

**Categorizing Disability: Perspectives from West Bengal, India**

Nandini Ghosh and Suchandra Bhaduri

Institute of Development Studies Kolkata (IDSK)

### Abstract

This paper explores the ways in which disability as a conceptual term existed prior to colonization and was reshaped during colonial and later times, trying to name and capture both human conditions and experiences, which reflect the social attitudes of the communities within which these concepts are used and manipulated.

*Keywords:* disability, colonialization, postcolonial, decolonial

### **Categorizing Disability: Perspectives from West Bengal, India**

Postcolonial and decolonial studies have engaged with global structures, experiences, and discourses of colonial domination, particularly those of marginalized people, whose experiences, imaginations, and knowledge of the world count less, or simply do not count at all (Gallien & جالين, 2020). Postcolonial scholars and activists orient their academic work towards the recovery and re-articulation of the knowledges of particular communities that colonialism has displaced. While postcolonialism has been oriented towards theoretical propositions within the academy, decolonial interventions position themselves within political activism and social movements (Colpani et. al 2022). Vazquez (2009) highlight that social struggles challenge and define the oppressive grammars of power, that are often re-signified with meanings that emerge from political practices, alternative forms of justice, and other ways of living.

In India, the colonial project of “modernization” of the native population led to the negation of all that was perceived to be local and indigenous by the process of changing ideas and practices of everyday life and processes of production and consumption. The retrieving of pre-colonial knowledges traditionally diminished by colonial narratives of progress must recognize that indigenous communities also fostered notions of the “other,” which were drawn upon by colonial administrators, that intrinsically altered and mediated their pre-colonial forms. Thus, definitions of disability, which emerged as a distinct category during colonial rule in India and have been modified by modern global discourses, represent a hybrid co-formulation of cultural identities, wherein the traditional/indigenous blends with the colonial framing and the modernist re-envisaging. This paper argues that this idea of

hybridity challenges the decolonial claim that alternative situated knowledges may successfully delink from the colonial matrix of power while acknowledging that indigenous matrices of power also influence ways in which the decolonial project re-envision these concepts. Thus, categories such as disability are constructed through diverse spatio-temporal and cultural frameworks that remain inextricably intertwined and co-exist with one another.

The reconceptualizing of the category of disability during colonial times was further extended in the postcolonial independence period, when the state in India grappled with policy frameworks around disability deeply influenced by western perspectives. This paper explores the ways in which disability as a conceptual term existed prior to colonization and was reshaped during colonial and later times, trying to name and capture both human conditions and experiences, which reflect the social attitudes of the communities within which these concepts are used and manipulated. The first section of the paper draws on historical and archival literature on disability in pre-colonial India and analyzes the ways in which disabled people and disability were included within society. The second section delves into colonial and postcolonial policies and legal frameworks that draw primarily on Western philosophical principles and yet have come to influence and structure thinking around disability in the present day. The third section uses empirical data from the districts of Kolkata and South 24 Parganas West Bengal, primarily personal narratives of five disabled women and their family members, to demonstrate how the dynamic processes of naming have shaped the everyday worlds of women with disabilities. Data is also analyzed from a focus group discussion with six women with disabilities, where language and identities were

debated. All the empirical data were collected during 2022-23 as part of an on-going project<sup>1</sup> with girls and women with disabilities. The paper concludes by pointing out that decolonial assertions of constantly shifting conceptual frames blend traditional/indigenous pre-colonial and colonial understandings of disability, leading to historically specific cultural ideas around disability and disabled people.

### **Disability Nomenclature: Indigenous Ways of Defining**

As India is varied in terms of geographical regions, religions, languages and cultural practices, disability has also been described in various ways. Western scholarship around disability has highlighted the different ways in which people in positions of power use language to represent disability as a discrete category, yet both definitions and attitudes are never simplistic in nature (Garland-Thomson, 1997; Hughes & Paterson, 1997; Lonsdale, 1990; Shakespeare, 1996; Oliver, 1990). Critical disability studies scholarship (Goodley 2013; Meekosha 2011) has also pointed to the fact that, even though 70% of the world's disabled population lives in developing countries of the global South, Western philosophy and ethics define disability almost all around the world, with European terminologies dominating the discourses of disability. Addlakha (2013) refers to how researchers have begun to look beyond medical terms and management and rehabilitation to find experiential reality of disability. Ghosh (2016) argued that the lived experiences of disabled people indicate different degrees and levels of social inclusion, although historically socio-cultural ideologies always represent disability negatively, and often are strengthened by the social

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<sup>1</sup> Most of the empirical data in this paper comes from the ongoing project titled "Engaging Girls and Young Women with Disabilities across Southern Spaces" (ENGAGE) in collaboration with Carleton University, Canada

barriers that are designed to exclude. A decolonial approach here would necessitate juxtaposing such ideologies against lived experiences of disability, to unravel the various levels at which categories are ideologically imposed yet lived, experienced, and resisted.

