Chapter 10
Gender, Disability and the Postcolonial Nexus

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In my reflections and academic presentations (2005, 2006) on my personal/political life living with polio in post-independent India and subsequently in the United States, I have articulated "postcolonial feminist disability theory and praxis" as a framework of intersecting theories, practices and discourses. I have revisited this critical and interventionist paradigm in my pedagogical practices in teaching postcolonial literature, and my professional research on race, gender, disability and postcoloniality. My framework is a re-consideration of Rosemarie Garland Thomson's (1997) "feminist disability" theorizing in the context of American culture and literature as it relates to and is reshaped in postcolonial contexts and texts. I attempt to analyze the conflicting, competing, co-opting, and intersecting spaces of identity nexus formations, whether geo-political, socio-economic, cultural, or ideological. Moreover, this framework is useful so far as it makes transparent the matrices of oppressive, hierarchical, and discriminatory ideologies, practices, and politics. In many ways, the intersectional approach complicates concepts of emancipation and decolonization to include historical and culture specific engagements with differing and shifting colonizer-colonized interactions and relationships. Critical to this methodology is tracing the genealogies of institutions that codified social relations and processes of knowledge construction and disciplines as well as discourses that legitimated assumptions and speculations about racial, sexual, physical and mental differences, and spawned debates about heredity and environment. Post-independent responses to colonial agendas, policies, and structures constitute another level of re-evaluating degrees to which complicit as well as counter discourses and practices of emerging nations were located in immediate crisis resolution imperatives. Moreover, these responses reflect the negotiations and choices made by the leaders as well as the masses regarding which identity categories (among race, ethnicity, religion, class, gender, language, disability, caste, etc.) needed priority attention and political redress, and which ones could be postponed and delayed. Historically contextualized and nuanced studies of social and cultural meanings of identification in postcolonial sites will account for differences in the perception of the individual, since "the biological constitution of the body and concepts of health and ability, differ markedly across the diverse cultural systems" (Barnes and Mercer, 2003). However, I recognize that this articulation of a framework, as much as any other is limited by its linguistic proclivity to emplace and therefore to also displace the very coordinates of multiplicities and pluralities that are in continuous flux and flow. Therefore, I invoke the nexus as the space of chiasmatic exchanges of the in-between, points of crossover where borderlines of the center and margins move inwards and across, merging and diverging. The post-structuralist orientation to history and the post-colonial concern with the inter-relationships between the colonizer and the colonized have conceptualized chiasmatically structured relationships. These include the reciprocal concern with the historicity of texts and the textuality of history and the notion of subjectivities as the self in the other and the other in the self.

This study will examine the contributions to and interventions from gendered disability perspectives within selected postcolonial cultural works produced in India and the Indian diaspora, including literary works, films, and performances, and relate these expressions to forms of women's activism and disability movements.

Postcolonial feminist disability theory and praxis:

The articulation of intersecting identity perspectives, inclusive of disability, is a significant though ignored area within the designated Gender, Disability or Postcolonial studies. Bringing these areas together within the current modes of interdisciplinary inquiry involves crossing the boundaries of identity categories and cultural locations. Disability Studies in the global North as well as interventions from disability perspectives in the global South are steadily contributing to the current modes of interdisciplinary inquiry across the spectrum of identity categories and cultural locations. G. N. Karna (2003) in "Disability Studies in India: Emerging Issues and Trends," advocates the role of academic institutions in effecting transformation of public perception about disability issues and impacting policy changes in India:

> What is urgently required is to introduce and accord recognition to the field of Disability Studies as an autonomous academic discipline by Indian universities and academic institutions. This could go a long way in transforming the public perception about disability related issues. As noted earlier, the disabled constitute ten per cent of the total population in our country. So it is all the more imperative that like Women's Studies, Muslim Studies, Media Studies, Nehru Studies, Gandhian Studies, Area Studies and a vast spectrum of academic disciplines which are the thrust areas of higher education and research, this emerging field of knowledge must attract the attention of policy makers at the Ministry of Human Resource Development and funding agencies like UGC, ICSSR, ICHR, ICPR, ICMR, CSIR as also central universities/and academic institutions. There is, thus, an urgent need for various disciplines to focus attention on this neglected field of inquiry from inter-disciplinary orientations. Only then can the phenomena of disability be scientifically addressed in the Indian instance. Scholars, intellectuals and social activists may have onerous role to play in this regard.

Postcolonial feminist disability theory and praxis framework make visible intersectional perspectives. These perspectives allow for critical distinctions between practices (socio-cultural, bio-medical, humanistic, as well as human rights centered) that empower and those that further oppress people. Within the rubric of gender, disability, postcolonial cultural contexts and texts, the multi-layered approaches probe the implications of national and transnational movements, critical paradigms and institutions of change, identity discourses and public policies. Furthermore, these intersectional perspectives challenge the oppositional frameworks of colonial and postcolonial, as well as destabilize the normalizing and homogenizing impulses in imperialistic and nationalistic practices and discourses.

The analysis in this study is framed by Postcolonial feminist disability theory and praxis that includes an examination of lived experiences, collective knowledge, political engagement, and ethics of responsibility. I also point to the need for specific historical analysis of the (neo)colonialist/imperialist systems and operations of power at the intersection of gender and disability. This study takes into account the expressed, silenced, deferred as well as negotiated subjectivities across the spaces and dynamics of power relations, and examines notions and politics of care, mutual dependency, inter-

subjectivity, and diverse valences of "marginal and resistance modes and experiences" (Mohanty, 73).

