

Disabled Women: An Excluded Agenda of Indian Feminism

ANITA GHAI

My purpose in this essay is to locate disabled women within the women's movement as well as the disability movement in India. While foregrounding the existential realities for disabled women in the Indian scene, I underscore the reasons for their absence from the agenda of Indian feminism. I conclude by reflecting on the possibilities of inclusion within Indian feminist thought.

INTRODUCTION

I must submit at the beginning that my understanding of the issues and related questions has been predominantly influenced by my own experiences as a disabled Indian woman advocating for the other disabled people in India. My initial engagement with the issue of oppression began as I negotiated my sociocultural and political positioning as a woman in a traditionally patriarchal society. A closer acquaintance with the developing intellectual discourse on feminism, especially in my own country, indicated how the movement that originated essentially as a response to oppression experienced by women excluded disabled women.

It was a painful and disillusioning realization to recognize that disabled women occupy a multifarious and marginalized position in Indian society, based on their disability and also on sociocultural identities that separate them into categories constructed according to such properties as caste, class, and residential position. Disabled women thus can have plural identity markers that make their daily experience perplexing and difficult. The recognition of such forces in my own existence, especially those that affect me because I am a disabled

woman (Ghai 1998, 35), shifted my focus from the women's movement *per se* to the disability movement.

The disability movement in India has aimed its protest at the segregation and discrimination experienced by the disabled. My personal experience of the disability movement, however, indicated to me that the gender-based bias that women must contend with everyday in patriarchal society also permeates India's disability movement. It is not as if disabled women have not resisted such marginalization. However, the task of locating the "self" under such conditions has been a daunting one.

To gain an insight into the issues confronting disabled women in India, I begin by looking at the general disability scene in India, and the dynamics of the feminist movement as well. I am aware that a Western audience may experience a sense of *déjà vu* with regard to many of the following arguments. All the same, these arguments are significant for an understanding of the specifics of Indian reality. Without getting into the debate of the areas of communality between a disabled woman in Washington, D. C., Toronto, or London, I restrict myself to a candid analysis of the experiences of disabled women in India.

THE INDIAN CONTEXT AND THE DISABILITY MOVEMENT

India, often described as an emerging superpower, has a population of one billion, out of which approximately seventy million are characterized as disabled. Public consciousness of the issues and concerns that affect the lives of those with disabilities is a fairly recent phenomenon. It was only in the forty-ninth year of India's independence that the first legislation advocating equal rights for disabled people came into effect. Though notified five years ago, the act still awaits proper implementation.

Notwithstanding the legislation, the State continues to be largely apathetic. Owing to a complete lack of public planning, responsiveness to any special condition such as disability is missing. Consequently, the physical environment is largely inaccessible and inconvenient. Dissemination of information in formats accessible to people with sensory impairments is very restricted. For instance, there is a single televised sign-language news bulletin per week for people with hearing impairments. The range of accessible reading materials for people with vision impairments also is extremely limited. The nonavailability of other assistive technology devices such as electrically powered wheelchairs at an affordable price adds to the miseries experienced by disabled people.

An example of indifference is the nationwide protests that people with disabilities had to engage in in order to be counted in the forthcoming census. Notwithstanding some small steps toward inclusion, the lives of disabled people remain mired in inhumane patterns of helpless cynicism, political inertia, and resistance to social innovation. In this climate, long-term solutions are neither sought nor found.

The State continues to rely on the voluntary sector for the provision of basic services for disabled people, although this sector, stretched beyond its resources, is unable to serve even a miniscule proportion of those in need. Needless to say, the disabled are relegated to the margins in every avenue of opportunity, be it education, employment, transportation, or any other significant life area. While disability advocates in the developed world have progressed from issues of service delivery and rehabilitation to an engagement with the multiple nuances/meanings of disabled existence, the developing world continues to agonize over securing the very basic elements that disabled people need to survive.

Thus, the meaning of disability in India is embedded in this basic struggle for survival. The predominantly elite, educated (and therefore privileged) group of disabled activists within the disability movement does not inquire into the subtle conceptual and cultural nuances that influence the nature of this survival. Most of the time, an agenda borrowed from Western counterparts lacks the reflexivity to analyze the Indian context in which disability is not a singular marker. In a scenario marked by widespread poverty, disability is not even perceived as a cause of vulnerability and total helplessness. As I argue elsewhere (Ghai 2001, 29), for poor families with a hand-to-mouth existence the birth of a disabled child or the onset of a significant impairment in childhood is a fate worse than death. It is truly the proverbial last straw on the camel's back, jeopardizing the entire family's existence.