There is a need to recognize that disability is felt and thought of through language, which is influenced by culturally specific social ideologies. Colonial expansion in India sought to introduce standardized terminology to even out the “outdated” or “barbaric” language and cultural variations and to ensure they were able to use familiar definitions, which was also a technique of asserting power. The writings of European travelers in India highlighted several religious beliefs and repulsive customs they could not interpret.<sup>2</sup> These ideas were further concretized into stereotypes with the occidental mentality overpowering the existing narratives (Said, 1978).

Hindu mythological stories are replete with references to disabilities and deformities across time. The Vedas refer to the god Vishnu appearing as a dwarf in one of his avatars, while the epics Mahabharata and Ramayana have the characters of a hunchback Manthara and ineffectual king Dhritarastra respectively (Miles, 1995). All these representations are of either evil or weak people, highlighting that it is about the deficit of the body and mind and the viciousness of these “evil” characters lead to greater misfortune (Ghai, 2018). Disability is repeatedly represented as a punishment of the deeds (or a consequence of sins) from the

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<sup>2</sup> India was often looked at as irrational, a land where imagination overpowers reality and a land with no sense of history (Sharma, 2003). ‘Superstitious’ practices and sacrificial rituals, ‘dirty’ crowded city life repulsed the British who came to India. For example, the British found the presence of Hijras or eunuchs (a transgender community) starkly in conflict with their Western morality and conception of gender. Other ideas about India, including European superiority, were modeled on these perceptions as well (Hinchy, 2019).

previous life (“karma”), especially as a prescriptive text of the Vedas, *Manusmriti*, highlights (Miles, 1995).

Disability is also represented as a retributive consequence of sins committed.<sup>3</sup> For example, one who steals a lamp will become blind (Olivelle, 2005, quoted in Burley, 2013). The story of Ekalavya<sup>4</sup>, a tribal boy in the epic Mahabharata, illustrates how disability becomes the fate of those who want to climb up the social hierarchies (Ghai, 2018). There is also mention of special powers<sup>5</sup> possessed by persons with disabilities as gifts from God (Bhaduri, 2021). What must be kept in mind is, though these religious texts and scriptures depict and prescribe certain ways of life and norms of society, Brahmanical texts or Manu’s laws do not have the doctrinal authority such as the Bible in representing people’s roles or perceptions about different individuals (Tyagi, 2008; Anand 2013). They can be studied as a valuable source of information about changing perceptions in an ever-evolving society or how certain ideological constructs came about (Anand, 2013). The Mauryan times saw the introduction of vocational rehabilitation of physically, socially, or economically handicapped people (Miles, 1995; Anand, 2013). Several rulers throughout history took up benevolent

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<sup>3</sup> A Brahmanical law book, *Manava Dharmasastra* (c.200 CE), mentions how evil men become disfigured due to the bad deeds they have committed (Olivelle, 2005). A fear of retributive punishment also operates where one must behave well towards disabled or other disadvantaged people in society to assure one will be treated well in the future or not be reborn disabled in the next life (Burley, 2013).

<sup>4</sup> Ekalavya had mastered the skill of archery but was punished by his Guru Dronacharya by cutting off his right thumb for breaking social norms and aspiring for skills not meant for his social group.

<sup>5</sup> Surdas (1478-1581), a saint and poet, blind from birth, was known for his spiritual insight and encouraged people to seek a deeper connection with the god Krishna. Ashtavakara, in King Janaka’s court, born with eight physical deformities, displayed exceptional intelligence in several philosophical debates showing his knowledge and prowess in the understanding of Vedas and Upanishads (Ghai, 2015). Thus, though stigmatized, people with disabilities are often depicted with significant gifts. Many Southeast Asian, Indian, and African beliefs surrounding disability (and re-incarnation) hint that children with disabilities are often a gift from God or sometimes an ancestor reborn in the family (possessing the spirit of the ancestor) (Kalyanpur, 1999).

initiatives to give aid and grants to build shelter homes for the poor, sick, and disabled (Karna, 1999). Kautilya's *Arthashastra* (4<sup>th</sup> century BCE) clearly mentions penal provisions in the form of fines for use of discriminatory language, mockery and abuse of people with disabilities. Such penal provisions clearly indicate that impairment was blended with the identity of a person, where disability was seen as part of a mind-body complex (Miles, 1995). The perception of being "defective" meant that persons with disabilities were often excluded from the inheritance laws and denied access to important social positions like king and priest. These lists of exclusion from social positions specifically mentioned impairment categories, where disability was put on a similar footing as being female (Jain, 1947; Raghavachariar, 1965 cited in Miles, 1995). While disqualification based on disability was written about in several texts, special directives are seen for *upanayana* (thread ceremony) of male children who were "blind, deaf, crippled or idiots," not for the purpose of education but for enabling them to marry (Miles, 2006).