Probing Identity Politics, the Transnational, and the Postcolonial Global

Debates on identity politics have resulted in assertions of the very demise of identity, and scholarship on post-identity is tied to the discourses of global flows and transformations. However, there are many intersecting areas of study that have found minimal attention or exposure even within the scholarship on Postcolonial Studies. They have often excluded a sustained study of subject formations and socio-political implications of disability while Disability Studies have excluded analysis of the postcolonial-disability nexus. Current theories in postcolonial study focus on transnational contexts and subjects, scrutinizing imperialist modes in globalization, "deliberative democracy" (Hardt and Negri), liberalism, and deterritorialization. In *Empire*, Hardt and Negri (2000) claim, "communication is the form of capitalist production in which capital has succeeded in submitting society entirely and globally to its regime, suppressing all alternative paths," (p. 347). Alternatively, their claims for the plurality or demise of identity categories and for "democracy after the subject" place them in the midst of debates around the issues of media and the spectacle of democracy (Dean, 2002). Jodi Dean and Paul Passavant (2003), in *Empire's New Clothes: Reading Hardt and Negri* (Routledge, 2003), probe the imbrications of political and economic subjectivites in the information age of cyberculture and network "communicative capitalism." These debates are critical to understanding the contiguities and intersections of constructed identities (socio-political, biomedical, or technocultural) as well as the praxis of the material and the experiential.

Transnational studies inclusive of and traversing Cultural, Postcolonial, Immigrant and Diaspora studies have emerged as interdisciplinary areas challenging the imperatives and politics of disciplinary and area-studies dominant in most academic institutions in the United States. Postcolonial writers and scholars have emerged with their own approaches, experimentations, as well as defined set of theoretical frameworks, resulting from and leading on to new creative genres and critical theories. As evidenced by ongoing debates and discussions in the field, there are considerable instances of overlapping as well as friction with other specialized areas of study, both within academic institutional realms and beyond. A case in point is the emergence of "glocal" as a phenomenon where local and global are both given attention in analyses of new technocultures, as well as forms of resistance to communicative networks, evident in grassroots activism against global capitalism. Hardt and Negri's *Empire* (2000) and *Multitude* (2004) sparked debates around the issue of "the global proletariat" and the imagination of bodies that could not be made to submit to forces of social control, the Empire of technoculture.

In the proliferation of dialogues and debates, the shift from disciplinary to interdisciplinary and fluid modes of thinking and cultural formations have still to be assessed for their subversive, emancipatory as well as collusive power. The contestations among disciplinary fields and texts, as well as intra-warfares within areas termed "Minority," "Multicultural," "Cultural," "Commonwealth" and "Postcolonial" studies, led scholars to emphasize competing claims at first, and then to recognize overlapping concerns. As a result, early conflicts between Women's studies and Immigrant studies eventually led to immigrant women's voices and writings gaining steady prominence in

both fields, first as resistant and subversive and now almost appropriated as representative.

From a transnational perspective, the edited collection by Dreidger, Feika and Batres (1996) *Across Borders: Women With Disabilities Working Together* (1996), and published by the Council of Canadians with Disabilities, examines the women's disabilities movement from the developed and developing world. The book's focus on disabled women's political activism, personal stories and trans-border collaborations have immense significance for feminist as well as disability rights movements. However, these works by their very important interventions invoke the need for moving beyond the west-centric geo-political terrains. Among those who have taken up the challenge include writers, theorists, activists, cultural artists, performers, filmmakers, and educators.

Postcolonial Indian and Indian Diaspora Literature and Film

I utilize postcolonial feminist disability frameworks to analyze cultural reflections and imaginings of gender, disability and postcoloniality nexus in particular spaces and moments of (post)colonial Indian cultural production. In the process, I foreground a number of women writers and filmmakers from India and the Indian diaspora. The exploration of multiple and intersecting identities are relevant, pervasive and salient features of the emerging engagement with reconstitution of self, community, nation, and the world, as well as with the congruent and contesting relationships among embodiment, space, and time. Theories of embodiment within feminism locate the body as political as well as analyze the politics of the body (Butler, 1990, 1993; Grosz, 1994; Diprose, 1994).

Post-independent and transnational textual and cinematic works have revisited the violence of India-Pakistan partition and cross-border migrations with specific attention to the abduction, raping, and mutilation of women's bodies through literary texts and films. The vast increase in collections of first person accounts or memoirs in this field, in Indian languages and English, is a testimony to the imperatives of revisiting this historical moment (Bhalla, ed., 1994; Gupta, 1987). I focus on selected Anglophone women's novels (Desai, 1980; Sidhwa, 1991) to rethink gender and feminist readings of the partition (Menon and Bhasin, 1998; Menon, 2006; Didur, 2006), through inclusion of disability studies perspective. Deepa Mehta's film *Earth* (1998) circulates between earlier and more recent renderings (*Garam Hawa*, 1973; *Pinjar: Beyond Boundaries*, 2003) to position a critique of national schisms at the cost of allegorizing disability.

The gendered discourses of Indian nationalism and the emerging category of "the new woman" (Ray, 2000, p. 126) are inextricably linked to the ableist discourses of the "civilized," the "rational," and the "modern." The emergence of the intellectual elite regulated the construction of the upper-class patriarchal Hindu family as iconic of bourgeois morality and the image of Indian manhood in opposition to the colonial construction of the effeminate native male. As Ashis Nandy (1983) reveals, the elite Indians also functioned as "devious Orientalists" who "even when they seem totally controlled, do retain some indeterminateness and freedom" (77). In advancing the ethos of self-discipline and self-rule, the proponents of the modern nation invoked a range of gender ideologies and tropes. The "martial races" or Arya aggressor image of self as well as the model of *ahimsa* advocated by Gandhi framed the new imaginings for gender identity. In this reconstitution of national self, the "new Indian woman" is reconfigured as a cultural complement and a spiritual equal to the West-educated yet East-rooted male. However, these gendered regulations were accompanied by a rescripting of the prevailing

philosophical and cultural perceptions of the mind-body unity, with multiple valences, into distinct and separable entities. The mind-body unity reflected in the Hindu concept of *dharmanam bhutapratyavesa* or "right understanding," as explained by Venkata Ramanan in *Nagarjun's Philosophy,* renders the indeterminate as part of the determinate (Nandy, 77). Conceding to the Western ideologies of the rational as the "modern" by the political and social architects of post-independent India meant acceptance of hierarchies of male, female, as well as embodied constitutions. These shifts impacted a new notion of ableism aligned with masculinity that had to reconcile the Hindu philosophical understanding of the undivided self. Therefore, in the context of India, it is untenable that a uniform and unitary notion of race, gender, class, caste, disability or sexuality exists or displaces other currents of thought, philosophical beliefs, patterns of belief and practice, and modes of ideological construction. Thus, in the current analysis of identity categories in India and its diaspora, discussions of masculinist discourses, "pariah" identities, the new rhetoric of the global and forms of neo-orientalism need to be aligned with plural epistemologies, cultural continuities, syncretic traditions, people's movements, and diverse manifestations of agency and resistance.