The situation worsens because in addition to hopeless life conditions, disabled people often have to contend with cultural constructions marked by negativity and stigmatization. Within the Indian cultural context, disability implies a "lack" or "flaw" leading to a significantly diminished capability; images of the disabled also are associated with deceit, mischief, and devilry. Disabled people sometimes are depicted as suffering the wrath of God, and being punished for misdeeds that either they or their families have committed—a kind of penance or retribution for past misdeeds. Yet another strand of this cultural construction conceives of disability as eternal childhood, where survival is contingent upon constant care and protection. Here, the emphasis is on images of dependency, thereby reinforcing the charity/pity model. Consequently, charity and philanthropy have remained the predominant response to the predicament of disability. Even today, many institutions regularly receive food, old clothes, and money from society at large, which makes these charitable gestures not out of a sense of commitment to the issue of disability but as a response to a cultural expectation to do one's *dharmic* (religious) duty toward the needy, in the same spirit as one would give alms to beggars.

This "altruistic" paradigm is reflected in governmental policies, which until very recently looked at disability as a welfare issue. Even now, most government efforts are targeted at strengthening nongovernmental organizations without making any direct interventions. Western disability studies often fail to comprehend the reality of disability in India, which is marked by a complex amalgam of

class, gender, and caste issues. Feminism with its emphasis on multiple oppressions is the key to guiding disability studies and research toward an understanding of the pluralities that characterize the experience of disability in India.

This list, though not exhaustive, illustrates the underpinnings of a negative cultural identity attributed to those with disabilities. Historically, alternative narratives have indicated instances where disabled people have been considered children of a “lesser god”—a status that provided spaces, in spheres of religious and metaphysical discourse, where the ability to transcend the body stands as a distinct possibility (Ghai forthcoming). By not acknowledging the centrality of physical body, these alternatives did provide the possibility for a dignified negotiation of difference. Even though assigning such a status to disabled people implied renunciation of their material bodies (in service to the god), such narratives did offer a metaphysic that was more humane than the oppressive lives that characterized disability. However, this option was largely available to disabled men only. That only few women could avail themselves of such alternatives was reflective of the patriarchal society, which viewed disability as an additional stigma beyond the stigma of being a woman. However, a position that provided such space historically may not have the same implications in present-day India. A recurrent change in the meaning of the body raises significant questions about the whole notion of transcendence of the body and its location in the patriarchal discourse.

However, contemporary constructions¹ (Miles 1999, 233) of disability in India do not draw systematically on historical and cultural research. They largely portray disabled people as possessing a medical identity, perceived from a predominantly health and welfare perspective. This Western medical model, which focuses on the clinical dimensions of impairment, dominates policy. For instance, the latest Indian human development report states that “physical disabilities are genetic, biological and even birth defects and future research must focus on the causes of such disabilities” (Shariff 1999, 148). Such a policy stance makes medical intervention, without any regard for cultural analysis, the sole instrument for addressing disability. The Indian milieu offers very little understanding of the social model of disability, arguing that it is society that disables people with impairments, and therefore that any meaningful solution must be directed at a societal change rather than at the individual. Rather than locating the disability in the body, the social model conceives of disabled people as an oppressed group in society.

In its attempt to highlight the centrality of disability as an organizing principle of life, and therefore to move it from the margins of social consideration, the disability movement has promoted sweeping generalizations about disability and handicap without regard for differences in kind and degree of impairment, or different adaptations to impairment. Consequently, the disability movement advances a few select agendas—mostly those that address

the concerns of middle-class men. As I have argued elsewhere, “The problem, however, arises when their fight for ‘disability rights’ subsumes agendas that are visible and significant only for the very privileged of the disabled. Concessions in air travel, hotels, and special parking facilities, though undeniably necessary, are meaningful only to a selected population of the disabled. The truth is that these issues do not resonate in the lives of the majority of disabled who are further marginalized by virtue of their class, caste, rural urban residence, and most strikingly, gender. What is and should be more significant for them are the issues of education employment, residence, technological aids, and accessibility, to name a few. The reality, however, is that the majority of disabled are still fighting to secure the ‘bare minimum’” (Ghai forthcoming).

That there might be a gender dimension to disability has only recently been realized. D. Das and S.B Agnihotri (1999) indicate that the incidence of disability is intersected (or influenced) by gender.² In the extrapolation of the available statistics, they have indicated that disabled women are marginalized much more than the disabled men. Disability legislation also adopts a gendered approach, with the result that out of twenty-eight chapters outlining various issues, not a single one addresses the problems of disabled women. This approach reflects the general attitude toward disabled women in India in general. In Hindi the phrase, “Women with disabilities” (*Ek to ladki oopar se aapahij*) means, “one a girl, and that too disabled.” This intermingling of disablement and gender marks the reality of a woman with disability in India. Consequently, both congenital and acquired disabilities for the girl child are seen as additional rather than initial liabilities. Opportunities for improving the quality of life of a disabled girl are virtually nonexistent. Already living a life of subordination without education and employment, women can do without the burden of disability. As a mother lamented, “Wasn’t it enough that we have a hand to mouth existence? Why did God have to add to punish us further by giving a Langri (crippled) daughter” (Ghai 2001, 31).