The tradition of care and benevolence continued until the Mughal times when there is documented evidence of a deaf woman raising hearing infants who communicated through signs during the rule of Mughal Emperor Akbar in 1578-82 CE. However, such experiments towards the education of disabled people or attempts to better understand their lives were scattered and very few (Miles, 2006). What pre-colonial history presents is a non-prescriptive, non-uniform understanding of disability, couched in speculative language, often open to the interpretation of the people reading different texts of Brahmanical traditions (Anand, 2013). What emerges clearly is the fact that, while there are precise prescriptions and proscriptions that define the ideologies toward persons with disabilities, there is little



evidence that indicate the lived realities were probably different, with disabled people being included within families and communities in varying degrees. It was the European business companies and accompanying Christian missionaries in 17<sup>th</sup> to 18<sup>th</sup> centuries who then began to take up charity work with natives to support the disabled, orphaned, and poor women and children with monetary funds (Miles 1997, 2006). This next section discusses how Western concepts of disability, colonial rule, and policies changed the understanding of disability in India.

### **Colonial and Postcolonial Interventions: Changing Terminologies**

British rule in India introduced administrative mechanisms, with a view to control the populace and generate cheap labor for industrial capitalism. Census operations were started in India to gain more knowledge about the people and their various cleavages. The census thus created categories to classify the population into groups. Like religion and caste, a category was created labeled “infirmities” mostly to designate people with disabilities (Waterfield, 1875). The focus on infirmities reflected a capitalist mindset of productive persons as against people in need of support and charity (Oliver 1990), which would enable the capitalistic “civilizing” mission of the colonial rulers. Thus started the formal categorization of infirmities from 1871-1872 whereby “blind, deaf, insane and lepers” were initially identified as relevant categories by the British administration and census enumerators (Waterfield, 1875). The terminology introduced by the colonizers reveal that they were using familiar frames from their own country to categorize the population in India as these groups of people were perceived to be incapable, non-productive, and in need of support within the framework

of industrial capitalism. Thus, colonial, and missionary energies were to be channeled towards the mission to provide for these groups.

According to Davis (2013), the concept of “normal” as conforming to, not deviating or different from the common type or standard, regular, or usual, created the idea of the “abnormal,” a deviation from the statistical average or majority, to arrange people in ways that are socially and economically convenient for society (Linton 1998). By equating disability with the abnormal, of being the “non-productive,” “deviant,” and thus “undesirable” in society, the administration sought to govern them separately. Census operations in colonial India sought to create uniform categories, by using standardized definitions and instructions to enumerate disability that could be comprehended adequately by the British administrators. However, such categories were inadequately defined due to poor knowledge of the social and cultural cleavages of the communities within which they were to be applied.<sup>6</sup> For blindness, only blindness in one or both eyes was counted. Also, congenital cases for deaf-mutism [sic] and only ‘black or true’ leprosy<sup>7</sup> were in the initial

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<sup>6</sup> To enumerate and understand the population of India, one of the categories that was introduced was caste. There was confusion among the population of India itself where the general perception was that the object of the census was to impose some new tax (*Report on the Census of Calcutta in 1866*, Calcutta: Thacker, Spink and Co. Press, 1866 p.1). Muslims listed their caste, even though they are assumed not to have caste system in Islam. The colonial administrators categorized caste based on their own pre-existing understanding of caste. Caste names were often introduced by enumerators themselves, e.g., in Punjab members of an indigenous tribe were labelled as being Rajputs, while they were unaware of such a caste itself (*Report on the Census of Punjab, taken on the 17<sup>th</sup> of February 1881*, Vol I, p. 485). Bayly (2001) writes that most of the people in India gave very limited importance to the formal distinctions of caste, where social identities which were malleable were of importance. It was because of the colonizers attempts to make sense of the Indian culture and its people, enumerating the population through census, that they began categorizing and defining, simplifying complex and diverse systems of faith and social identities for their own benefit (Walby, K. & Haan, M, 2012).

<sup>7</sup> Buckingham (2002) while elaborating on Leprosy in Colonial South India writes how the census enumerators were only instructed to note the presence of “true or black or eating leprosy” in the British Indian census. While there were no descriptions given as to what could be the identifying symptoms, it can be presumed to refer to signs of physical deformity.

census instructions. The vital nuances that led to the cause of many disabilities were conveniently ignored.<sup>8</sup> The translation of these instructions into regional languages created more discrepancies in counting. For example, the word *kana* in Kashmir meant the loss of vision in one eye only, while *andha* and *nabina* meant complete blindness. The terms had different meanings in other regions. Untrained officials further confused the statistics by wrongly categorizing people in different regions, creating negative attitudes and facilitating the creation of the “other,” the “abnormal,” within the Indian population.<sup>9</sup>

