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Abstract	The dominant theoretical frameworks of Disability Studies (DS) have emerged historically in relation both to theoretical trends in the Western academy and to the material circumstances—from industrialization to civil rights movements—of the Global North. At a moment when the continuing hegemony of Western scholarship has led to increasing calls for a decolonization of the curriculum, this article explores the applicability of existing frameworks for studying disability in the South Asian context. It also asks whether culturally specific approaches might be more appropriate and, if so, considers how those might be fruitfully applied without ghettoizing regional DS.

Keywords	Disability - India - Decolonization - Cultural relativism - Liberalization

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Chapter 2
Decolonising Disability Studies? Developing South Asia-Specific Approaches to Understanding Disability

James Staples

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Keywords Disability · India · Decolonization · Cultural relativism · Liberalization

Introduction

Disability Studies (DS) in Britain and the US developed, from the 1970s onwards, both as a counter to the hegemonic biomedical models that continue to frame international discussions of disability and in relation to particular histories of industrialization and civil rights movements. While Western DS has charted a course that those keen to embrace the study of how bodily difference affects social experience elsewhere in the world might follow and develop, there is also a need to recognize and counter the Eurocentric bias of existing social models of disability. In the context of the Global South, that requires scholars to look beyond the civil rights battles of the West that underpinned, for example, the independent living movement in the US, and to refocus on the contemporary and historical conditions—socio-economic, cosmological and environmental—that shape the particular experiences of living with different kinds of bodies in particular locations. If DS is to be emancipatory as well as intellectually exploratory, it also needs to draw on regionally specific experiences. AQ2

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In South Asia[1]—the region on which I focus in this chapter—these include, but are not limited to, struggles and experiences related to colonialism, caste and gender, as well as those shaped by the neoliberal rationalities that have become prominent since the early 1990s. Unless we attend to such specificities, as some Indian scholars have already pointed out, DS in South Asia runs the risk not only of being in thrall to Western-inspired structuralist and post-structuralist models—and therefore part of a particular intellectual tradition that developed externally to South Asian discourses—but also of focusing too narrowly on the needs of affluent disabled men (Ghai 2002; Mehrotra 2011).

Drawing on ethnographic examples from South India and beyond, including from my own anthropological fieldwork,[2] this chapter aims to set out the grounds from which a critical study of disability—that can both engage with DS elsewhere and recognize the contingency of disability to different places and times—might become more firmly established. I begin with an overview of the conditions within which DS developed in Britain and the US, before exploring how it has constituted and dealt with disability in India and the Global South more generally. I then go on to examine how the particular contexts of South Asia—socio-historical, political and material—might be reflected upon in order to develop more appropriate frameworks for studying categorizations of bodily difference in India.

Origins of Disability Studies in Western Europe and the US

Disability Studies as they have emerged in the West have been strongly influenced by the so-called British social model, a structuralist framework that differentiated between an ‘impairment’, as a biological anomaly (Barnes et al. 1999: 28), from a ‘disability’, as the social consequences of particular impairments (cf. Oliver 1990; AQ3 Barnes, Mercer and Shakespeare 1999). It was a model that reflected the theoretical trends of its time in the Anglophone social sciences: the argument set out in Oliver’s *Politics of Disablement* (1990) is a Marxist, historical materialist one, classifying disability as a consequence of post-industrial revolution shifts in modes of production from the family unit to the factory. It also took as read the Cartesian splits between the physical and non-physical aspects of the body and was firmly located in the

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[1] For the purposes of this chapter, ‘South Asia’ is used to refer to the Indian subcontinent, encompassing India, Pakistan, Bangladesh, Nepal and Sri Lanka. As an Indianist—whose ethnographic work has focused on South India—I acknowledge my bias towards India.

[2] My long-term and ongoing fieldwork has been conducted both in a self-run leprosy colony in coastal Andhra Pradesh, on India’s south-east coastline, and in what was the same state’s capital, Hyderabad, with a range of people who identified, or were identified by others, as disabled. Research methods included the classical anthropological toolbox of participant observation and interviews.