In a culture where being a daughter is considered a curse, being a disabled daughter is a fate worse than death. She has to contend with both her role as a daughter, when what was desired was a son, and with her disability. The desire for sons has to be understood in the context of the ritual value of sons as well as the social and economic burden in bringing up daughters (Johri 1998, 78). The construction of daughter as a burden is rooted in the cultural milieu that looks at daughters as *Parai* (Other). As Johri elaborates, “One of the religious duties of the father is Kanyadan, the unreciprocated gifting of the virgin, to the husband and the family. Giving dowry becomes a part of this ritual” (78). However, the implicit understanding in this practice is that whatever you are giving will be perfect. When she is offered, the disabled girl has to be compensated accordingly. If compensation is not possible, then compromises such as being married to a widower have to be made.

Disability in a son, on the other hand, though traumatic, will still be more acceptable as he does not have to be given away. While many authors have interpreted traditional texts such as *Manusmṛti*, for the present purpose I follow the interpretation of Wendy Doniger and Brian K Smith (1991, chap. 9).³ Law 72, which states, “Even if a man has accepted a girl in accordance with the rules, he may reject her if she is despised, ill, or corrupted, or if she was given with something concealed,” is followed by Law 73: “If anyone gives away a daughter with a flaw and does not mention it, that gift from the evil hearted daughter-giver may be annulled.” (Doniger and Smith 1991, 205–206). Consequently, a culture in which arranged marriages are the rule inherently puts disabled woman in a difficult position. However difficult, the possibility exists for “normal” women to resist this cultural arrangement, while disabled women confront an uphill task. Some disabled girls in the rich or middle class might be able to negotiate the difficulties inherent in arranged marriages, albeit with a great deal of compromising. Disabled sons retain the possibility of marriage, as they are not gifts but the receivers of gifts. Disabled as well as nondisabled men seek “normal” women as wives, and therefore participate in the devaluing of people because of disability.

The preference for a son in the larger Hindu community in India, in keeping with its religious philosophy, has now been coupled with technology that can provide a test to screen and determine the sex of an unborn fetus. The 1991 census counted 927 females to every 1000 males in the Indian population. That was an all-time low level in the recorded female to male ratio, which stood at 934 females to 1,000 males in 1981. When the first count is made in 2001, a further decline is expected in the ratio, a reflection of the practice of aborting female fetuses. (Krishnaji 2000, 1161). In a society where there is widespread female infanticide, aborting imperfect children will not cause any stir or rancor. This becomes clear in respect to the feminist campaign against amniocentesis as a sex-determination test. While there is an ongoing discussion of the ethical contradictions that prenatal sex testing poses for feminists, prenatal testing to identify and abort children at risk for disabilities does not get addressed (Menon 1996).

For disabled women themselves, these issues become secondary because cultural stereotyping denies them the role of motherhood. As elaborated by Sudhir Kakar, a psychoanalyst (1978, 56), whether a woman's family is poor or wealthy, whatever her caste, class, or religion, whether she is a fresh young bride or exhausted by many pregnancies and infants, an Indian woman knows that motherhood confers upon her a purpose and identity that nothing else in her culture can. Each infant borne and nurtured by her safely into childhood, especially if the child is a son, is both a certification and redemption of her ability, role, and status as a woman. Disabled women are, however, denied the possibility of this fulfillment, as marriage and consequent motherhood are both

difficult achievements in a socially restrictive environment. (It will be worth mentioning that single motherhood in the Indian culture has been the privilege of only very elite women. In general, having a child out of the wedlock evokes stigmatization.) The denial of women's "traditional roles" to disabled women creates what Michele Fine and Adrienne Asch (1988) term "rolelessness," a social invisibility and cancellation of femininity that can impel disabled women to pursue, however hopelessly, the female identity valorized by their given culture but denied to them because of their disability.

A great deal of thoughtful work by Indian feminists analyzes the impact of the evaluative male gaze. However, the essential difference between being sexual objects and objects of the "stare" has not been understood. If the male gaze makes normal women feel like passive objects, the stare turns the disabled object into a grotesque sight. Disabled women contend not only with how men look at women but also with how an entire society stares at disabled people, stripping them of any semblance of resistance. Neither Indian feminism nor the Indian disability movement acknowledges that disabled women are doubly pinned by the dominant male gaze coupled with the gaze of the culture that constructs them as objects to be stared at.

In a culture where any deviation from a normally accepted archetype is seen as a marked deviation, the impaired body becomes a symbol of imperfection. The myth of the beautiful body defines the impaired female body as unfeminine and unacceptable. Disability is thus constituted as being profoundly of "Other" in our society. The roots of such thinking are found in Indian mythology: Lakshmana, brother of Lord Rama, cuts off the nose of Shurpanakha, sister of King Ravana, who is interested in him. That Lakshmana can only respond to what he defines as nonacceptable behavior by disabling the ugly female monster indicates how disability and desexing are equated in the Indian psyche.

