
UNIT 1 DISCOURSES OF ABLEISM AND DISABLISM

Anita Ghai

Structure

- 1.1 Introduction
- 1.2 Objectives
- 1.3 Defining Ableism
- 1.4 What is Disablism
- 1.5 Disablism, Ableism and Embodiment
- 1.6 Disability, Autonomy and Care
- 1.7 Let Us Sum Up
- 1.8 Glossary
- 1.9 Unit End Questions
- 1.10 References
- 1.11 Suggested Readings

1.1 INTRODUCTION

In this block on ‘Abled Bodies and Disability’, we begin our discussion with the understanding of the notions of ableism and disablism. These two concepts are ideological positions that provide a pathway into a conceptual understanding of disability. This unit will introduce you to various perspectives, models and the social attitude towards understanding ableism and disablism in relation to gender bodies. It aims at discussing disablism as a socially constructed product of the society. Like other ‘-isms’, ableism can be insidious, and so closely woven in society that people without obvious physical or mental disabilities might not even think about their ableist attitudes and the ableist structure of their society. The intolerant attitudes of society towards disability often result in the marginalization and stigmatization of people who appear or behave differently. We will begin this unit with a definition of Ableism and Disablism before analyzing specific issues related to disablism.

1.2 OBJECTIVES

After going through this unit, you will be able to:

- Define and explain the concept of ableism;
- Analyse the concepts of ability and disability in relation to gender bodies; and
- Critically discuss the notion of the disabled body as a socially constructed identity.

1.3 DEFINING ABLEISM

We will begin by drawing our attention towards the title of the unit which explains disability in reference to ableism. Therefore, disability or disablism is, therefore, always understood in opposition to ‘able’ or ableism.

Box 1.3: Understanding Difference and Disablism

“The normative culture both in India and the world over, carries existential and aesthetic anxieties about difference of any kind be it caste, class, gender or disability. This is borne out by the people who have lived a peripheral existence on account of their deviation from the societal parameters that are considered normative leading to a creation of a living reality of acute marginalisation, discrimination and stigmatization” (TARSHI, 2010).

Every society exhibits a structural invisibility with regard to particular categories of people, who, because they do not fit into the hegemonic discourse or definition of ‘normality’, are excluded, separated and socially dis-empowered. This social and cultural apartheid is sustained by the existence of a built environment lacking basic amenities for the disabled because it solely caters to the needs of able-bodied persons. Based on research, ableism can be understood as an attitude that distinguishes disability through the parameters and appraisal of **able-bodiedness**. As a theoretical tool, ableism is hardly accountable to any forms of measure or constitution for governing the normative behaviour in the society; therefore easily locates itself in the arenas of sources of knowledge generation and accumulation. There is little consensus in the society as to what practices and behaviours constitute ableism. **Simi Linton (1998)** for example defines ableism as “include[ing] the idea that a person’s abilities or characteristics are determined by disability or that people with disabilities as a group are inferior to non-disabled people” (1998, p.9).

An ableist viewpoint holds that impairment or disability (irrespective of the type or extent of the condition) are inherently negative in nature and all efforts should be made to ameliorate, cure or, indeed, eliminate it altogether from the body and the society as well. According to another disability scholar, **Fiona Campbell**, ableism refers to “... a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability is cast as a diminished state of being human” (Campbell, 2008, p. 44). For example, the fact those children with disabilities stay apart from other students in classes, which is a reflection and reassertion of ableism. Another example of ableism is organizing class trips without checking to see if the places to be visited are accessible for

students with disabilities. Schools can overcome ableism by appropriate infra-structural and technological aids to make them more disabled-friendly, and hence less ableist to students with disabilities.