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structuralist paradigms that dominated the social sciences from the late 1960s through to the early 1980s.[3]

Disability, for Oliver, was not only socially constructed but in its contemporary manifestation, it was also a specific product of capitalism. Disability Studies in the US were likewise rooted in social constructionism, although, unlike in Britain, the American civil rights movements of the 1960s (Tyson 1998) collectively provided a more tangible template for the directions taken by disability scholars and activists, drawing on conceptions of universal human rights. Disability Studies has also developed subsequently in tandem with the related interdisciplinary areas of Gender Studies, Race/Ethnicity Studies and Queer Studies, each influencing the other (Ferguson and Nusbaum 2012: 70; Clare 2001). Additionally, the independent living movement has had particular prominence in the US—compared, for example, to the UK—arguably offering an activist base from which scholarly interests have developed or been influenced. AQ4

On both sides of the Atlantic, however, the radical opposition of impairment and disability (in common with other dyads, such as sex and gender, that found particular favour among structuralist thinkers) has subsequently been critiqued—and nuanced—for its initial failure to recognize that impairments are as socially constituted as disability, *and* that the social consequences of bodily differences can never be divorced from the body in the ways that Oliver's analysis suggested (Thomas and Corker 2002; Tremain 2002; Shuttleworth and Kasnitz 2004; Shakespeare 2006; Staples 2011). Constructionist accounts of disability have remained popular among disability activists, however, because they challenge what still remains the more hegemonic 'medical model' of disability. The 'medical model', as Oliver (1990) pointed out, is a framework that pathologizes and naturalizes disability in negative terms as a personal tragedy, locating it exclusively within individual bodies. As such, it failed to recognize the role played by institutional power in structuring bodily experience.

Consequently, contemporary disability scholars in the West have been loath to reject social model-based theories in their entirety, building on existing theory while also engaging with newer trends against grand narratives. Scholars such as Tom Shakespeare and Mairian Corker, for example, explicitly engaged with post-structuralism in their appropriately entitled edited collection *Disability/Postmodernity* (2002). Here, academics from various disciplines tried out Foucauldian, feminist and queer theories on disability, while others revived phenomenological approaches in a bid to bring the visceral, experiencing body—sidelined by structuralism and, specifically, the 'social model'—back into the frame. Such accounts recognized cross-cultural variation in how disability was constituted: a chapter by Anita Ghai on postcolonial perspectives on disability in India, for example, was included (Ghai 2002: 88–100). Nevertheless, for all their resistance to grand

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[3] French anthropologist Claude Lèvi-Strauss—inspired by structural linguistics—was the most influential proponent of structuralist theory in European social sciences, a model developed in *Les Structures Élémentaires de la Parenté* (*The Elementary Structures of Kinship*), initially in 1949. For a brief summary see also Eriksen (2001: 19).

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narratives in favour of local knowledge, in as much as postmodernist approaches themselves developed in the West and in response to Western intellectual traditions, taking a stance that was exterior to those traditions remained problematic.

Contexts of Engagement with Disability in South Asia

Valuable though the theorizing of Western disability scholars sketched out above has been, both in terms of opening up debates and in challenging pervasive narratives about what disability is, it has been slow to engage with the majority world. To the extent that DS has engaged with the Global South at all, it has done so for one of two main purposes. First, examples from places where disability is done rather differently than in cosmopolitan, urban settings, have been used to provide a counter to the universalist assumptions of Euro-American scholarship, demonstrating that disability is understood and experienced in culturally contingent ways. Second—and conversely—such examples are used to highlight what is wrong with attitudes in non-Western settings and to find ways of countering what are often seen, particularly from biomedical perspectives, as the negative effects of ‘culture’ (here used as a synonym for terms like ‘superstition’, and often placed in opposition to science). Let me deal with each of these approaches in turn.

Cultural Relativism and Its Shortcomings

First, as a challenge to universalist assumptions, comparative ethnographic studies clearly have an important role to play. Ruth Benedict’s essay ‘Anthropology and the Abnormal’ (1934) offers a good early example of the value of ‘cultural relativism’ from anthropology. For the Shasta tribe of California that she describes, epileptic seizures were understood not as symptoms of a ‘dreaded disease’, but rather as a pathway to Shamanic authority. What may appear abnormal, and therefore undesirable, in one context, might well be highly valued in another. As Benedict put it: ‘Most peoples have regarded even extreme psychic manifestations not only as normal and desirable but even as characteristic of highly valued and gifted individuals’ (1934: 60). David Arnold’s later depiction of smallpox in India as ‘a form of divine possession’ (1993: 122–123) resonated well with this. With the disease—and its related impairments—interpreted as a manifestation of the personality of the Goddess Sitala, those touched by it were likely to experience it differently than those who conceived of it, as we might through the lens of biomedicine, as just an infectious viral condition.