Postcolonial Indian and Indian diasporic literary works that explore the interlinks among gender, disability, and the postcolonial draw on these multiple strains in Indian history and culture. Partition narratives rewrite communal violence at the sites of national and religious divisions as well as gendered bodies. In many of these narratives, physical and mental disabilities are inextricably linked to violence, whether in the form of rapes, decapitations, or injuries. Although these images also dominate Bapsi Sidhwa's *Cracking India* (1991), the narrative told from Lenny's point of view offers a more complex constitution of the different ways in which disabilities are experienced, constructed, and created. Through injecting the sameness and differences of ethnic, religious, and gender identities and bodily constitutions as contested sites of self and community making, Sidhwa challenges us to occupy the cracks and interstices of time and space.

Sidhwa in *Cracking India* conceptualized India-Pakistan partition as a physical breaking of both land and the people. This re-mapping of self across multiple geopolitical boundaries that define and contain national, religious, ethnic, and cultural identities is also a re-marking of the body of dislocation gives her entry into the fluid social system of the lower classes. Changes, both external (colonial politics and national schism) and internal (self, family and community), redraw those zones. The experience of crossing borders, both national and corporeal, are also compounded by simultaneous locations of self in the center and the margins, as well as in the places of intersection.

Sidhwa works with a social and minority model of disability and envisions it as a political, historical, and cultural identity rather than a medical malfunction or a personal tragedy. *Cracking India* is a space of liminality where disability, intersecting with class, race, religious, national, and gender divides is evoked in terms of a "historical politics of negotiation," a "third space" (Bhabha, pp. 35-36). In this contested space, class stratifications (upper class, colonial educated, middle class, the working class, and the laboring poor), patriarchy (male discourses of family and nation), religion (Hindu, Muslim, Sikh, Parsee and Christian), physical (dis)ability (Lenny's polio) appear rigid and definitive. . Sidhwa's novel, however, brings into discussion the matrix of privileges and penalties that complicate specific women's lives in colonial contexts. Analyses of the women's locations as well as the structures that politicize those locations are necessary to understand the terrain on which women negotiate their subjectivity. Class (upper class, colonial educated) and religious affiliation (being Parsee) place Lenny in the zones of

privilege and mobility. Paradoxically, her physical disability, the zone of penalty, allows Lenny to gain entry into multiple fluid spaces across upper and lower classes, gender and age differences, male and female communities, and more or less abled and disabled bodies.

By tracing historic links between specific past events and present cultural, social, political, and economic realities, Sidhwa relates family genealogy, personal experience, colonial and neo-colonial histories through the eyes of "Lame Lenny." The young girl with polio, under Ayah's care, crosses the class and religious lines because of her disability and Ayah's companionship. She and Ayah traverse these lines every day until partition wreaks havoc on bodies of Hindus, Sikhs, and Muslims. Lenny recounts how these events shape her childhood, forged in the multiple cracks in India: the British colonial system, the emergence of nationalist leadership, and the violence that divides India along religious lines. But it is the care relationship that allows her to bear the unbearable. The violence of partition is inscribed in women's raped bodies, their decapitated breasts tied up in gunny sacks, or the abandoned women who are prostituted. Lenny's disability had been a source of pampering in childhood. Her personal choice, not to have the corrective surgery that would make her look like any other person, was also a political choice, resistance to colonial medical discourses that pathologize disability. This confluence of needs and wants takes particular urgency in Lenny's adolescence when she learns that it can also be a site of social erasure. On Sidhwa's treatment of disability, Martha Stoddard Holmes (2001) notes:

> Lenny's polio forms a significant early narrative thread (but that) vanishes as a plotline….Lenny's failure to focus on disability during adolescence overturns stereotypes about disabled girls' exclusion from the social/sexual culture of adolescence. Like so much else in this novel, Sidhwa's treatment of polio is emphatically and refreshingly local, focused on the way daily life goes on in its particular, individual ways in the context of large-scale political conflicts and received notions about bodies and identities.

It is in adolescence that Lenny recognizes the danger of exclusion and begins to defy convention by claiming the sexuality and beauty of her body at the site where her limp defines her uniqueness.

Sidhwa places disability not as an isolated identity category but in conversation with caste and gender dynamics. Lenny's carefully maintained adolescent pride in her disability is contrasted with Pappoo's caste abjecthood. She is constantly beaten by her mother and forced into a child-marriage. Lenny's class position and her Parsee genealogy give her privileges that Pappoo, as a low caste sweeper's daughter, lacks. Weighing so many traumatic ways in which women are violated, isolated and abandoned, Sidhwa goes beyond reductive or simplistic analysis of gender, disability and the postcolonial. Located at the nexus of this triangulation, Lenny's disability functions as a paradoxical marker of multiple forms of immobility as well as mobility across class, religious, as well as gender lines. Living through Ayah, her mother, Electric aunt and Godmother, Lenny learns to live in multiple places and times simultaneously. In Lenny and Ayah's relationship, for example, care operates both as a space of protection as well as experience. In betraying Ayah, Lenny also lives a form of death, the betrayal of the ethics of reciprocity intrinsic to care relationship. In *Feminism and Disability*, Hillyer (1993) reminds us, "both disabled women and caregivers need a clear understanding of their situation as *women* to enable them to develop a reciprocal relationship" (p. 14). As Lenny moves from childhood to adolescence, her disability makes care a significant crucible of security,

independence, experience and maturation. Lenny learns to understand that women's bodies are repositories of differentialities, complexities, and invisible strength that generate resistance and solidarity through secret networks. They are her recovered sites of care relationships.