British categorization of the undesirable extended from the ‘unproductive’ disabled people to the labeling of the indigenous tribal population of India as criminal castes because of their “barbaric” livelihoods leading to increasing discrimination, segregation and constant surveillance. Both groups were regarded as challenging the aesthetic of the cities, which affected the modernization process of the British. The perception that beggars with disabilities in emerging towns and pilgrim centers were carriers of the “foulest diseases” (Nair, 2017, p. 193), led to the rise of several institutions that segregated disabled people from the general “productive” population and furthered the colonial and missionary objectives of “care,” treatment, and “cure.” This segregation helped to eliminate the “inferior” population from sight. The effort was to bring India out of its “civilizational inferiority” with medical interventions and technological experiments. The decrease in the

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<sup>8</sup> The census enumerators were not trained to identify disabilities. Often stereotypical ideas about the “orient” like climate and harsh tropical weather conditions, or lack of organized social organizations would be attributed to causes of disabilities (Bhaduri, 2021).

<sup>9</sup> With the segregation and confinement of people with disabilities, often being identified as lepers or insane, led people to believe that they were virtual criminals and thus liable to be relegated to prison-like institutions for care and treatment (Bhaduri, 2021). Many mendicants were often looked at as “blots of civilization,” spreading disease and dirtying the cities, and needed to be segregated, confined as the mobile nature of disabled mendicants posed a challenge to law and order as well as the aesthetics of the city (Nair, 2017).

number of infirmities reported in the 1891 and 1901 censuses was used to prove that efforts to solve the “problem” were working (Bhaduri, 2021).

The civilizing mission of the colonial rulers was buttressed by the rampant export of Western ideas and language to the colonies with the British. The colonial administration began segregating the disabled into two categories: one group being dangerous or dependent requiring confinement and the other, as educable, which shaped the legislation and policies for the disabled.<sup>10</sup> The identification and categorization process defined by the medical definitions and subsequent segregation, resulted in a concealment of disabilities of women and of people of upper castes. The colonial administration, with its racist prejudices, started labeling certain groups as infirm, as is evident from the categorizing of indigenous fire worshippers or Nat worshippers within the category of insane.<sup>11</sup> Such prejudices encouraged people to conceal crucial information about disabilities, leading to census data being inaccurate in many instances.<sup>12</sup> The attitude towards people with disabilities came to be framed in different ways - the colonial administration promoted family care, while

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<sup>10</sup> There were anti-begging laws and also laws prohibiting “wandering” without any “worthy means of subsistence” even if not asking alms was considered a criminal offence. With the Bombay Plague in 1890s, a beggar would be liable to one-month prison sentence and Rs.50 fine if seen “wandering” around the city (Nair, 2017). The Bengal Vagrancy Act (1943) also prohibited begging for alms—as mendicancy was a primary means of livelihood for many people with disabilities in colonial India, these laws were clear display of displeasure by the Colonial Government (Nair, 2017). Some other legislations are Lunatic Asylum Act, 1858, Lunacy Amendment Act 1889, Indian Lunacy Manual 1909, and Indian Lunacy Act of 1912, and Lepers’ Act of 1898 and many more (Nair, 2017).

<sup>11</sup> *Report on the Census of British India taken on 17<sup>th</sup> February, 1881* (Vol I), “The Highest proportion of insane persons is found amongst Nat worshippers, where it is 1 in 909.” Insanity has also been attributed to the excessive indulgence in ganja and opium (pp. 257, 263, 264).

<sup>12</sup> Nair (2017) highlights how blindness was the least concealed infirmity, deaf-mutism [sic] too wasn’t much of a problem when taking the census data in many cases; however, translating the census definitions became an issue initially. The colonial administrators did encourage family care to justify their lack of direct investment. Nair (2017) cites letters from the educational inspector from 1890 (p. 191) to highlight how British interference would “weaken the existing sense of responsibility” of families.

missionaries and native elites encouraged cure and care in the form of segregated institutions of vocational training, where people with disabilities could be taught to become self-reliant. Here the missionaries also had the agenda of spreading the gospel of Jesus while promoting benevolence towards disabled people. Some of these institutions also attempted to promote education as a worthy means of income. An asylum in Banaras was set up in 1826 by its Hindu ruler for blind and poor people, primarily to restrict their movements within the city in the guise of charity. Voluntary contributions from wealthy native elites and nominal government aid for missionary-run institutions were also popular. Since beggary was considered an “unworthy” form of livelihood, missionaries focused on teaching the gospel to the disabled people brought to asylums and institutions of care. The Braille and Moon system helped in spreading the education for blind people in the Christian scriptures even more<sup>13</sup>. Several people from these schools later spread the gospel in their own villages (Miles, 2001).