The lure of cultural relativism continues to offer a key justification for the involvement of anthropology in disability. The questions posed by Ingstad and Whyte in the 1990s, for example, bore a striking resemblance to those that Benedict was asking over half a century earlier. In the introduction to *Disability and Culture*—the first

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non-Western-centred edited collection that focused on disability in cultural context—the editors ask such questions as: 'How are the deficits of body and mind understood and dealt with in different societies? How is an individual's culturally defined identity as a person affected by disability? What processes of cultural change shape local perceptions of disability?' (1995: 3).

Such questions remain important, but we also need to be aware of their limitations. Asked by Western disability scholars, they tend to place those identified, from a Western perspective, as disabled people in the Global South in unwitting dialogue with the Western frameworks of disability I described above. And they do so, predominantly, for the benefit of Western scholarship and activism. In short, we—by which I mean anthropologists working in the field of disability, but that category might be extended to disability scholars working in the Global South more generally, and particularly those who have grown up and been educated in those locales—need *also* to ask questions that bear directly on the experiences of non-Western disabled people. Their experiences need to be analyzed in relation to the local and wider contexts in which they live, rather than predominantly in relation to theories about disability that have been developed elsewhere. To this, I shall return in the next section.

Countering Culture

With respect to my second category of engagement—in which I characterize the Global South as being deployed as a kind of repository of examples of what happens when superstition and 'culture' triumph over reason—we similarly need to challenge the presuppositions in which such an engagement is grounded. This is not, I should note, simply about how Western-trained scholars come to see the values in which they are inculcated as universal values: it is also about how certain Western scientific models—which are not anchored to particular places or exclusive to scholars from particular cultural backgrounds—become hegemonic while others do not. As Oliver (1990) demonstrated, for instance, insights from the social sciences and the humanities are often subordinated to those of biomedicine and the natural sciences.

Dr. Sharma, an Indian surgeon I worked with in urban South India who treated cerebral palsy-related impairments, and whose case I have described in detail elsewhere (see Staples 2012), offers a good example of this. As I got to know him and his medical work over a period of 16-months' ethnographic field research in Hyderabad in 2005–2006, it became clear that he did not see the purpose of ethnography as being simply to explore and document how people created and experienced their environments in often radically different ways. He was supportive of my work, but, from his perspective, its key purpose was to unmask and combat what he called 'superstition'. The ethnographic data I was collecting from patients, he explained, would enable us to distinguish between value judgments based on cultural knowledge—which might or might not be objectively useful—and judgments based on scientific evidence and, therefore, considered value-free.

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The doctor thought that my data might show how people's superstitions, as he characterized them, might prevent them from getting treatment. 'People in this country tend to follow a blind belief in the Goddess or whatever it might be,' he once told me in a lull between patients. 'We could have developed the smallpox vaccine before the Europeans got there had we approached the problem in a scientific way. We mustn't be hampered any longer by superstition!' This was a common view, and one that persisted despite the facts that for most of my informants the key barriers to them accessing treatment, as I discovered through interviewing them, were cost, local unavailability of treatment and services, and, in the case of the poorest patients, the resistance of hospital receptionists even to allow them access to the clinic. Dr. Sharma's faith that folklore was the greatest impediment to the disabled poor from getting the treatment they needed was, nevertheless, a widespread conception, shared by medical practitioners across resource-poor settings. Keshavjee, in his recent book on neoliberalism and global health in Tajikistan, for example, notes how the Soviet state had blamed the poor health of their most marginal citizens on their 'national culture' (2014: 52), without any reference to the material poverty they endured. Such understandings had persisted in the post-Soviet era. Data on people's cultural beliefs about disability, within this epistemological framework, are seen as important for enforcing universalizing health programmes.