While embodying various forms of fracture and dissonance, Lenny experiences ability/disability as a continuum. Circulating outside the linearity of dominant constructions of colonial histories, gender roles, and violently disabled bodies, Lenny frames her longings and struggles within the community of women's stories. In theorizing feminist disability discourse, Rosemarie Garland Thomson (1997) examines the social constructedness of the "disabled figure." However, she also articulates the need for recognition of "the singularity and perhaps the immutability of the flesh" where pain is located and where her struggle for naming her corporeal difference reflects as well as deflects the cultural norms of the "universal subject" (p. 25).

The process of assembling the figures that are located at the gender, disability, and postcolonial nexus is helpful in identifying trajectories for future studies in the area. These include a need for linking literary representations and historical studies on genealogies of colonial knowledge production about disability and disease. Studies on colonialism and Tropical diseases (Kennedy, 1996; Anderson, 2006; Jennings, 2006), for example, are helpful in delineating how European colonizers othered the colonized spaces and native races, and structured institutional hierarchies and power differentials that marginalized and made invisible the subjects of disability and disease.

Anita Desai's various novels, such as *Voices in the City* (1965), *Clear Light of Day* (1980) and *Fire on the Mountain* (1977), address female psychological trauma at the sites of colonial and postcolonial clashes. Her preoccupation is with the "modern" Indian woman's psyche, and the isolation of the physically ill and the psychiatrically othered through social structures and customs. However, scholarly work on her writings has disregarded disability studies perspectives as viable interpretive tools for analysis. Instead, there are endless conflations of psychiatric disabilities as symbolic of national fissures, cultural crises, states of corruption, internal strife, and ethnic violence.

Anita Desai's upper class Indian women protagonists find themselves contesting as well as re-occupying the colonial women's spaces, such as the European styled grand houses built in tropical hill stations to escape the hot, moist climates that were associated with tropical diseases. In *Fire on the Mountain*, for example, Nanda Kaul occupies Carignano, in the Kasauli hill station, as a retreat away from the burdens of her previous domestic preoccupations as wife and mother. However, this retreat is also a replay of the lives of many colonial occupants of the house and its history of violence (6-9). Poised at these historic junctures, Nanda Kaul's fierce independence is also a form of rejection of communal responsibility, separating her from her typhoid-recovering great granddaughter, Raka. The unusually quiet Raka is like Nanda Kaul; she too seeks to explore the mountain by herself, on her own terms. In their passion for individual space and independence, they can only destroy. Nanda Kaul, through a reductionist rendering of multi-spatial geographics of gendered domesticity into self and others, breaks her links to close friendships and human contact. Raka ousted out of the possibilities of women's community and of girlhood companionships, as well as isolated in her illness, sets fire to the mountain. These destructions are also forms of hope for what they destroy are old conformities and unnatural compromises. The stark charred trees and the burnt Pasteur Institute for psychiatric patients (remnant of the colonial bastion of disease control)

symbolize a critique of modern India adopting the institutions of the west while the old family ties falter and die.

Among writers in indegenous languages, Mahasweta Devi has explored the nexus of gender, disability, and the postcolonial as a contested site of denied citizenship, exploitative economics and the myth of Indian progress. Devi's narratives of tribal women's lives and struggles in the collection, *Imaginary Maps*, and other short stories such as "The Breast-Giver," "Draupadi," "Chaurasi Ma" ("Mother of 1084") explore the harsh realities of neo-colonial violence against the marginalized in the context of territorial expansion, deforestation, and encroachment into the tribal land space. "Doulati the Bountiful," a Bengali short story (Transl, 1995), anthologized in *Imaginary Maps*, addresses the issues of post-independent neo-colonialism and economic exploitation that physically and mentally disable the bodies of the subaltern *adivasis* (aboriginals) of India. The exploited site of Doulati's syphilitic body remaps India's trajectory of postindependence as failed modernity.

Other literary writers do not directly deal with figures of disability as central to their works but present social, cultural, and political circumstances and forces that are crucial for gender and disability inclusive considerations. Chitra Divakaruni's "Ultrsound," one of the short stories in *Arranged Marriage* (1995), confronts the issue of women's reproductive bodies, infertility and social stigma, and femicide as a modern Indian practice of eugenics against the girl-child, facilitated by the technologies of amniocentesis. Bharati Mukherjee's *Wife* (1975) and Anjana Appachana's *Incantations* (1991) address the contradictions that undergird the seemingly "success" stories of contemporary urban, middle class Indian and Indian diasporic lives by illuminating the locations of gender, mental trauma, and sexual violence and the borderlines of the normal and the abnormal. These literary depictions span the range of disability conceptions and misconceptions, as much as reinscribe as well as reimagine the figures of disability as reflections of individual loss, as shaped and undermined by social construction, and as agents of change.

Postcolonial diasporic writers are also addressing a dichotomy that is dominant in the pathologized models of disease and disability: the doctor/patient distancing in increasingly technologized practice of medicine. Joanne Rendell (2003) examines "the biomedical AIDS imaginary" in Rafael Campo's work, *The Desire to Heal: A Doctor's Education in Empathy, Identity, and Poetry* (1997). Rendell interprets this imagery as a form of troubling the "crucial self/other binary that is so consistently maintained in biomedical AIDS discourses." (205). Similarly, Abraham Verghese (1994), a young Indian doctor in the Tennessee town of Johnson City, in *My Own Country: A Doctor's Story* undertakes an introspective examination of the links between doctor and patient. He reflects upon the competing hierarchy of diseases and forms of dying, as he writes his consultation report:

> Yes, I thought. Death is not new to me or to any doctor. But nowadays, you get cancer and you die with honor, often after having lived an almost full life span. With HIV infection, you have to fight to salvage your honor, and for the most part you die young. But at least with HIV you buy some time—five to seven years even after the diagnosis. (p. 321)

The challenge for him as a doctor/writer is to traverse the separation of disciplinary borderlines, and engage inclusive depictions of disabled constituencies and communities.