Schools in Bombay, Madras, and Calcutta came up under missionaries and pioneering natives to educate blind and deaf-mute [sic] children. The aim was to provide education and vocational training to enable them to choose professions such as carpentry, turban-making, tom-tom making, painters, typist, blind educators for blind children, etc. which were seen as more civilized means of income (Nair, 2017, Bhaduri, 2021). While these became centers of charity, the British administration also demonstrated that the infirm could be “self-reliant” and “productive.” Segregation of the infirm (especially the lepers and lunatics) into colonies

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<sup>13</sup> Moon type or Moon system of written letters was developed by William Moon in Sussex, England, to enable blind people to read. It used Latin alphabets with raised curves, angles, and lines. It was introduced in 1845. Braille, named after its creator, Louis Braille was invented in 1824, where raised dots are used to enable blind people to read with their fingers. Braille is a code which may be used to write in many languages. Source: <https://www.britannica.com/topic/Braille-writing-system>

and asylums also helped control spread of diseases, which the census and administrative documents showed as a push towards modernization. The census dropped the category of infirmities in 1941, revealing the shifting priorities of the government and reflecting indifference towards the disabled population in India (Bhaduri, 2021). However, by this time, the disabling language accompanied by the negative ideologies around capacity gained importance, leading to the popularity of the western medical interventions that focused on integrating the disabled into mainstream society (Mani, 1988 cited in Ghosh, 2012)<sup>14</sup>.

Institutionalization changed the ways in which persons with disabilities were treated in India. Informed by the Christian missionary zeal for charity, the institutions for disabled people portrayed the disabled as “unproductive” and dependent, negating the ideologies prevalent in Indian society. These institutions also ignored the actual lived experiences of disabled people and the various degrees of inclusion in different family and community activities. For example, many blind Muslims used to earn a livelihood by acting as a Hafiz, a person who could recite the Quran in religious gatherings. However, the Europeans regarded them as people propagating the Quran without true understanding and thus a regressive profession (Nair, 2017). Based on the premise that many of the traditional professions of the “infirm” were regressive in nature, laws like Lunatic Asylum Act, 1858, Lunacy Amendment Act 1889, Indian Lunacy Manual 1909, and Indian Lunacy Act of 1912 outlined several

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<sup>14</sup> Even after independence in 1947, the general attitude towards people with disabilities surrounded that of charity and welfare. The government maintained a reluctance to formulate a disability policy. It was the language introduced by western medical interventions that featured in the first Plan (the Planning Commission in India was entrusted to make plans and programs for the development as well as for different sections of the population of India). The definition of disability had a strong medical bias and sought to influence the state’s stance, bias and orientation of the population of India towards people with disability (Ghosh, 2012). The concerns of people with disabilities were often granted low priority (Mani, 1988, cited in Ghosh, 2012).

procedures on institution and asylum management especially for mental illness, ignoring the existing social inclusion of disabled people. Similarly, the Lepers' Act of 1898 defined lepers as "prisoners" (Buckingham, 2002), who must be incarcerated in asylums or institutions, outside the city beyond the public gaze. Imperial interest in hygiene, infections, and colonial diseases and maladies as the cause for many disabilities led to the establishment of institutions like the Calcutta School of Hygiene and Tropical Medicine in 1922, pushing the discourse of disability into the medical frame, promoting marginalization, suppression, and further segregation of the disabled. Removed from the traditional familial structure of care and subjected to isolating institutionalization, people with disabilities became further exposed and vulnerable within society (Choudhury Kaul et al., 2021). While the colonial administrators reached out to many poor, destitute, and disabled people with their zeal for a civilizing mission (Dalal, 2002), the larger attitude was to ignore the native cultural and indigenous belief systems of Indian society (Mehrotra, 2011).

Thus, the colonial project of identifying and segregating "the infirm," indicating the people with disabilities and labeling them as being "unproductive" and "dependent" populations, attempted to use uniform standards for identifying and dealing with persons with disabilities, thereby ignoring the huge diversity within India, geographically, culturally, and linguistically. The category of "the infirm," which subsumes what is presently discussed as disability, as envisaged and postulated by the colonial administration, sought to pathologize persons with disabilities, popularizing the discourse of institutional dependency (Ineese-Nash, 2020), where these "dependents" could be led towards some form of productive labor as prioritized by colonial capitalism. Such an individualistic conceptualization of infirmity

and disability by British administrators demonstrated not just the ignorance about local social arrangements, but also the power relations that allowed them to unilaterally define the people and their social realities. What such magnanimous colonial and missionary interventions largely ignored were the ways in which communities and families in the geographical spread of India structurally and systemically addressed the issues concerning persons with disabilities and the extent to which they were included and able to live within their own communities.