Constraining Disability Studies

Both the encounters with disabled people I have described above, then, are limited because they privilege certain forms of knowledge production over others. The first commandeers the experiences of disabled people from the Global South in the service of a wider—but predominantly Western-focused—project of understanding. Just as the young women of Margaret Mead's Western Samoa (1943, 1928) shone a light for Mead on the youth of America, non-Western understandings of bodily difference might be utilized in the service of disabled people elsewhere. The second category of engagement attempts to incorporate the values of evidence-based medical science—again, predominantly Western-focused—into policy relating to the treatment and rehabilitation of disabled people. Neither is as unambiguously negative as the above paragraphs imply—the first nuances our understanding of what bodily differences mean, the second, in some cases, help people get the treatments they want—but they do constrain the field within which local studies of disability might emerge. South Asian disability studies, emerging in this way, runs the risk of becoming a local subsidiary of a broader, more powerful disability studies tied to the needs and interests of Western intellectual debate and health policy.

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Institutional Restraints

What is also worth noting here—before I go on to explore what a specifically *Indian* or *South Asian* Disability Studies might look like—is that it is not just theoretical intellectual frameworks that require interrogation for ethnocentric tendencies; we also need to be aware of the institutional power differentials that might allow some ways of framing disability to flourish and others to remain marginal. For example, in researching how anthropology has engaged with Disability Studies (for another paper: see Staples and Mehrotra 2016), it appeared that American scholars had been aided in this via the space made for the formation of a disability research interest group within the Society for Medical Anthropology (SMA) which, in turn, is part of the American Anthropological Association (AAA). This group was established by Louise Duval in the 1980s (Goldin 1988), and a few years later, developed by Devva Kasnitz, herself a disabled anthropologist (Kasnitz and Shuttleworth 2001a, b). As one scholar who attended the disability research interest group meetings confided in me, many of their discussions were actually about the *lack* of disability access within the AAA and how marginalized as scholars they felt within the wider association. Nevertheless, as my informant conceded, the fact that they were brought together at all did allow for a critical mass of scholars to congregate and for a disciplinary niche to develop in ways that did not happen elsewhere. Pioneering work on adult deafness (Becker 1983), limb reduction defects (Frank 2000) and dwarfism (Ablon 1984, 1988), for example, were among the early anthropological contributions to DS from scholars within this group (Inhorn and Wentzell 2012: 15). In Western Europe, by contrast, where comparable institutional support for the anthropology of disability has been less firmly established, anthropological work has been minimal compared to that conducted by sociologists who, in Britain at least, have been aided by a particularly active Centre for Disability Studies (CDS) at the University of Leeds. AQ6

In much of the Global South, however, obtaining institutional backing for a subject area already marginalized is a more significant struggle. DS in postcolonial settings consequently have what Mehrotra dubs a more ‘chequered history’ (Mehrotra 2011: 65); not, of course, because of their comparative lack of academic rigour or paucity of insight, but because the structures that permit some voices to be heard have not yet been sufficiently developed in the South Asian context. When disability-related scholarship does gain the academy’s attention, it often does so as an example of what Friedner dubs ‘feel good diversity’ (2017). Shilpaa Anand writes, for example, about an academic conference in an Indian University that included a disability strand not because it recognized the intrinsic importance of such scholarship, but ‘because it enabled them to get the required funding from the Indian Council of Social Science’ (2019: 3). And while such pragmatism may have afforded DS a niche it would otherwise have struggled to find, Anand’s own experience as a DS scholar suggests that the provision of such niches often serves as a way of bracketing disability. In her own work, she says, she became labelled by colleagues as a charity worker or a social worker; someone, thus, doing morally good rather than intellectually important work. This made disability less attractive as an area of study to fellow scholars precisely

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because of its representation as 'non-threatening diversity' (Friedner 2017). Unlike debates around caste, gender or sexuality, disability was viewed within the academy as a relatively uncontroversial kind of identity.