Atul Gawande (2002) in *Complication: A Surgeons' Notes on an Imperfect Science* discusses the encounter of the surgeon, the patient and technologies of medicine as a complex, shifting terrain where risk, (im)perfection and pain are understood as contingent upon interactions, contexts, and emotional, as much as material and physical circumstances. Gawande explores the shifts in psychiatric as well as physiological theories in understanding pain as a gendered experience, as in the case study of chronic back pain (pp 120-121). These findings and case studies are important indicators of gender specific implications of disability, and also point to the need for modifications in medical practice that take into account the variables of disability even within a particular gender category. Even more significant is the shift central in these studies from a hierarchical doctor patient relationship to one of joint decision making based on informed choices and respect for patient's rights (Katz, 1984, p. 141).

The disabled constituencies, individuals and groups structurally handicapped by social, attitudinal and architectural barriers and biomedical discourses and practices are also claiming their agency and are reclaiming themselves as cultural assets, as social beings and as complex individuals. The questions remain as to when, where and how were they denied access to the public spheres of the nation, while morphing into symbolic or allegorical figures in current postcolonial cultural works. Contrary to universalizing tendencies in some approaches to disability, interdisciplinary studies that focus on connecting historical, socio-cultural, scientific and geo-political contexts will illuminate changing attitudes and ideologies as well as forms of resistance to prevailing thoughts and practices regarding conditions and subjects of disease and disability. These processes will provide material for re-envisioning disability as an umbrella term for complex identity formations and inter-relationships. Arnold (2000), in *Science, Technology and Medicine in India*, carefully documents the impact of colonial epistemologies, policies, and institutions, on India but also rewrites Orientalist historiography of a "declining India." The continuation of plural scientific traditions from pre-colonial through Mughal times, colonial periods and modern developments in India challenges the overemphasis on colonial influence. The ancient cosmology, astronomy, astrology, mathematics and Ayurveda in Vedic, post Vedic periods, the syncretic emergence of Hindu Ayurveda and Muslim Unani traditions and the mutual enrichment by "*vaids* and *hakims*" (Arnold, 2000, p. 4) indicates possibilities for multi-layered and eclectic understanding of disease and disabilities in India.

Forging new grounds for theoretical re-envisioning in postcolonial literary approaches means, in this context, analyzing the historical and culture-specific meanings of disability, physical and mental differences and, as Thomson (1997) urges, "identifying sites where those meanings influence other discourses." (p. 25). Studies that bring together developments in culture studies, sciences, social sciences, humanities, and the arts will expand the understanding of disability. Currently, scholars across these disciplines are making linkages among disability and media representations, politics of gendered embodiment, issues of queerness and transsexuality, social sanction, concepts of masculinity, motherhood, and wholeness, as well as the ethics and controversies of care, human relationships, and spatial orientation (Clare, 1999; Bares and Mercer, 2003; Hall, 2002; Hillyer, 1993; Linton, 1998; Thomson, 1997).

While there is paucity of literary renderings of figures of disability as complex and multi-dimensional, cinematic representations of disability are beginning to challenge stereotypical, trite, sentimental, overly pathologized or caricatured representations in mainstream Bombay film genres (also called Bollywood) as well as off-Bollywood

productions. Films such as *Phir Milenge* (We Will Meet Again) (2004), *Black* (2005), *My Brother Nikhil* (2005), *15 Park Avenue* (2005) and *Iqbal* (2005) are grappling with issues of multiple disabilities, AIDS as a human rights discourse, and the complex realities inhabited by subjects of psychiatric as well as physical impairments. These issues are emerging through figures of disability that are central to the plot and action rather than the previously marginalized and stereotypical images. These figures are also closely integrated with re-examining the processes of upward mobility, family structure, and social stigma in contemporary contexts. However, in re-imagining the lives of disabled men and women as complete in themselves, as complex and multidimensional, the focus on individual struggles and triumphs tends to dominate, as in the case of the multiply disabled protagonist in *Black*. The film centers on some fifty years in the life of an Anglo-Indian girl, Michelle McNally (played by Rani Mukherjee), born blind and deaf. Her relationship to her teacher, Debraj Sahai (Amitabh Bachchan), an alcoholic whose past failures with teaching blind and deaf children, shape his passion to teach her to become a socially productive being. Parallels to Helen Keller and Anne Sullivan echo throughout the film, and stark realism forces an unabashed look at the frustrations of living with multiple disabilities. However, it is in the dénouement scenes that the reciprocity of the care relationship is underscored. As reviewer, Ron Ahluwalia, points out: "But life plays a peculiar game with Michelle and Debraj, with Debraj losing his entire memory to Alzheimer's disease and Michelle taking it upon herself to teach him all that he ever taught her." However, in this "teaching" model, a particular predictability of conventions emerges, the most glaring and unquestioned being the assimilation of the differently abled. Debraj's masculinist control of Michelle's uncontrolled behavioral expressions as well as a momentary exploration of sexuality reifies the ableist discourses and attitudes that remain uncritiqued in the film.

Perhaps the most expressive and insightful depiction, challenging biomedical models of psychiatric patients, is Aparna Sen's *15 Park Avenue* (2005). Presenting the multi-layered world of Meethi (played by Konkana Sen Sharma), whose schizophrenia and epilepsy are defined not only by the adolescent trauma of gang rape but also by her imaginative faith, fluidity, creative potentiality, and capacity for love. Her story is also the story of family ties. Her delusions are no more delusional than those of the supposedly "normal." Her ex-fiancé, Joydeep (who, unable to cope with her schizophrenia, left her eleven years ago), her mother (who brings in the witch doctor) and even her sister, Anu (a Physics professor) struggle with guilt, their own limitations, and the imperfections of being human. A moment that captures this complexity also challenges attitudinal barriers that separate "normal" and "abnormal":

> Joydeep's wife Lakshmi (Shefali Shah), more or less sums up the film when, in a conversation with her husband, played by Rahul Bose, he tells her, describing Meethi's state of mind when they accidentally meet later, "Poor thing, she is looking for something she will never find"...she asks, "Aren't we all?" (Chaya)

As Anu, her care-giver sister ponders: "Why does Meethi's reality have to be a delusion? What right do we have to take away the happiness that her reality is giving her? What does she have to come back to?" Meethi's "15 Park Avenue" is a space of desires and possibilities; it is neither an escape nor a delusion, but another world that is as real as the one we tend to believe in. The closing scene invites the viewer into this street, this beautiful world where Meethi has her joyful reunion with her family.