In Independent India, the Constitution framed in 1950 abolished disabilities like untouchability and prohibited discrimination of Indian citizens within the country based on religion, race, language, and sex; disability was mentioned only in terms of care and protection (Advani, 1997). The Constitution of India refers to disabled people only in Article 41, assuring that the state shall “within the limits of its economic capacity and development” make adequate provisions for public assistance in cases of unemployment, old age, sickness and disablement (Ghosh 2016). This is indicative of the general attitude of the state in India towards persons with disabilities, colored by ideas where disability was associated with *karma* and disabled people looked down upon as objects of pity. The welfare approach extended towards all identified disadvantaged sections of society, where people with disabilities were grouped with women, children, scheduled castes, and tribes. The state in India, following the colonial directives, initiated welfare schemes for them and started to normalize people with disabilities to the extent possible (Ghosh, 2012). However, social stigma and the lack of adequate healthcare facilities created an environment of discrimination and the exclusion from society. In the 1950s, the National Council for Handicapped Welfare



started to roll out disability rehabilitation programs in the country (Mehrotra, 2011), also using medicalized concepts, definitions, and ideas of disability, with little input from people with disabilities.

The Census of India operations excluded disability as a category until 1971, reflecting general apathy towards people with disabilities. In 1981, disability as a category was reintroduced into the Census where the terms used — “totally blind,” “totally dumb,” and “totally crippled” reflected the larger mindset of the state administration. The data generated from the Census led to the initiation of education programs for disabled children like the Integrated Education of Disabled Children scheme (IEDC) in 1974 and the Project Integrated Education for the Disabled (PIED) in 1987. Both these schemes however were focused only on the educable categories of people with disabilities: the blind and the locomotor disabled. Most of these programs met little success due to lack of infrastructure or trained teachers, and the negative attitudes of society affecting integration of disabled students in mainstream classrooms (Advani, 1997, Mani, 1988). With the coming of Universal Primary Education in 1997, all children with disabilities were technically deemed to be eligible for education, but the actual implementation of the programs left much to be desired (Ghosh 2016).

In the 1990s, the first legal frameworks specifically for persons with disabilities began to emerge in the form of the Persons with Disabilities (Equal Opportunities, Full Participation and Protection of Rights) Act 1995 (also referred to as PWDA 1995), and The National Trust Act 1999 for persons with cerebral palsy, intellectual impairment, autism, and multiple disabilities, mostly in response to international pressures and the discourses emerging from the West. Thus, these laws borrowed heavily from the social model of disability in terms of

individual rights and entitlements guaranteed to persons with disabilities but adopted medicalized definitions of disability (Ghosh 2022). As Dhanda (2008) has argued, the welfarist approach ensured access to social and economic rights, which were seen as progressively realized based on availability of resources. Entitlements were protectionist in nature, with concessions granted to persons with different disabilities in higher education, and reservation of specific posts in government services and legal guardianship promoted overtly for certain groups of disabled people perceived to be more dependent. On the other hand, the absence of civil political rights from the disability rights discourse with their immediate availability and justiciability meant that persons with disabilities had to continually negotiate for their rights (Dhanda 2008). Yet the PWDA 1995 recognized attitudinal, social, and environmental barriers in its text, which was the result of the efforts of disability rights activists, who promoted the language of the social model during the framing of the law.

Drawing inspiration from the UNCRPD 2007, the Rights of Persons with Disabilities 2016 talks of disability as diversity, yet names disability using medical terms. While the UNCRPD clearly avoids any medical terminology in the definition of disability, Indian laws, even while acknowledging the UNCRPD definitions, prefer to use medical terminology in the identification and labeling of persons with disabilities. The RPD Act of 2016 lists 21 medical conditions as disabilities and lapses back into medical modes of identification, rehabilitation, and intervention, without giving due importance to the stigma and discrimination faced by persons with disabilities in everyday life. What these laws have in effect done is to provide disabled people terminology to refer to themselves, sometimes in a specific manner (cerebral palsy, blind, etc.) and at other times in a generic manner (persons with disability). Both

generic and specific terms often are used in conjunction as is illustrated in the next section where we discuss the ways in which people with disabilities and their families talk about them. As Linton (1998) points out, when persons with disabilities are designated as such by state initiative, it provides them with a tool to identify as a community, to develop a group identity and to function as a basis for political activism.

### **Postcolonial Identities and Disability Terminology**

The present-day discourses around disability in India reflect a hodge-podge of medico-legal terms blended smoothly with communitarian attitudes that imagine disabled people, and specifically women, as weak and pitiable, yet as deserving recipients of support, with complete apathy in situations of discrimination and abuse. The ways in which identities are recounted and represented shift incessantly between the individual and community, between legal and local, and between the everyday and the problematic. This is indicative of the ways in which categories are never wholly rooted in a specific spatio-temporal cultural context but rather are an ephemeral amalgamation of ideologies that retain the inherent negativity while espousing for changing attitudes. Both disabled people and their family members alternate between, using legal terminology to refer to the disability of the person in particular situations, and vernacular terms like *osubidha* or *somossya* (problems) in other situations. As most disabled people and their families have been exposed to and “sensitized” by the legal terminology, there is a tendency to refer to the medico-legal terms “cerebral palsy” or “Down syndrome” to lay claim to power as knowledge. However, the generic term *pratibandhi* (person with disability) is often used as an identity marker that is premised on politics and not on particular embodied conditions. *Pratibandhi*, in Bengali, literally means a

person who encounters multiple barriers, which could be interpreted variously. This application of a generic term could be indicative of a certain consciousness-raising, on lines of the social model that allows disabled people and their families to use such terms as an assay of power, as if claiming the term consciously can erode the social negativity associated with the terms. This is using nomenclature or terminology in a way that helps the powerless to claim power and privilege through an assertion of “knowledge.”