This kind of reasoning is echoed in North Indian Punjabi culture, where, although girls are allowed to interact with their male cousins, they are not allowed to sleep in the same room. Disabled girls, on the other hand, are under no such prohibitions. This reflects what Harlan Hahn (Thomson 1997, 25) calls "asexual objectification," and also evidences the disregard of the dangers of sexual violation to which disabled girls are exposed. The assumption that sexuality and disability are mutually exclusive also denies that people with deviant bodies experience sexual desires and refuses them recognition as sexually typical despite their differences.

Indian feminist scholarship has looked at embodiment along the axes of caste, class, and historical phases such as the impact of colonization; however, the impaired body has not been considered as having analytical consequence. As Seemanthini Niranjana points out, "Focus on the body has been a symbolic one where the body is perceived as sign or code important to the extent that it is speaking about a social reality other than itself. Suggestive as it may be

to speak of the body as representing encoded social meanings, as an image of society or even a metaphor for society, the question remains whether these perspectives can acknowledge the materiality of bodies, not merely as they are formed/represented in a culture, but how they constitute the lived reality of persons" (1997, 106). Though this analysis takes up issues of cultural spaces and the female body, there is no mention of the disabled body.

This omission reflects a historical practice that continues to render the disabled invisible in a manner very similar to the invisibility experienced by blacks in a white racist society. As Robert Young (forthcoming) argues, "In a racist society it is necessary for the African-American subject to be rendered invisible in order to enable the Euro-American subject (whiteness) to preserve the illusion of autonomy, rationality and control" (cited in Erevelles 2000, 35). Erevelles's application of this analysis to disability pursues a similar argument. She says that a (nondisabled) subject, upon encountering its Other (the disabled subject) finds it necessary to suppress the memory of this deviant image in order to support the illusion of normalcy and wholeness. That these claims to normalcy or wholeness are themselves illusions becomes vividly apparent when one examines how constructions of a normative self are in fact predicated on the existence of the disabled Other.

It is ironic that feminists engaged with the issue of difference, united in their attempts to empower the powerless, and resolved to transform social inequalities have not picked up on the issues concerning the meaning of impairment for disabled women. While the disability movement's failure to acknowledge disabled women can be fathomed as reflecting the patriarchal character of a society it accepts and aims to be included in, at least within India, its disregard by the feminist movement, which claims objectivity through its theoretical deconstruction of oppressive social suppositions, is less understandable.

What is especially anguishing is that Indian feminist thought fails to recognize that the problematization of women's issues applies equally to disabled women's issues. In principle, some disabled women might have benefited from the activities of certain women's groups, but no documentation exists of specific instances. On the other hand, ample evidence abounds that disabled women are the victims of domestic violence and sexual violation. However, when the national Indian media gave widespread coverage to a story about a woman with cerebral palsy being abused by her father, women's groups gave no more than perfunctory response. Further, Indian feminist scholars have not attempted to develop theoretical responses appropriate to the situation of disabled women.

Only after major newspapers reported nineteen days later that fourteen mentally challenged girls were forced to undergo hysterectomies at Sassoon General Hospital in Poona (a city in the state of Maharashtra) on 5 February 1994 did Indian women's groups intervene. Situated in a large rural community, developmentally disabled girls received care in an institution in which they were

prevented from wearing pajamas with drawstrings or sanitary napkins with belts because as it was claimed that the girls might use these to commit suicide. While the girls were deprived of the means of managing their menstrual periods, the boys were issued pajamas complete with drawstrings that could be used as a noose much more easily than any sanitary napkin. Apparently, officials did not have the same concern about boys committing suicide. To deal with the problem of menstrual hygiene, the hospital decided to go ahead with hysterectomies. The protest of the women's groups was invaluable because the operations stopped after the first fourteen girls. However, this incident was not translated into a broader effort to open a dialogue about the enforced sterilization of developmentally disabled women, which indicates that Indian feminists still do not see women with disabilities as an important and enduring constituency.

While there is a strong emphasis on mainstreaming women's concerns for self-development in the national policy document (Ministry of Women and Child Welfare 2000) on empowerment of women, the paradox of a hierarchy within a hierarchy is evident because discussions about certain groups of women considered lower class and caste, tribal, and minority continue to be couched in "welfare" terms. Unlike Western countries, race is not a significant distinguishing factor in India. Disabled women are not even mentioned in this document that highlights a vision for the ministry of women and child welfare.

It is not as if no other issues have been neglected within Indian feminist discourse. For instance, as Bhargavi Davar (1999) points out, mental health has not been a topic to which feminist discourse has paid a lot of attention. Even Davar, however, fails to look at the issue of disability when addressing mental health. Research on national mental health studies omits discussion of women with disabilities, which reflects a presumption that their mental health issues will "obviously be different" (IFSHA: A Report on Women, Violence, and Mental Health, 1999). This reflects the skewed attitude of mainstream feminists, who while sensitively exploring distress as a major component of a woman's life experience, conveniently leave disabled women out of their focus.