The disease/disability intersection is an area of increasing critical attention in postcolonial contexts. HIV-AIDS as a disease model rather than a disability issue has been a prominent political and medical concern, front-page news topic, and agenda item for activism, as well as subject of cultural productions in the global South for the past two decades. However, critical focus on cultural works that shift this disease/disability binary is beginning to emerge in both axes of the global. In India with 5.2 million HIV-positive people, this issue often meets with denial or gets attention only as an individual's tragedy or as a medical challenge; both attitudes disallow an examination of the more complex social, psychological, and relational dimensions. The most popular cultural expression in India, mainstream Bollywood film industry avoided tackling the issue until recently. Films such as *My Brother Nikhil* (2005), directed by Onir and *Phir Milenge* (2004), directed by Revathi Menon, exemplify new trends in this industry--breakthroughs in the urban, formerly "art films" category of the Indian film industry, as well as a closing of the gap between marketing for the intellectuals and the masses. These films explore issues of social stigma and discrimination that isolate and punish the HIV-infected individuals, as well as examine their relationships to their family and community. In a country where discussion of sex and in particular homosexuality are considered taboos, these films which receive wide public exposure both within India and outside, have the potential for impacting the social consciousness of masses. *My Brother Nikhil* (2005) has been cited as the first Indian film depicting the homosexual identity and grappling with the human toll of the Goa public health act, which allowed the government to isolate HIV positive people.

In the UNDP Asia Pacific Regional Report (2004), Revathy Menon's film, *Phir Melenge* was mentioned as a site of partnership among film media, Rotary Club and UNDP:

> a major breakthrough was the creation of the first full-length Bollywood feature film on HIV/AIDS. The film, *Phir Milenge* (See You Again), was directed by Revathy Menon, a leading actress/director, and was released in August 2004. Menon was a participant of the LDP for PLWHA in Kochi, Kerala in September 2003. She also participated in a LDP for Rotarians of Chennai, held in June 2004 in partnership with the Rotary Club of Madras Central. The co-producer Sahara Manoranjan's foray into HIV/AIDS was also in partnership with UNDP. Earlier in 2003 the group partnered with UNDP in the Celebration of Life campaign launched at the Amby Valley Art Camp. The film has already reached millions of viewers through the appeal of its popular stars (p. 42).

Interestingly, there are less visible and therefore less sensationalized collaborations among human rights activism and off-Bollywood filmmaking. As noted on the "You and AIDS" website, the TV for Hindi entertainment Sahara Manoranjan, of Sahara India Group, partnered with UNDP in its "Celebration of Life" campaign against HIV-related stigma and discrimination. This campaign," involving 27 leading Indian artists and people living with HIV/AIDS, has resulted in some outstanding work of art on HIV."

Sudha Rai in "Autism in Indian Cinema: Cultural Representations of Disability" examines the representations of autism and the attitudes to it in a range of Hindi films, including *Anjali* (1990) and *Main Aisa Hi Hoon* (2005), based on Hollywood's *I Am Sam*. Her analysis focuses on critiquing the masculinist social structure that makes invisible the disabled . She also considers the films' potential for change as well as its impulse to entertain, in the process forestalling the critical dismantling of dismissive discourses and fearful responses related to mental and developmental disabilities.

There is also a growing articulation by disability groups and individuals critical of popular film representations that do not sufficiently challenge prevailing social attitudes or structures. For many disability activists, the critical issues are structural barriers imposed by globalization, such as access to anti-retroviral and cancer treatment drugs in the face of patents imposed by multinational drug companies. Moreover, the absence of disabled actors in key roles depicting figures of disability is also a valid criticism of the phenomenon.

Disability in Politics, Law and Medicine

Undertaking a study of intersectional gender and disability conceptualization in India constitutes a project of remapping the space of competing postcolonial struggles as well as concepts. Persons with visible physical impairments, mental and developmental disabilities, as well as those who transgress accepted norms and boundaries of gender, sexuality and caste/class are assigned differing values in different societies. In India, the "Persons With Disabilities Act" (1995) defined disability as

> blindness;
> low vision;
> leprosy-cured;
> hearing impairment;
> locomotor disability;
> mental retardation;
> mental illness.

Previous to this Act, there were no homogenous ways in which "disability" was defined, understood or stigmatized. Often distinctions between disease and disability were included in hierarchical terms, according to element sources. In particular societies and historical moments as schools of Hindu personal law came to be regulated, disability and caste categories were aligned within discourses of ostracization. There is also evidence to show that the colonial legal system negotiated issues of religion, caste and civil rights by enacting the "Caste Disabilities Removal Act" in 1850, in order to ensure Christian converts retained right to property (Viswanathan, 1995, 182). As a form of "civil death," low caste status was referred to as a "disability"and had special relevance for British judicial decisions and missionary work. However, colonial administrators selectively subsumed disability and caste categories and addressed only the caste laws in order to "protect" Christian converts from "punitive features of Hindu and Muslim law" (182). At other times, colonial discourses conflated disability and race categories, often depicting colonized natives as "disease carriers"(Anderson, 2006; Jennings, 2006). David Arnold's *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (1993) as well as S. S. Pandya's "The First International Leprosy Conference, Berlin, 1897: The Politics of Segregation" (2003) contextualize the emergence of institutions of segregation in late nineteenth century British colonies. The paranoia and fear of contagious diseases based on germ theories, the persistence of climatology and tropical disease theories, as well as pseudo-scientific race theories combined with social Darwinism, spawned conflicting fear of degeneration of races and rigidity of race and gender stratifications. These issues were hotly debated and colonial policies reflected processes of negotiations among acceptance of particular theories, resistance by indigenous populations, including elites, as well as collaborations with them as to degrees of implementations.