Likewise, Rao (2001) had highlighted the use of colloquial language that supports the inclusion of people with disabilities. Her work on Bengali families, specifically mothers, revealed the ways in which cultural use of language focused on “inconvenience” in relation to their children with disabilities, often using it interchangeably with the word “problem” and prefixed by *ektu* (*a little*). Thus, the cultural construction of “interdependence” and support ensures that the family and community accommodate people with disabilities. These socio-cultural attitudes run parallel to medical categories of the Indian policy documents, which are exclusionary, while the colloquial Bengali terms refer to the problems both to describe the disability (“physical problem,” “mental problem”) and the issues they encounter at home and in the larger society.

Two decades after Rao’s research, we found that Bengali people make regular allusions to “normal” with an immediate caveat about the minimal difference of the disabled girls and women from other girls. The mother of Rupa<sup>15</sup>, a 21-year-old girl with an intellectual disability, clearly talked of how her daughter was “*shwabhabik bachha na*” (not a

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<sup>15</sup> All names of research participants have been anonymized.

normal child) but reiterated the different ways in which she had treated her daughter as “normal,” at par with other children.<sup>16</sup> The words normal and problem are used frequently by mothers and girls and women with disabilities unproblematically which is an indication of the level of colonization of their mental make-up. Rupa’s mother presents contradictory arguments by speaking of her daughter being “*thakurer moton*” (literal translation god-like but meaning passive like an idol, for whom much has to be done (Ghosh, 2016) while also highlighting that, unlike many other disabled girls, Rupa can pass as “normal” as her disability (down syndrome) is not as apparently visible. In comparison, Puja, who has cerebral palsy, has never been able to camouflage her disability and finds herself dismissed by her father and his family as “incompetent.” Puja’s mother narrated that she was forced to move out of her in-laws’ home and live at her natal place because of the lack of acceptance by her husband’s family. Class and impairment dimensions seem to affect ways in which acceptance is affected for girls and women with disabilities within families and communities.

In rural Bengal, we spoke to some women who are part of a disabled women’s collective, and it was interesting to find they used the term “*pratibandhi*” to refer to themselves using a political-legal coinage as an identity marker, but not the medico-legal terms. When asked about their childhood and the ways in which language around disability has changed, Amita stated that “*tokhon pratibandhi katha tai chilona*” (at that time there was no word for person with disability). People referred to persons with disability by their specific impairment and not necessarily in a demeaning manner. “*Tokhon boba* (mute), *kala*

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<sup>16</sup> In Bengali language, “*shwabhabik*” means ordinary, regular, average, normal as well as natural. When mothers are using this word, the meaning they often refer to is “normal.” Source: Samsad Bengali-English Dictionary Online. <https://dsal.uchicago.edu/>

(deaf), *kana* (blind), *khoda* (lame) *esab katha byabohar hoto*” (then people used to talk in terms of physical and sensory conditions). Alia recalls when she was growing up, people used to call her “*kunji*” (person with a hunchback), using it more for description. Amita said, “when I used to go out of my house, people used to tease me by calling me *bamun* (dwarf) and gather around to watch me wherever I traveled.” Only when the women developed a disability consciousness through the collective formed some 20 years back, did they become aware of terms like “*pratibandhi*” which is generic, camouflages individual impairments, and creates a sense of solidarity crafted through a sense of discrimination (Ghosh 2022).

*Pratibandhi* appears to be embraced as more acceptable to people with disabilities as it brings to them entitlements like travel concessions, pensions and reserved seats in public transport. Within Indian languages, people with disabilities are commonly referred to as *viklang* or *apahij*, both words highlighting the bodily manifestation of impairments, while *mand budhi* refers to developmental disabilities. In all colonial and post-independence government reports the commonly used word was “handicapped,” thereby reinforcing the dependent status of disabled people. The media uses terms such as *langra/langri* (cripple), *andha/ andhi* (blind), *behra* (deaf), *pagal* (mentally insane) for referring to different impairments (Ghai, 2003). The present state has officially adopted the term *Divyangjan*, a term replete with religious connotations of divinity wherein people with disabilities are seen as being part of the divine. The word *Divyang* invests bodies with holiness to push for social acceptability of disabled people but actually reinforces the connotations of sin and punishment, and accommodation only within a charity/sympathy prism (Ghosh 2017). The state decision, however, did not seek or consider the opinions of disability activists about the coinage or its usage, which

denies agency to an entire community on the process and language of naming. This term dismisses the struggles faced by people with disabilities in everyday life and reasserts a negative social identity. In contrast to this, the word *pratibandhi*, the Bengali word currently being used to refer to people with disabilities, encompasses different disabilities; by asserting that barriers are not just physical, it moves beyond bodily connotations and pushes for an inclusive society.

