birth

control implants. Such technology is capable of raising a disabled person to the level of normality which is often reinforced in literary writings like science fiction and films. The concept of cyborg has disrupted the traditional frontier between abled and disabled and normal and abnormal because both require and use assistive technology to simplify their life. Prosthesis increases the ability of disabled persons and expedites their efficiency.

Feminism rejects the belief that femininity is a “natural form of physical and mental deficiency”. Likewise, Feminist Disability Studies calls into question the idea that disability is a deficiency, flaw or excess. While defining disability, Feminist Disability Studies uphold social perspective instead of the medical paradigm. It argues that disability is the outcome of cultural interpretation of human differences rather than diseases or inbuilt inferiority (Garland Thomson 1557). Feminist disability theory lays emphasis on gender and disability. It argues that femininity and disability are constructed notions locating their roots in society rather than in the body. Both gender and disability are the products of social inequality and power politics. “These hierarchies of bodily value” support arrangements of social, economic and political nature. The question of discrimination and oppression is common to both Disability Studies and feminism. Women and disabled people, the two marginalised sections of society, experience “social inequality in terms of access to resources and rights in a cross-cultural perspective.” (Mehrotra 36)

The feminist disabled scholars such as Susan Wendell, Garland-Thomson and many others believe that male-centred and male-generated discourses exclude and marginalise women in general and disabled women in particular. There is even discrimination between non-disabled women and disabled women in terms of expectations and rights. For instance, non-disabled women enjoy the privilege of

motherhood, sexuality and marriage but all these privileges are denied to disabled women. Feminism, in general, focuses on gender discrimination and the social relationships which undermine gender difference. The social oppression associated with gender has similarities with disability-based oppression. Disability is believed as gendered fundamentally. (Corker and Shakespeare 19)

Although feminists are committed to empower the powerless and reduce social inequalities, they have hardly touched upon the issues of disabled women. In the Indian context, the problems of disabled women have remained an excluded agenda of the feminist movement in general. It is really anguishing that Indian feminists failed to recognize that the issues of non-disabled women are equally the issues of disabled women as well (Ghai 56). Feminism failed to include the issues of disabled women because it somehow ignored the spectrum of differences within women themselves, ranging from black women to disabled women. It has taken the white women as the norm and excluded the rest of all the groups.

Disabled women continue to be treated with contempt and indifference rather than a non-disabled woman. For instance, in General Hospital in Poona, fourteen mentally challenged girls were forced to undergo hysterectomies in 1994. Developmentally, disabled girls were prevented to wear pyjamas with drawstrings under the pretext of fear that they might commit suicide. However, boys with the same problem were allowed to wear pyjamas with drawstrings without doubting their attempt to suicide (ibid 57). Drawing on the feminist perspective of disability, the woman with a disability is doubly oppressed than a disabled man. To begin with, a disabled woman becomes a victim of patriarchy. She is domesticated, marginalized and oppressed on the basis of her gender. Secondly, a disabled woman is discriminated on grounds of their disability. She hardly gets a chance to marry a



normal man when a disabled man gets ample opportunities to marry a non-disabled woman. Anita Ghai observes, “This hypothesis takes the standpoint that disabled women experience a double disadvantage, as they face worse than either disabled men or nondisabled women socioeconomically, psychologically, and politically. Disability compounds their already marginal status as women.” (57)

In situations where both man and woman are disabled, a disabled man is considered less vulnerable than a disabled woman. Anita Ghai remarks that there are instances to exemplify it from the *Mahabharata* where Dhritarashtra, a visually impaired man, gets married to a normal woman, Gandhari. Moreover, she blindfolds herself to come down to the level of her husband as it is unusual in the patriarchal system to find a woman more perfect and complete than a man (Ghai 63). Moreover, at the birth of a disabled child, mothers are blamed. It is rooted in religion as well. Dhritarashtra is born blind because Ambika shuts her eyes on seeing the fearful appearance of Vyasa. Pandu is born pale because Ambalika turns pale on sighting Vyasa. This religious thinking rooted in Indian mythology affects the minds of people who act and react accordingly with regard to disability and ascribe it maternal in nature (Ghai 63). Shakuni, Gandhari’s brother, represents the matriarchal side and his disabled status implies disabling of matriarchal rights. Here it becomes obvious that disabled woman is in a real sense doubly marginalized and subaltern. A woman with visual impairment is often thought unworthy for marriage. In case she gets a chance to marry, she is denied motherhood. Thus, a woman who has the biological capacity to materialise the role of a life partner is desexualised, de-womanised and demotherised, simultaneously. As soon as impairment of a person is detected, he/she is attached with a plethora of disabilities which may even underestimate the capabilities he/she is proficient in.