In the light of the past historical developments, the designation of disability with specific legal, biological and social meanings in the "Persons with Disabilities Act" is a recent phenomenon. The significance of this shift in terms of its import for new epistemologies, languages, and perspectives is being assessed, debated and implemented in recent cultural studies works and social movements.

Rajeswari Sunder Rajan's *Scandal of the State: Women, Law and the Citizenship in Postcolonial India* (2003) considers identity category imbrications by analyzing postcolonial state law's hegemonic role in controlling and defining women's sexuality. She examines recent events that are of critical importance in postcolonial India: custody and choice (the case of Ameena, the child-bride); forced hysterectomies on mentally disabled women in Maharashtra; the question of prostitution; Phoolan Devi and the caste issue, and female infanticide in Tamil Nadu, among others.

Disabled women are denied sexuality or are scripted as easy victims of sexual assault and thus "protected" by state custody "acting in their best interest." In India, the so called disabled and abled women do not necessarily occupy opposing realms of loss and privilege. The stigmatized female figure in the Indian patriarchal context and in the west, as Thomson argues, has often been seen as a "disabled male" (28). Female childlessness or not birthing male child is a burden placed on able-bodied women, whose bodies often bear the double marks of violence, abject status and technological invasion. In Chitra Divakaruni's short story "Ultrasound," the narrator's friend Runu, pregnant with a girl-child in India, confronts the medical paradox of new technology, ultrasound and amniocentesis, that revives the old social practice of female infanticide. Within the oppressive socio-cultural constructions, the female girl child, further stigmatized if physically or mentally impaired, is a figure circulating between the normate figures, the male and the married, male-bearing woman.

The traffic between subaltern identity categories in the context of India underscores the fluidity of the concepts surrounding them, as well as opens up space for competing, complementing, and conflicting relationships. In India, transgender and intersex people, the *hijras* have a communal identity and though feared for their mysterious powers, they are also sought out for certain festive occasions, especially birth of a son, in the Punjab region particularly. Widows, on the other hand, are often ritualistically made to wear only white clothes, in extreme cases until recently made to shave their head and discard all jewelry. Like the disabled and the outcaste, the widow is one such figure who is ritually made visible/invisible; she is present as a spectacle and absent as a social being. The interactions among the marginalized groups are dramatized in Deepa Mehta's film, *Water* (2006). The film reveals the stark exploitation and exclusion of widows, including very young girls to the very old. Upper class males prostitute young widows; an old widow matriarch along with a free-moving eunuch, rules the prison world of widows. The socio-economic dynamics in the making of widows because of the inability or unwillingness of families to care for them rewrites the moral and religious grounds of this practice in terms of its economics. Solidarities and competitions among the disabled, widowed, and gender, caste, and age differentiated constituencies are predicated upon these economic systems of exchange.

The local and global dimensions of minority subjectivities reveal different ways in which disability is configured within institutions and discourses. Disabilities, whether birth or acquired, low caste status, widowhood, as well as gender destiny are often conceived of as *karmic* payments for past sins, as trials and tribulations that one must bear in this life. In this context, minority communities function as visible signs of the

religio-philosophical system as well as subjects of state custody. In the context of transnational movements, subjects of disability have for years been denied immigration to the U.S. Often lumped as a homogenous group, people with mental and physical disabilities have been perceived as unfavorable candidates for immigration to the U.S. Within U.S. Immigration history, the bodies of immigrants have been coded as material for labor, therefore to be admitted within the "golden doors" only if seen as a productive force enhancing the lives of the once immigrant, now mainstreamed Americans (Baynton, 2005).

In the context of ethnic America, Ahmad's *Ethnicity, Disability and Chronic Illness* (2000) examines intersections of ethnicity, race, disability, health and social care, and minority identities. He distinguishes between impairments ("loss of function of an organ or limb") and disabilities ("stigma…and consequent marginalization and discrimination experienced by people with impairments"), and qualifies the social model of disability (pp. 1-2). Ahmad emphasizes that form and severity of disability define one's citizenship, access to resources, and voice regarding care decisions. He calls for cultural location of concepts such as "normality," "loss of control, or "independence." In Asian Indian cultures, he observes, "interdependence, mutual support and reciprocity are the hallmarks of social and family relationships" (p. 2). Ahmad's study is an important intervention in the study of ethnicity and disability intersections. His focus on symbiotic relationship between carers and disabled people challenges essentialist definitions that define care as "labor" or "burden" in western feminist critiques (p. 3). As members of minority groups, disabled individuals often experience racism; therefore, their alliances within their families and communities are important resources.

Gender and Disability Intersections in Disability Performance and Activism

In studying activism and performance as cultural critique as well as transformation, I consider the positionalities emerging from the gender, disability, and postcolonial nexus to challenge existing patriarchy, west-centric development projects and forms of exploitation. This challenge forwards the discussion of disability as central to women's development issues and goes beyond the imperialist paradigms of problems and solutions, them and us, global and local. It also calls for identification of specific gender and disability locations as well as problematizes social and bio-medical constructions of identity.

Women's activism and movements in India and South Asia are historically located in ant-colonial and independence struggles. Writers and activists such as Sarojini Naidu (first woman President of National Congress), Durgabai Deshmukh (founder of Central Social Welfare Board), Kamala Devi Chattopadhyay (member of Sewa Dal and participant in Salt Satyagraha), Vimla Farooqi (formed the National Federation of Indian Women) have influenced present day movements and activists such as Promila Lumba, Deviki Jain, who view the future of women's movement in building alliances with other struggles against exploitation and power hierarchies. In recent years, writers and social critics have participated in supporting and furthering various disability activist movements and agendas.

Asha Hans and Annie Patri (2003) in their collection, *Women, Disability and Identity*, focus on issues crucial for women with disabilities. They note "the intersection between the disabled in the feminist context of the developed and developing world has yet to be charted" (p. 12). The articles include analyses of media proliferation of the

images of perfection; social values and notions of sexuality and affectivity; location of women with disabilities in non-English speaking contexts and in international development programs; experiences of and advocacy for the abused disabled women; and region-specific strategies by women with disabilities.