This is not, I should stress, to disparage the work of American or European disability scholars in carving out their own spaces for DS to flourish—many of which, it might be added, encounter the same kinds of problems that Anand outlines so candidly (2019). Linton (1998), for example, likewise noted the lack of attention by anthropologists and scholars from other disciplines to disability in Western contexts. Indeed, the work that has been produced by Western scholars often responds effectively to the marginalization of disability within their own academic contexts, and as such, their work may be crucial in enabling scholars elsewhere to find institutional niches. Nevertheless, it remains important to recognize the unevenness of the playing field and to encourage us to reflect on the conditions and contexts within which scholarly work comes to be produced or not produced. This is not simply a matter of equity but, perhaps more importantly, about enabling the best intellectual ideas to be heard and debated on the basis of their merit rather than where they have originated from.

What I move on to now, then, is the question of what a specifically South Asian Disability Studies—one not beholden to the strictures of DS as it has emerged and developed elsewhere—might look like.

Developing Disability Studies in South Asia

Even scholars from the Global South, as Ghai (2002, 2003) points out in respect of Indian disability activists, have often—because of their own social positions within educated, liberal urban elites—been in thrall to Western-inspired structuralist and post-structuralist models. Disability legislation in these contexts consequently reflects this discourse, while disability rights organizations are criticized for being overly dominated by the interests of middle-class men (Mehrotra 2011: 68; Ghai 2003), such as concessions in air travel or special parking facilities, which remain irrelevant to the disabled poor. The Rights of Persons With Disabilities Act, 2016, in India, for example—which replaced the Persons With Disabilities Act, 1995—makes explicit reference to the United Nations Convention on the Rights of Persons with Disabilities 2006, which itself developed out of the 1948 Universal Declaration of Human Rights after the Second World War. While the work of the UN might not be overtly 'Western', one might well argue that, in as much as its declarations are agreed by those in power, that they are liable to ethnocentrism. Indeed, the very notion that persons have inalienable rights as *individuals* might—as I shall explore in more detail below—in itself be seen as an artefact of Western philosophy (see, e.g. Marriott 1976, 1989; Grech 2011: 92).

Positive though the effects of the thinking that underpins current legislation have in some ways been in India, clearly one of the limitations of such an approach is that it elides the sociocultural particularities that render disability different in different

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places (Ghai 2002, 2003; cf. Das and Addlakha 2007: 128). I was particularly struck, for example, by a news story that ran when I was conducting fieldwork on disability in India in 2005–2006, and which some of my informants—mostly from poor, low-status backgrounds—made reference to.[4] A complaint had been made by a disabled Indian aircraft passenger that an airline he was travelling with had disrespected his dignity by not deploying the appropriate hoists and other equipment to lift him comfortably aboard the aircraft while in his wheelchair, but had instead used two porters to manhandle him up the steps and dump him, unceremoniously, into his seat. His complaint about the cavalier and insensitive way in which he had been treated was, of course, entirely reasonable, and the newspapers were, in my view, correct to run the story and to express outrage in solidarity. But for the vast majority of my own similarly disabled interlocutors, often without jobs or access to medical care that might make their lives easier, the experiences of the man described in the news stories as a victim were simply unintelligible. Air travel was outside of their field of experience, and they were not, as they saw it, in a position to make comparable complaints in response to the everyday accessibility problems they faced. Many of them, as they told me, in any case, suffered far worse indignities in the course of their everyday lives, not because they were physically impaired, but because of their caste positions and low socio-economic status. Inadequate access to aeroplanes hit the headlines; obstructed pavements and inaccessible public buses, in the main, did not.

In addition to highlighting a potential disparity between many disability scholars in and of India—for whom Western models of disability might indeed have some resonance—and the experience of the majority of disabled people in the subcontinent, the case outlined above also alerts us to the fact that disabled people across the region are far from a homogenous group. Keeping that caveat always to the fore, however, it might nevertheless be possible to identify some particularities about the Indian context that highlight the limitations of models designed with the industrialized West in mind.

South Asian Cosmologies

First, in the Indian context, the ways in which bodily differences are understood and experienced might be seen as rooted in, or at least to some extent shaped by, Hindu philosophies and mythologies rather than either biomedicine or European philosophy. I should add here that this perceived ontological split between majority and minority world ways of constituting personhood has, in my view, been over-stated, and that the assumption of radical alterity, particularly when it is based on historical archives, is as dangerous as the assumption that we are all the same (see, e.g. Staples 2003).