It could be argued that by emphasizing this exclusion by feminists and women's groups that I am ignoring the possibilities of resistance, which in the face of nonrecognition can only be attributed to a sheer will to survive. Taking this into consideration, I could argue that women with disabilities have formed support groups and are in the process of challenging dominant constructions of disabilities. However, owing to the absence of discussion among disabled people in general about differences in disabilities and impairments, no group exists to collectively pursue the concerns of disabled women, and thus to influence both the disability movement and the women's movement. Right now the voices of disabled women are restricted to academic settings, where a double oppression hypothesis is expounded. This hypothesis takes the standpoint that disabled women experience a double disadvantage, as they fare worse than either disabled

men or nondisabled women socioeconomically, psychologically, and politically. Disability compounds their already marginal status as women.

Many feminist thinkers in the field of disability have objected to this “double disadvantage” approach since the literature does not empower disabled women. Says Jenny Morris,

I always feel uncomfortable reading about our lives and concerns when they are presented in these terms. When Susan Lonsdale (1990) writes, “For women the status of ‘disabled’ compounds their status of being female to create a unique kind of oppression” (82), I feel burdened by the disadvantage. When Margaret Lloyd (1992) states that the issue for disabled women is “the dilemma of identity for an individual experiencing multiple disadvantage and oppression” (82), I feel a victim. . . . Such writings do not empower me. We have to find a way of making our experiences visible, sharing them with each other, and with non-disabled people, in a way that—while drawing attention to the difficulties in our lives—does not undermine our wish to assert our self worth (1996, 2).

While Morris is absolutely right in her stance, the problem is that even the double disadvantage hypothesis fails to produce concrete action as the outcome of the feminist discourse, and practice does not move beyond tokenism and rhetoric. Feminism, which is cognizant of differences between women, is very similar to the struggle in India engaged in as a political movement. Both have had to fight continuously for mainstream feminism to acknowledge the dangers inherent in adopting the universal category of “woman”—and by default the exclusions of those living on the periphery and margins. Says Elizabeth Weed, “For those outside mainstream feminism, women’s experience has never ceased to be problematic. The common ground of sisterhood long held as white feminism’s ideal was always a more utopian than representative slogan. Worse, it was coercive in its unacknowledged universalism, its unrecognized exclusions” (1989, 24).

Indian disabled women experienced this exclusion when feminist theory and practice in India continued to ignore their experiential realities of discrimination, ignorance, and neglect. The feminists reinforced the construction of disabled women as being outside the hegemony of normalcy. Consequently, the much-needed political action has not been forthcoming. The resistance offered by disabled women has only led to a superficial acknowledgment of differences, with an implicit assumption that the core issue is gender. The perceived need is, therefore, to raise the gender issues presumably adequately enough to address all women’s lives regardless of their backgrounds and differences. At least this recognition is responsible for the emergence of a discourse about difference; but

I cannot ignore the reality that this discourse has not been able to effect much, if any, change—either in increasing acceptance of disabled women’s concerns in social policy or in enhancing the quality of their lives. What could be the reasons for the failure of Indian feminists to acknowledge and empathize with the existential realities of disabled women? Although it is difficult to posit a clear answer to this query, my interviews with active leaders in the field offer insights into the reasons for this exclusion. In the following section, my aim is to share some of the concerns expressed by feminists and women’s activists. However, before doing so, it is appropriate to briefly consider the situation of the Indian women’s movement.

REASONS FOR EXCLUSION

The women’s movement in India, according to Nandini Gandhi and Nandini Shah, has no beginning or origin: “It has always existed as an emotion, as an anger deep within us, and has flowed like music in and out of our lives and consciousness and actions” (1992, 15). Within the movement today many streams are based on ideology, class, or community, and rural or urban location all over India. The movement evinces deep concern for what are conceived as basic societal issues. These include poverty, class and caste inequalities, labor-related injustice, wages and employment, population technologies, *sati* (self immolation), dowry, and female feticide. With time, many other issues such as domestic violence, childhood sexual abuse, and sexuality have become dominant concerns of both feminist theoreticians in the academy and activists in the women’s movement. The emphasis of Indian feminism has been not on the individual’s issues but rather on collective issues with significant political ramifications. Nonetheless, the feminist agenda in India, as in other countries, has focused on a reconfiguration of gender constructions in society by questioning patriarchal norms. This has focused action on programs aimed at recasting the traditional gender roles.

The common thread in this attempt to reinvent gender identities has been the experience of oppression shared by all women. Ironically, the movement’s exhaustive list does not include disability oppression, despite the fact that disability cuts across all categories and may be associated with the experience of many of the other oppressions against which the women’s movement is fighting. One reason highlighted by theorists and activists alike has been that disabled women have not participated in the movement’s meetings and actions. Consequently, accounts neither of their lives nor of their challenges to feminist theory have immediacy.