Discourses of ableism are particularly visible in the sphere of media. The usage of language such as 'normal', 'able', 'beautiful' men and women in advertising creates a dichotomy between the so-called 'able' versus the 'disabled'. Even when ability and disability are the foci in movies or on television, the representation is invariably negative across media. Since our major concern in this unit is how gender and disability intersect, let us take the situation when women are labeled as 'too emotional', 'irrational' or 'hysterical', when they retaliate against mistreatment. The labels imply that these groups are 'less-than' men because they possess these (abnormal) features. Sometimes such groups have responded to this mistreatment not by challenging the existing notion of ableism in these labels, but by proving that the labels don't fit them, thereby leaving the labels in place. e.g., women rightly fought to prove that women are not 'irrational' or 'hysterical'. But this can inadvertently leave uncontested the assumption that anyone so labeled accordingly deserves to be treated as "less-than" the other. While it is true that the specific issues for the disabled women may vary from those of non-disabled women, the reality of womanhood which includes the usual experiences and fears of a patriarchal society are bound to be similar. However, with a body that does not 'measure up' to societal norms and expectations, the situation becomes precariously unbalanced and unaccommodative.

Both women and men have to contend the ableist prejudice. **Veronica Chouinard** defines ableism as "ideas, practices, institutions and social relations that presume able-bodiedness, and by so doing, construct persons with disabilities as marginalised ... and largely invisible 'others'" (1997, p.380). In contrast, **Amundson & Taira** attribute that "ableism is a doctrine that falsely treats impairments as inherently and naturally horrible and blames the impairments themselves for the problems experienced by the people who have them" (2005, p.54). Now, we would be able to approach ableism as a heterogeneous concept, defining a set way of life, schemes and practices, those generate and construct our 'abilities'. It thus implies a precise knowledge of ourselves, our body, our relationship with other human beings, and our environment. Again, we can use the example of people who use wheelchairs who can easily be mobile but only when there is an environment where navigation in a wheelchair is possible.

Ableism not only infiltrates language and society, but it can also make it difficult for many people to get a job, compel students to leave school and college, and create social, economic and political obstacles. It can make performance of basic life tasks very difficult, especially for disabled individuals who want to live independent, active lifestyles. To be non-

disabled is to be 'not the unfortunate one' whereas disabled people may be referred to as '*bechara/bechari*'. Euphemisms such as **special, special needs, special education, differently-abled, physically and mentally challenged** are associated with the disabled body. Such euphemisms are problematic as they are very hard to unpack or operationalize in reality. Euphemisms exemplify a world where good intent and altering language norms collide, leaving the disabled in an uncomfortable location on the margins. Although, all ableist languages are used in many diverse ways, including implicit ways, euphemisms are intensely tricky because they carry the burden of both political correctness and the meaning of marginality and exclusion. For instance, the words 'challenged' and 'special' emphasize a **hierarchy of ability** that exists in the society.

Check Your Progress:

Watch any movies, daily soaps, and advertisements and analyse the role of language in constructing the meanings of ableism vis-à-vis disabilism.

1.4 WHAT IS DISABILISM?

Disabilism comprises of a set of assumptions (conscious or unconscious) and practices that promote the differential or unequal treatment of people because of actual or presumed disabilities. Disabilism has been the time-honored focus of study within disability studies. Disabilism promotes and examines the unequal treatment of the (physically) disabled versus the able-bodied. It marks the disabled as the 'Other' (the medical model of disability conceptualises bodily difference in terms of impairment requiring medical intervention, whereas, the social model puts the onus of disability not on the individual, but on the society in which he or she lives. Architectural, educational and employment barriers created by society disable the individual, not his/her body) **and like ableism, works from the perspective of the able-bodied**. In posing the question 'What is disability?' disability scholarship seeks to grasp the state of disabled people's experiences of tyranny and subordination.

1.4.1 Medical and Social Models of Disability

In 1976, the **Union of the Physically Impaired Against Segregation (UPIAS)** defined impairment as:

“lacking part or all of a limb or having a defective limb, organ or mechanism of the body (including psychological mechanisms)’, and disability as ‘the disadvantage or restriction of activity caused by a contemporary social organization which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities”(UPIAS, 1976, p.3-4, 14, cited in Watson).