Anita Ghai (2002), in "Disability in the Indian Context: Post-Colonial Perspectives," points out the elitist and masculinist leadership of disability rights activism in India. Ghai critiques the practice of borrowing the west-imported packages of "nothing for us without us" which seem to be "universal solutions that ignore the specifics of the Indian dilemma" (p. 94). She cites the examples of sign language programs and augmentative communication aids that are available only for the English language speakers, ignoring "the multilingual character of society in India." (p. 94). Remarking on the rehabilitation, "special needs" model as the dominant approach in India, Ghai points to the nascent emergence of the social model of disability in the areas of activism and service leading to re-alignments in the Indian context. The discourses of health risks and concerns in "development" activist agenda subsume disability subjectivities and are reflective of "third world" economics and politics. Ghai points to "the deconstructive capacity of post-colonial theories" in challenging "the assumptions underlying the cultural constructions of destiny and medicalization" (pp. 94-95). In "Disabled Women: An Excluded Agenda of Indian Feminism" (2002), Ghai locates disabled women in the Indian feminist as well as disability movements and articulates possibilities for their inclusion (65-66).

Performance as cultural expression and activism is another important movement that draws from indigeneous local oral and performative traditions and feminist reworkings of historical moments in India. "Poorva: the Asian Women Directors Theatre Festival," (2003) included Kirti Jain's play "Aur Kitne Tukde" (How Many Fragments, 2001). Revealing the horrors of partition, Jain centers on issues of nation making and violence on women's bodies. Here disability operates as a visible marker of women's survival: "Jain focuses on the experience of four women (three with real-life models) who survived gang-rape, mutilation, and forced exile under the patriarchal concept of 'honor'." (Donahue, 2003). Jisha Menon in "Rehearsing the Partition" (2006) points out:

> Through an analysis of Kirti Jain's 2001 theatre production of Aur Kitne Tukde (How Many Fragments?), I consider how Hindus, Muslims and Sikhs appropriate colonialist and nationalist ideologies surrounding the notion of `woman' as repository of cultural value. The women in Jain's play are not a priori subjects who experience violence but rather the experience of violence makes (and unmakes) them as gendered, ethnic and national subjects. I argue that they come into subjecthood after a violent objectification and are re-constituted by their experience of national and sexual violence. The performance of nationalism - through embodied acts of sexual violence, conversion, martyrdom and state violence - is enacted upon female bodies that are transformed into political artefacts. (Abstract)

AIDS activism and writing in India is growing in the face of local and global problems related to stigma, structural challenges and capitalist inroads. In "Locating HIV/AIDS and India: Cautionary Notes on the Globalization of Categories"

Niranjan S. Karnik (2001) comments, "HIV/AIDS can now be considered a pandemic as it affects all parts of the world" (p. 321). The prevailing approaches to the disease rely on importation of the U.S. biomedical conceptualization of HIV/AIDS in India. Karnik further examines the global circuit of categories such as "high-risk groupings" and how they obscure "understandings of the dynamics of poverty, history,

gender, and culture," and thus short-change alternative approaches. Finally, Karnik argues that "critical approaches to science and medicine are essential to help produce a more complex science" (p. 321).

Conclusion and Future Directions

The postcolonial women's narratives, films, performances and activism reveal diverse perceptions of how women engage with representations of the self against reductive cultural registers of gender, disability and the postcolonial categories. They discover forms of collective truths that are written into the intersections of their specific gender, ethnic, communal and corporeal identities. It is through the chiasmus of such movements that postcolonial women recast the restrictive socio-cultural constructions imposed upon them.

In assessing future directions, I conclude that culturally grounded, historically contextualized exploration of the expressive culture of peoples with disabilities is an area that needs more attention. Since these expressions are evident in a range of oral, written, and performative forms, across linguistic, cultural and religious networks, a study of these fluid, regenerative sites of cultural production will reveal the diverse experiential bases of disability consciousness as well as challenge reductionist social constructions. Moreover, as Judith Butler (1990) emphasizes in *Gender Trouble*, "identity is performatively constituted by the very 'expressions' that are said to be its results" (p. 25).

Further, writings on disability experiences, inclusive of multiple and diverse intersections with race, ethnicity, gender, sexuality and class, need to be collected and anthologized. Further, analysis of pluralistic models of disability subjectivity, as well as impact of shifts in socio-economic, political and cultural climate are important to assess access to resources, human rights, citizenship, as well as inclusion in the realm of the human. Challenges to certain disciplinary representations of and preoccupations with disability need to clarify the dangers of such ideologies and practices not only within specific but also across disciplines. Deployed at various stages and in diverse cultures as embodiments of moral evil, willful destiny, the supernatural or the monstrous, disabled people have been feared, ridiculed, and exoticized. With prominence of medical disciplines and discourses, subjects of disabilty gained attention as "cases" to be acted upon, remedied, and treated. Scholars, activists and disabled constituents must engage in dialogue and exchange. They must explore how historical shifts in perception of and ideology surrounding disability get translated in postcolonial moments of resistance to oppression and in the processes of nation formation. Post-independent nations, emerging from colonial dominance, have often straddled the old and the new ways in the process of defining themselves as "modern" nations. Today, dominance of medical approaches to disease and disability in developing countries often find governmental sanction as well as international support through emphasis on social policy, and proliferation of institutions of health care and rehabilitation. Activists, on the other hand, are voicing the human rights issues, while academic institutions are beginning to grapple with the inclusion of disability studies as an area of intellectual as well as scholarly interest. However, engagement with theory and praxis of disability identities, experiences, and discourses in challenging victim/superhero binary is still an emerging process in India. I have focused on some of the tensions that exist in the lived experience of multi-faceted disability identities. In initiating this discussion of postcolonial Indian cultural production, expression, and activism, I intend to complicate as well as make visible the linkages,

convergences, as well as chiasmic exchanges among representations of and discourses on difference.

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