While this explanation may have some merit, it also underlines the inability of the feminist movement to consider what may prevent women with disabilities from actively participating in the movement’s work. In a country where it is not

unusual to develop structural amnesia with regard to a particular category of persons, there are few opportunities for disabled women to create an immediate presence and speak for themselves. Yet, the feminist agenda and the women's movement have not remarked on these conditions. Possibly, the experience of disability is imagined to be opaque, intransitive, and idiosyncratic. In the absence of a sustained discourse about disability in Indian feminist theory, the mistaken belief that biological impairment prevents people from evolving as full social, psychological, political, aesthetic, and cultural beings continues to prevail. Another feature of the many interviews carried out was the recurrent use of disability as an analogue for other kinds of limitations. For example, one respondent stressed that "being a woman is a biggest form of disability" (Bhasin 2000). Another observed: "Disability is like belonging to the lowest caste possible" (Bhattacharya 2000). There are several ways of understanding these analogies.

One option is to look at the sociocultural meanings ascribed to female bodies and those assigned to disabled bodies. Both are excluded from full participation in public and economic spheres; both are conceived in opposition to a norm that is assumed to possess natural superiority. Such comparisons can be both emancipatory and oppressive.

If the objective of invoking such comparisons is to understand the lived experience of different people and to grasp their authenticity, the potential is immense. However, if the categories operate only at a metaphorical level, such comparisons can lead to a total erasure of the category that is being invoked. It is true that analogy is a rhetorical device that is meant to enable the move from more familiar to relatively unknown terrain in order to understand how a set of relations evident in one sphere might illuminate the other. However, if a comparison or the parallel pits one set of the relations against the other, as is the case of women against disability, the strategic advantage of the analogy gets lost.

Without devaluing such metaphorical moves, I wish to focus on what gets "valorized" and "suppressed" in the process. My argument is that such analogizing results in a suppression of the harsh reality of the lives of disabled women limited by conditions much more difficult than usual to transcend. A shift from the theoretical/metaphorical to the material is essential to render visible the "cultural constructions" that have supported the currently flawed conceptualizations of disability and womanhood.

According to Nivedita Menon (2000), another, more fundamental, reason for the total absence of disability as an issue in the Indian women's movement—and the comparative lateness of its emergence in Western women's movements—could be that feminists all over the world have usually assumed "women" to be a category that is self-evident. That is, there is an unsupported assumption that all women, regardless of their differences from one another,

have obvious shared concerns. This abstraction of “women” emerged from a feminist positing of “difference” as a challenge to the abstract category of “citizenship” which assumed masculinity as the norm. Up to the late 1970s, “sisterhood is global” seemed an unquestionable feminist truth. The challenges from women of color and other stigmatized and marginalized groups of women showed the category of “women” to be another abstraction, which in turn assumed the white, middle-class, heterosexual woman (without disability) to be the norm. In India, this kind of challenge has come from feminists of minority communities. The charge is that the women’s movement has assumed the Hindu upper caste woman to be the norm, and this critique has emerged most clearly in the debates over the Uniform Civil Code (UCC). The debates were regarding the demand for a common set of personal laws that would apply to all religious communities in India. The opposition came from the belief that the emerging uniformity would essentially represent the voices of majority (which in this case was the Hindu women), thereby marginalizing the women from minority groups.

Menon, a vociferous activist in the women’s movement and a political scientist by profession, feels that the invisibility of disability within feminism occurs because of mechanisms similar to those that have made women in general invisible in the larger society. But as a feminist who felt disturbed by the neglect of disability issues, she thinks that the movement has the potential to grow and change. Another reason for the failure to represent women with disabilities is that within the Indian women’s movement there are far too many issues and far too few resources. Consequently, action has been oriented to the dramatic patterns that resonate in the lives of the majority of women who are able and normal, rather than to the minority who fail to exercise voice or agency. Notwithstanding these reasons, it is important to articulate the expectations that Indian feminism has aroused in disabled women. In the next section, I examine the possibilities evoked by these expectations.

EXPECTATIONS FROM FEMINISM

Notwithstanding the current reality of the exclusion of disabled women within the Indian women’s movement, I would argue that simply deciding to include them is insufficient. The problem cannot be resolved so easily by merely adding on disabled women as another category to the list of matters or kinds of issues requiring attention. Offering a feminist account of disabled girls is problematic because it requires including them in the discourse. However, writing a subject (for example, disabled women) into the ongoing discourse necessitates a certain exercise of power to construct that subject in some form, to give her shape, and to breathe life into her. This cannot be accomplished without knowing how she might construct herself.

This process thus requires certain reflexivity. To explore the possibilities authentically and adequately requires that the process have a dialogical character. It is vital that both feminist discourse and practice engage in a concerted dialogue with the disabled women and the disability movement, so that a more inclusive theory as well as practice can emerge. To quote Mairian Corker, "It is often argued that theories are too complex for *ex post facto* explanation rather than for use by disabled people, they may lead to confusion and the paralysis of analysis. This is always a danger, if complexity of life is overemphasized, and if the need to understand fully is placed ahead of the need to act more effectively, because disabled people can be turned into interested spectators, rather than proactive participants of a strong social movement. . . . Theories which reduce or simplify disabled people's experience, particularly those which fail to conceptualize a dialogic relationship between disability and impairment can have the same effect" (1999, 639).