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[4] I was unable to locate, many years later, the particular news story I refer to here, but there have been several subsequent aircraft-related stories, several of which are documented by the advocacy organization Reduced Mobility Rights on its website reducmobility.eu (accessed 26 May 2015).

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Nevertheless, the possibility that there might be specifically *Indian* or even *South Asian* ways of 'doing' disability that can be differentiated from constructions of disability elsewhere is worth exploring. Not all Indians are Hindus, of course—indeed, most of those I have spent time doing fieldwork with over the years have identified as Christians and Muslims—but the impact of Hinduism, as the religion of nearly 80% of the population according to the last Census, is clearly widespread.

The work of Miles has been especially prominent here, in identifying what he sees as the historical precedents of South Asian thinking in relation to disability, drawing on ancient textual sources in his search for clues to understanding what might be distinctive about South Asian understandings of disability in the present. He notes, for example, that according to the Laws of Manu (Burnell and Hopkins 1971), those guilty of particular crimes in one life will be reborn as 'idiots, dumb, blind, deaf and deformed men, who are [all] despised by the virtuous' (Bühler 1886: 440, cited in Miles 2001: 52). A significant character in the epic the Mahabharata, King Dhritarashtra, is deprived of his kingdom and his sons because he is blind—underlining that his condition is seen as rendering him unfit to govern—and it is later revealed that he was made blind in retribution for the sins of a previous incarnation (Vaswani 2005: 14; Miles 2001: 16; Ghai 2002: 26). *Karma* was not only interpreted in terms of punishment, however, as Miles (2001) also noted: historically it has also been understood as rehabilitative as well as retributional. Rather than an impairment always stigmatizing its bearer, then, in this sense, it might also be seen as teaching him or her a necessary lesson about life. And rather than always being about passive resignation, belief in *karma* might also prefigure certain action that contemporary disability activists working with globalized notions of disability might consider positive, such as resistance to amniocentesis and the abortion of disabled foetuses, on the basis that such bodies are meant to be (Johri 1998). Likewise, given the Hindu (and Islamic) imperatives to give alms in order to gain religious merit, those forced to collect alms on account of their conditions might be seen as serving a particular and valuable social function.

Cultural differences, some of them rooted in particular histories, are clearly worthy of consideration. Grech offers as an example the well-publicized and relatively recent case of a child born with eight limbs in north India, who was apparently revered by villagers as a Goddess (2011: 95). It reminded me of the story, during my 2005–2006 fieldwork with disabled people in Hyderabad, of a facially disfigured man whose apparent resemblance to the elephant-headed Hindu God Ganesh led to him being seen as a blessing, particularly during Ganesh Chaturthi (a festival to celebrate the God's birthday). He was rewarded accordingly with alms rather than, as might otherwise have been the case, reviled as an abomination. Such cases draw on a shared sense of religious history, even as they are also understood and experienced—as will become clear shortly—in the varied contexts of the present.

In a more general sense, McKim Marriott (1976) and his Chicago-based Indianist colleagues (later followed by Strathern (1988), Geertz (1983) and others) have long argued that people from India, and the Global South more widely, are inclined to think differently to their northern counterparts. On the one hand, those from the industrialized West are understood to view the person as a 'bounded, unique, more

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or less integrated motivational and cognitive universe, a dynamic centre of awareness, emotion, judgment and action organized into a distinctive whole and set contrastively against other such wholes and against its social and natural background' (Geertz 1983:59). South Asian 'dividuals', on the other hand, have been characterized as more substantially connected to other people and things, literally transformed through their transactions in ways that bounded Western 'individuals' are not (see, for example, Busby 1997; Daniel 1987; Das 1979; Marriott 1976, 1989; Staples 2003: 296–297, 2011). Such acts as birth, marriage and food-sharing are all seen as involving an exchange of bodies, substances or body parts (e.g. Inden and Nicholas 1977: 17–18), a perspective reinforced by classical Ayurveda, which describes the body not as a relatively self-contained unit but as an open field (Trawick 1992: 148).

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As a consequence, it has been argued that people come to see and experience themselves as continuous with others rather than as self-contained units—an ontological difference that has implications for how bodily differences might be understood. In a practical sense, such interdependence suggests that disability might be constituted as a family or household concern (Grech 2011: 92). As already suggested above, the notion of individual *rights* that Western disability scholars tend to take as self-evident—and which is assumed in The Rights of Persons With Disabilities Act 2016—'may not be present, subsumed under relationships of mutual obligations' (Grech 2011: 92; see also Lang 1998; Miles 2000; Ghai 2002).