Such underestimation of the rest of the contained capacities on sighting a single deficiency is mere injustice with disabled people in general and disabled women in particular. This act of negation of all capabilities after sighting one functional limitation is called a 'spread effect'. For instance, a dumb is usually said to have the problem of deafness and the problem of communication. But this view does not always hold true because most of the dumb listen and talk in sign language. Likewise, a lame is said to be equally disabled in driving, running, and sports. What is to be problematized and questioned is the scientific stand that is instrumental in stigmatizing and stereotyping disabled people, by perpetuating and projecting their impairment as genetic in nature without taking into account its ramifications on their lives. The stigma of being disabled deprives them of the privilege to enjoy a normal life. They often stay under the gaze of institutional surveillance which violates the right to privacy. Impairment qualifies for disability as soon as the impaired person is excluded, discriminated and stigmatised. Feministic approach to disability asserts that disabled women suffer more than disabled men.

## Works Cited

- Amy Louise Simmons. "Critically Evaluating Recent Models of Disability With Reference To Deaf Signers." *University of Birmingham*, 2014.
- Barker, Clare, and Stuart Murray. "Disabling Postcolonialism: Global Disability Cultures and Democratic Criticism." *Journal of Literary and Cultural Disability Studies*. vol. 4, no. 3, 2010, pp. 219-236.
- Barry, Peter. *Beginning Theory: An Introduction to Literary and Cultural Theory*. Viva Books. 2010.
- Berger, Peter. and Thomas Luckmann. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Doubleday, 1967.
- Braidotti, Rosi. *The Posthuman*. Polity Press, 2013.
- Corker, Mairian, and Tom Shakespeare. *Disability/Postmodernity: Embodying Disability Theory*. Continuum, 2002.
- Davis, Lennard J. *Bending over backwards: Disability, Dismodernism, and Other Difficult Positions*. New York University Press, 2002.
- Garland-Thomson, Rosemarie. "Feminist Disability Studies". *The University of Chicago Press*, vol. 30, no.2, 2005, pp. 1557-1587.
- Ghai, Anita. "Disabled Women: An Excluded Agenda of Indian Feminism". *Hypatia, Inc. Feminism and Disability*, vol. 17, no. 3, pp. 49-66.
- . *Rethinking Disability in India*. Routledge, 2015.
- Hall, Alice. *Literature and Disability*. Routledge, 2016.
- Haraway, Donna. *Simians, Cyborgs, and Women: The Reinvention of Nature*. Routledge, 1991.
- . "A Cyborg Manifesto." University of Minnesota Press, 2016.

- Kothari, Jayna. *The Future of Disability Law in India*. Oxford University Press, 2012.
- Lacom, Cindy. "Revising the Subject: Disability as Third Dimension in Clear Light of Day and You Have Come Back." *Feminist Disability Studies*. vol. 14, no. 3, 2002, pp. 138-154.
- Longmore, Paul K. *Why I Burned My Book and Other Essays on Disability*. Temple University Press, 2003.
- Mehrotra, Nilika. *Disability, Gender & State Policy: Exploring Margins*. Rawat Publications, 2013.
- Mudasir Yousuf. "Social Exclusion of Differently Abled Women in Jammu and Kashmir: A Sociological Study." *IGNOU*, 2018.
- Nayar, Promod K. *Contemporary Literary and Cultural Theory: From Structuralism to Ecocriticism*. Pearson, 2010.
- . *Posthumanism: Themes in 20<sup>th</sup> and 21<sup>st</sup> Century Literature*. Polity Press, 2014.
- Obeyesekere, Gananath. *Imagining Karma: Ethical Transformation in Amerindian, Buddhist, and Greek Rebirth*. University of California Press, 2003.
- Oliver, Michael. *Understanding Disability: From Theory to Practice*. Palgrave, 1996.
- Quicke, John. *Disability in Modern Children's Fiction*. Brookline, 1985.
- Said, Edward W. *Orientalism*. Penguin Books India, 2006.
- . *Culture and Imperialism*. Random House, 2014.
- Wendell, Susan. *The Rejected Body: Feminist Philosophical Reflections on Disability*. Routledge, 1996.