According to Corker, the resolution of these problems might come by following the example of Leonard (1997) in creating a paradigm of communication rooted in discursive strategies rather than structure. Failure to create these spaces even unintentionally does not alleviate the asymmetry of power relations. Feminist discourse has developed without disabled women taking a hand in shaping it. What now can be done about feminists' inattention to disabled girls and women, and how would feminist discursive attention look and read if, initially, they had been involved in its development?

Do we need a different kind of feminist theory to account for disabled women? As Rosemarie Garland Thomson observes (1997, 24), feminist theory can challenge the persistent assumption that disability is a self-evident condition of physical inadequacy and private misfortune whose politics concern only a minority of women. Feminist disability praxis would uphold women's right to define their physical differences and their femininity for themselves, rather than conforming to the social interpretation of their bodies. Such praxis could address some of the specific issues currently addressed by feminists, ones that might look different when seen through the lens of a disability perspective.

One matter that, though within the ambit of feminist thought, seems different from a disability perspective is the issue of caring for the mothers of disabled children in India. As I elaborate, "Although the stress of impairment impacts upon both the parents, it is usually the mother who bears the brunt of the child's disability" (Ghai 2000). Instances abound where women have been divorced, abandoned, or tortured because they have given birth to a disabled child. Given the preference for sons, even here blame of the mother is more severe in instances of a girl child. The fantasy of maternal omnipotence holds mothers responsible for providing the caring. Home care is usually the only option; there often is no question of choice. Indian feminists who have debated over the ethics of caring, and who are now in the process of initiating

a debate over equality in caring (Davar 1999, 207), have not taken note of the conditions in which disabled people, and especially girls, are placed. Within the traditional Indian system, the mother has been a source of succor for the children, especially for girls with disabilities (Ghai 2001, 21). In the absence of social and community support, disabled women have relied largely on the caring provided by mothers, who undoubtedly have carried the extra burden. While it is perfectly justified to engage with their experiences of oppression in caring, the attempt to destabilize traditional notions in the absence of adequate alternative provisions might end up working against disabled women. In such a context, it will be worthwhile to engage with the cautionary note given by Anita Silvers that “far from vanquishing the patriarchal system, substituting the ethics of caring for ethics of equality threatens an even more oppressive paternalism” (1995, 52).

Another significant area where feminist questioning would be invaluable concerns the area of independent living as espoused by disability theorists in the West. In the absence of education, employment, infrastructure, and a social security system, autonomy is a formidable goal for women in India to attain, and more so for disabled women. The resolution of any issues concerning disability has to be in the context of the family and community. Indian feminists, with their grasp of the Indian reality, are equipped to devise options that can merge with the specific Indian context of the familial and the social.

One possible solution would be to apply Susan Bordo’s view that the concrete experiences of exclusion have neither to be grounded in theory nor given a theoretical response. Rather, as new narratives began to emerge, the major task is to tell the story of diverse women’s experiences in as truthful a manner as possible. The only requirement is to listen, to become aware of one’s own biases, prejudices, and ignorance, so that a process of stretching the borders of what Minnie Bruce Pratt (in Bordo 1990, 138) calls the “narrow circle of self” can begin.

As Bordo explains, “No matter how attentive the scholar is to the axes that constitute social identity, some of the axes will be ignored and some selected” (140). An inescapable fact of human embodiment, as Friedrich Nietzsche pointed out, is that “. . . an eye turned in no particular direction, in which the active and interpreting forces, through which alone seeing becomes seeing *something*, are supposed to be lacking; these always demand of the eye an absurdity and a nonsense. There is *only* a perspectival seeing, *only* a perspectival knowing” (Nietzsche 1969, 119. Italics in original).

Perspectival knowing is never really pure. It is always influenced by our political, social, and personal interests. Even in acting on the desire to embrace our differences, we are unavoidably centric. Mere recognition of difference does not assure that we will construct an adequate representation of difference. Further, constant attention to difference might create and construct Others

who are unheard of and therefore unfamiliar. As Michel Foucault reminds us, “Everything is dangerous—and every new context demands that we reassess the main danger” (1983, 232).

Thus, what is needed is not merely a strong commitment to create spaces where different voices can share their realities and be heard, but also an active integration of differences among and within women. However, for this possibility to become a reality, feminist discourse would need to go beyond a mere recognition of binaries. What is required is a consideration of a multiple constraints that inhibit the articulation of difference. This task is an arduous and a complex one, especially when heterogeneity serves as a mere tool to hide homogenous understanding.

NOTES

Special thanks are in order for the help, cooperation, and available insights of Anita Silvers, the generosity of Mairian Corker, the patience of Alexa Schriempf, and to all fellow feminists who spared invaluable time for interviews. I hope that this paper will initiate a meaningful dialogue within the Indian feminist community so that identity issues concerning gender and disability can evolve together.