Values that might be taken as read in, say, an American or British setting, such as those espoused by the independent living movement, might well be anathema to those for whom a notion of the individual self is secondary to what the psychiatrist Roland described, in relation to India, as the 'familial self' (1988), a self that is inseparable from those with whom it is intimately connected. Such models, if they are to be of any use at all, need to be reinterpreted in culturally specific terms, with 'independence'—in this particular example—being recast as applying not to individuals but to the family or wider social group (Mehrotra 2011: 71; Singh 2008; Lang 2001).

Countering Assumptions of Alterity

Compelling though accounts of historically rooted cultural differences are, as also noted above, theories of radical alterity in respect of understanding notions of disability are at the same time problematic. Public reverence of an eight-limbed child or worship of a Ganesh lookalike might point to cultural niches within which physically impaired people might find an otherwise elusive sense of belonging or allow others to attribute meaning, but they tell us little about the more private, quotidian experience of having or caring for a body that differs significantly from the mainstream. As Parry (1991) usefully pointed out in response to Marriott's theories of Hindu selfhood, Indians do not walk around like lexicographers, consistent and readymade models for interpreting the world always close at hand. Different philosophical and historical conditions might indeed shape thinking in different ways cross-culturally,

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but there is no particular reason to think that Hindus have been any more constrained in how they encounter and experience the world by the Upanishads or the Laws of Manu than they are by, say, their more recent experiences of colonialism or globalization. In short, we should beware of straightforward links being drawn from between texts written thousands of years ago and contemporary understandings of disability, which have clearly been shaped by many other things along the way.

Friedner and Osborne's recent work, for example, demonstrates how, as corporate rationality starts to play a growing role in the governance of a rapidly changing India, disability discourse comes increasingly to be shaped by what they call an assemblage of corporate capital, state initiatives and NGO-led interventions (2015: 11–12). By documenting how disability is represented and utilized by business, the third sector and the state, they argue that dominant discourse about disability in India has become less about demanding rights, social movements or challenging the state, and more about framing disability in ways that benefit corporations, NGOs and the state over the mass of disabled people they purport to represent. By ensuring disability accessibility is included in newly built shopping malls, museums, airports, city metro systems and other places of elite consumption, for example, the state or private organizations are able to showcase modernity on a global stage. When they fall short—as in the case of the news story about the wheelchair-using airline passenger who was manhandled to his seat—older narratives of India as insufficiently developed return to the fore. As Friedner and Osborne show, however, at the same time as accessibility improves for a disabled elite, for the majority population, cheap public transport still remains inaccessible, and state-provided equipment—such as the tricycles that are far more common in Indian cities, particularly among the disabled poor, than the universalized wheelchairs that architects tend to have in mind when they design shopping malls and the like—is perceived as poorly constructed and inadequate. In approaching questions of how disability is understood and experienced in contemporary South Asia—as well as questions about *why* it is constituted in the way that it is—disability scholars need to look not only at the historical background but at the impact of rapid liberalization and other more recent societal change.

A second and related problem is that the disability history on which Miles and others draw tends to assume a shared conception of disability as a category that might be applied cross-culturally. The bodily anomalies, and the meanings attributed to them, might be recognized as different, but it is assumed that all societies have a category to which the term 'disability' might be applied (Anand 2015: 169). Scholars like Miles, Anand argues, treat South Asian historical or religious texts and the processes by which they shape relations in the present as though such relations are structurally the same as those mediated through comparable historical texts in, say, Britain. The Mahabharata or the Laws of Manu, for instance, might be read as if they carry the same kind of force for Hindus as the stories of the Bible do for Christians, or as the Koran does for Muslims. As Anand argues convincingly, however, such texts are not comparable in this way. The stories of the Mahabharata or Manu's Laws, for example, are considered more contextual, and so are much less subject to wider application than, say, Biblical parables are. Trying to learn about disability history and its relation to the present simply by studying the archives, then, misses the point

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that it is the epistemic training that scholars bring to interpret these archives that determines how they are read (Anand 2013). Put simply, a story in the Mahabharata about living with a disability is likely to have a different impact on a Hindu than a Biblical story about disability will have on a British Christian.