### Conclusion

According to Bhabha (1994), modernity can be understood through the continual contestation of the discourse in present times and re-inscribing “other” cultural traditions into narratives of modernity and thus transforming those narratives. This negotiation calls into question both the conditions with which modernity is typically associated and the agents that lay claim to it. In naming oneself, as Bhabha suggests, one moves from the periphery to the center, and in the process, transforms the understanding of “modernity” from and about which one speaks. In the case of disability, possibly one of the most marginalized and silenced groups of people in India, this claiming of identity and manipulation of discourse has been minimal from historical eras until the present day. The historical discourses of disability in India have always had parallel strands, where social ideologies about disabled people have coexisted with their everyday lived experiences in almost contradictory frames.

The tropes of disability in ancient and medieval India represented disabled people as incapable, weak and evil in mythological stories, religious texts and political canons, and envisaged partial and condition inclusion in everyday activities. Yet there are examples of

people with disabilities playing useful roles in society as spies, singers and entertainers<sup>17</sup> which indicates inclusion in larger community-level processes (Miles, 1999, 2007). The colonial discourses of disability, expressed through the language and process of Census operations, however ignored much of these formulations and lived experiences, to bring about a transition from social inclusion, however partial, to ideas of perceived social exclusion, and a missionary zeal to reform. The colonial project of crafting the census category of infirmities allowed the colonial administration to push its project of modernizing the Indian masses. Over time, these colonial categories have come to dominate the existence of disabled people in India as the ideologies of disability became entrenched in social life and practices. The state in Independent India has done little to challenge the medicalized lens of the colonial discourses, remaining happy to promote charity and welfare for disabled people. Despite being a signatory to international treaties of human rights and enacting several rights-based legislations, the state in India knows disabled people through the discourse of dependence, clearly evident in the listing of particular categories of government jobs for particular groups of disabled people and the continuation of compulsory legal guardianship.

The discourses of disability across historical eras, thus have always maintained and projected negative ideas about disabled people and their abilities. Such discourses have always been couched in the language of power and abjection, where language has itself been used to categorize persons with disability, both at the level of the state and at local

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<sup>17</sup> People with disabilities were employed as singers in royal courts, sometimes they were the ones who memorized the history of tribes and carried on the traditions to future generations, some learned skills and became efficient craftspeople. Some were given jobs to make notes of secret documents in royal courts during Mughal times (Miles, 2007).



community levels. Bowers (1984) argued that language cannot be disassociated from the cultural context within which it occurs and the expectations about relationships between the users of the language within that context. This paper argues that, in the case of disability, the ideologies that led to formulation of official and legal categories have always been disconnected from the everyday lived experiences of disabled people. While ideologies and representation reflect the power dynamics of different historical periods in naming the other, the agency of persons with disabilities is evident from their lived experiences which point to their continued existence within communities. While colonial Census operations concretized the category of disability and bred certain kinds of exclusions, it must also be acknowledged that the pre-colonial naming of disability and the language used to represent disabled people was in sync with the colonial structuring. The colonial restructuring of the category was able to establish a cross-country uniformity of definitions, and yet the language representing the experiences of exclusion and inclusion remain rooted within communities and contexts. While medical discourses have powered much of the disability discourse in colonial and post-colonial India, the appropriation of such discourses of power by disabled people themselves has also gained traction over the last few decades of disability activism.

The tussle over naming, and claiming a name, along with the contours of usage of language, in the case of disability as structured by colonial and postcolonial discourses, continues until the present in India. Linton (1998) points out that language can convey passivity and reinforce stereotypes about disability. The present state in India uses political power to label persons with disabilities as *divyangjan*, which rallies the metaphor of divinity to compensate for bodily and mental impairments. The connection with the divine is often

cited by state actors as investing power in disabled people, which will lead to changes in social attitudes, but the term itself reinforces the negative attitudes that construct disabled people as evil and monstrous in the religio-cultural ideologies. As the state seeks to appropriate the ideological discourse of signifying disabled people in India, it erases the long struggles of disability activists who had advocated for the use of the neutral terminology, “persons with disability.” In contrast, at present the word *pratibandhi* that the disabled people in Bengal use to refer to themselves is a political coinage owned by disabled people in India. While postcolonial critical studies engage in problematizing the categories created by coloniality, it is interesting to note how the postcolonial state is crafting terminology that endorses religious ideologies and blends them with medical discourses, to negate the struggles that disabled people have been engaged in, for their socio-economic and political rights as well as for non-discrimination, respect, and dignity. The entire project of categorizing disability from a decolonial perspective therefore must prioritize the agency of disabled people to decide how they want to be named, in the light of their lived experiences within communities and in pursuance of citizenship in a post-modern globalized state.

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