1. Miles chooses not to reveal his first name.

2. The first names of Das and Agnihotri are not available.

3. *Manusmṛti* consists of 2,685 verses encompassing representation of life in the world—how it is and how it should be lived. *Manu* is a fundamental text of the dominant form of Hinduism as it emerged historically. It provides the most influential construction of the Hindu religion and Indian society as a whole. A study of Hindu family life, concepts of body, sex, attitudes to money and material possessions, politics, caste, and social practices, among many others, requires a knowledge of *Manusmṛti*. For the present purpose, I follow an interpretation by W. Doniger and B.K. Smith.

REFERENCES

- Bhasin, Kamla. 2000. Conversation with author. New Delhi, 25 November.
 Bhattacharya, Jaya. 2000. Conversation with author. New Delhi. 5 November.
 Bordo, Susan. 1990. Feminism, postmodernism, and gender skepticism. In *Feminism/Postmodernism*, ed. Linda Nicholson. New York and London: Routledge
 Corker, Mairian. 1999. Differences, connotations and foundations: The limits to ‘accurate’ theoretical representation of disabled people’s experience? *Disability and society*, 14 (5): 627–42.
 Das, D., and S.B. Agnihotri. 1999. Physical disability: Is there a gender dimension? *Economic and political weekly* 33 (52): 3333–35.

- Davar, V. Bhargavi. 1999. *Mental health of Indian women: A feminist agenda*. New Delhi: Sage.
- Doniger, W., and B.K. Smith. 1991. *The laws of Manu*. New Delhi: Penguin.
- Erevelles, Nirmala. 2000. Educating unruly bodies: Critical pedagogy, disability studies, and the politics of schooling. *Educational theory*. 50 (1): 25–47.
- Fine, Michele, and Adrienne Asch, eds. 1988. *Women with disabilities: Essays in psychology, culture, and politics*. Philadelphia: Temple University Press.
- Foucault, Michel. 1983. "On the genealogy of ethics": In *Michel Foucault: Beyond structuralism and hermeneutic*, ed. Hubert Dreyfus and Paul Rabinow. Chicago: University of Chicago Press.
- Gandhi, Nandita, and Nandita Shah. 1992. *The issues at stake: Theory and practice in the contemporary movement in India*. New Delhi: Kali for women.
- Ghai Anita. 1998. Living in the shadow of my disability. *The Journal*. 2 (1): 32–36.
- . 2000. Mothering a child of disability. *The Journal*. 2 (1): 20–22.
- . 2001. Marginalisation and disability: Experiences from the third world. In *Disability and the life course: Global perspectives*, ed. M. Priestley. Cambridge: Cambridge University Press.
- IFSHA. A conference on women and sexual abuse. (Intervention for support, healing and awareness): C52, Second Floor, South Extension, Part II, New Delhi, India.
- Johri, Rachana. 1998. Cultural constructions of maternal attachment: The case of a girl child. Ph.D. diss., University of Delhi, India.
- Kakar, Sudhir. 1978. *The inner world: A psychoanalytic study of childhood and society in India*. Delhi: Oxford University Press.
- Krishnaji, N. 2000. Trends in sex ratio. *Economic and political weekly* (April): 1161–63.
- Leonard, P. 1997. *Postmodern welfare*. London: Sage.
- Lloyd, M. 1992. Does she boil eggs? Towards a feminist model of disability. *Disability, Handicap and society* 7 (3): 207–21.
- Lonsdale, Susan. 1990. *Women and disability*. London: Macmillan.
- Menon, Nivedita. 1996. The impossibility of 'justice': Female feticide and feminist discourse on abortion. In *Social reform, sexuality and the state*, ed. Patricia Uberoi. New Delhi: Sage.
- . 2000. Conversation with the author. New Delhi, 5 December.
- Miles, M. 1999. Can formal disability services be developed with South Asian historical and conceptual foundations? In *Disability and development*, ed. Emma Stone. Leeds: The Disability Press.
- Ministry of Women and Child Welfare. 2000. Policy document on empowerment of women. Government of India.
- Morris, Jenny, ed. 1996. *Encounters with strangers: Feminism and disability*. London: The Women's Press.
- Nietzsche, Friedrich. 1969. *On the genealogy of morals*. New York: Vintage.
- Niranjana, Seemanthini. 1997. Femininity, space and the female body: An anthropological perspective. In *Embodiment: essays on gender and identity*, ed. M. Thapan. New Delhi: Oxford University Press.
- Shariff, Abusaleh. 1999. *India: Human development report: A profile of Indian states in the 1990s*. London: Oxford University Press.

- Silvers, Anita. 1995. Reconciling equality to difference: Caring (f)or justice for people with disabilities. *Hypatia* 10 (1): 30–35.
- Thomson, Garland Rosemarie. 1997. *Extraordinary bodies*. New York: Columbia University Press.
- Young, Robert. Forthcoming. *Invisibility and blue eyes: Towards a theory of African American subjectivity*. N. p. *Revista Canaria de estudios Ingleses*.
- Weed, Elizabeth. 1989. *Introduction: Terms of reference. Coming to terms*. New York and London: Routledge.