Local Biologies and Political Movements

Aside from these epistemic concerns, what are also important are the immediate, material conditions of people's everyday lives in the present. Miles (2002), for instance, makes the useful observation that people in India tend to respond with less revulsion to non-normative bodies than people in, say, Britain or the US, because they are more used to seeing different bodies and have become acclimatized to them—even if this absence of revulsion is, in part, an effect of wealthier sections of society constituting themselves in opposition to those mostly poor, impaired bodies, which they constitute as scarcely human. Particular material conditions, such as poverty, *literally* create more impaired bodies (Harriss-White 1999: 140–142), especially in contexts where there are not the social security safety nets often relied upon in the Global North (Grech 2011: 90). The prevalence of impairment is at least four times higher for those living below the poverty line as for those above it, with as many as 80 percent of disabled people living in rural areas or urban slums (Ghai 2002: 29; Dalal 1998), so whatever meanings are attributed to different biological anomalies, they are attributed disproportionately to the poor and the excluded. Disability, in this sense, is often inseparable from other negatively construed and experienced identities, including those related to caste and gender. Once again, this challenges the liberal agenda that has so shaped Western disability studies: in the same way that access ramps and lifts in air-conditioned shopping malls do little to bring luxury consumer products to most disabled people, activist calls within India for integrated schools, for example, sidestep the fact that the majority of children from the lowest castes and economically poorest families are anyway unlikely to go to school, especially if they are girls, whether they are considered impaired or otherwise (Ghai 2002: 3; Friedner and Osborne 2015).

In addition to 'local biologies' (Lock and Kaufert) and the socio-economic and political contexts that give rise to them, we also need to attend to local political movements. If Disability Studies developed in the US in relation to the independent living movement, for example, or in the UK in response to the impact of industrialization, in the South Asian context we need to explore the movements that might provide the impetus for a scholarly interest in disability to develop. Mehrotra's work (2011, 2004a, b, 2006; see also Addlakha 2013) is particularly pertinent here in that it explores how local women's movements, environmental movements, and, more recently, Dalit and anti-caste movements have also shaped (and must continue to shape) studies of disability in India, as well as setting out the frames of references through which disability might be understood and experienced. There are, at the same time, both conjunctions and disjunctions between these influences and

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those—such as the movements for civil rights, anti-racism and feminism—that have moulded disability discourse elsewhere. In a globalizing world, these backdrops are also profoundly interrelated and dialogic, even as they speak across one another.

Conclusion

As a white, middle-class, currently able-bodied, male scholar from the West with an enduring interest in Disability Studies, the irony of writing a paper about what a South Asian Disability Studies—distinct from a DS that has grown out of firm roots in the Global North—is not lost on me. As an anthropologist, however—and as an anthropologist who began documenting the lives of disabled people in India before I was aware of a wider DS on whose theories I could have been drawing—I hope I can also stand back and reflect on how DS has emerged in very different locales. In addition, the danger of restricting regional Disability Studies to those who come from those regions, and/or to scholars who are also disabled themselves, is that the academic study of disability would become even further marginalized: an echo chamber that those dominating scholarly debate can safely leave to its devices. My argument here, as a consequence, has been that, if it is to avoid becoming a subsidiary of a wider Disability Studies whose agenda has already been forged in the Global North, those studying disability in India—wherever they might come from—need first to look inwards. They need to attend to the particular socio-historical, cultural and material conditions (including those that have been imported) that shape the experience of bodily difference for the majority population in the subcontinent. This is a task best done ethnographically, by exploring the minutiae of people's everyday lives rather than relying on essentialized accounts of 'Indian culture' that emphasize difference rather than similarity vis-à-vis the rest of the world. At the same time, in order also to be a part of that wider Disability Studies—but cast in the role of an equal player—those scholars also need to tread a careful path that allows fruitful cross-cultural comparisons to be made and wider theories drawn upon without them falling prey to Western assumptions about, for example, personhood and human rights. In short, DS in India requires what Meekosha calls 'intellectual decolonization' (2008: 16).

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