In the past three decades in the developed countries, a radical paradigm shift has occurred in theorising disability, from the still powerful medical model to the social model¹ of disability. This move from a medical to social model of disability evolved from two theoretically different positions - namely social construction (predominantly in the USA) and social creation (predominantly in UK). The former sought affirmation and facilitation of difference, the latter aimed at more fundamental transformation of deep social structures. The social model explains that disability is socially constructed and it is a consequence of the existing form of arrangements in social life which exclude people with certain kinds of bodies from full participation. According to **Mike Oliver** “disability[has] nothing to do with the body and is a consequence of social oppression”(1996, p. 35). The author rightly argued that all persons with disability possess reason and knowledge; hence they should be given equal access to opportunities to participate in the public life along with the able bodied persons. The social model of disability came from the socio-political battles of disabled people to establish legislation to obtain equal rights.

One criticism of this model is the dichotomy it establishes between disability and impairment. The social model seems to deny medical and individual aspects of disability; its theoretical structure involves a denial of the significance of the body. Some academics in critical disability studies have been entering the blurred ground of the disability versus impairment discussions. While acknowledging the significance of the social model of disability in order to bring about social changes, they maintain that some problems confronted by disabled people cannot be resolved by social management.

Check Your Progress:

*Do you think disability is a product of social structure and society?
Please substantiate your answer by drawing examples from the society/
community where you live.*

1.5 DISABLISM, ABLEISM AND EMBODIMENT

So far you have learnt about various connotations and meaning of ableism and disablism in the contexts of body and society. Despite innumerable debates we cannot conclude whether the body or social arrangements are primarily the cause of disability, since the category of ‘the disabled’ itself needs to be called into question. This is especially significant when we know that disability is not a homogenous category and that it denotes a fluid and shifting set of conditions. As **Mairian Corker** points out, “Disability, like most dimensions of experience is polysemic—that is ambiguous and unstable in meaning— as well as a mixture of truth and fiction that depends on *who says what, to whom, when and where*” (Corker, 1999, p.3). For example, many disabilities such as muscular dystrophy and polio change their character as is evident from the development of post polio syndrome in young polio survivors as they become older.

Box No: 1.5.1: Difference in Disability

“There are differences in type of disability (in a reification of the mind/body split, disability is usually broken down as physical or intellectual), in impact (minor hearing loss versus paralysis), in onset (disability from birth/gradually becoming disabled/suddenly becoming disabled), in perceptibility (having a “hidden disability” and “passing” as non-disabled versus being unable to hide a disability), in variability (most disabilities change across time and space), and in prevalence (disabilities vary by sex, ethnicity, age, and environment)”(Rohrer, 2005, p. 41).

If we look at the above-mentioned connotations and attributions, we can summarize that disability in all its heterogeneity does not exist separately from ability. However, society has taken a narrow approach in understanding physical disability, i.e., it is exclusively understood within notions of able-bodiedness, and is defined in terms of weakness, and of lack with reference to norms of normality. The actual complexity, fluidity and inter-connections of the disabled-able-bodied binary can be more clearly examined when placed along other taken-for-granted binaries such as male and female. For instance, in a critique of the work of pioneering psychoanalysts like **Sigmund Freud** and **Jacques Lacan**, who gave primacy to the phallus and paid no attention to other sexual organs, feminist psychoanalyst **Luce Irigaray** argues that the female genitals are “not one” (see Irigaray in MWG 001 and 003). For her, there is no single term for the female genitals in terms of a binary opposition. What is the opposite of penis? The female body and the female genitals in particular are naturally fluid, there by unsettling the fixity of the male-female binary. Thus, Irigaray’s critique implies a denial of any fixed position between the sexes: “man’s desire and woman’s are strangers

to each other” (1985b,p. 27). Indeed, femininity is itself embedded sexual difference. Her definition of female sexuality (1985b, p. 28) is based on the female body that is considered not as one sexual organ, but as a plurality of them. Irigaray argues that a female body should not be reduced to one sexual organ, since this reiterates the masculine logic of ‘the primacy of the phallus’ which carries baggage of patriarchy ((1985b,p. 31). She is thus critical of the social system of discrimination of man from woman, since it is not just a distinction, but a privileging of man over woman, an inclusion of woman into man, whereby woman is defined in relation to man. She deconstructs the male-female binary by moving the feminine part of the binary opposition from a position of lack into one of **excess and multiplicity**. Thus, female sexuality infuses the whole body and emerges as complex, plural and multiple rather than fixed and single.

How does this idea relate to the able-bodied/disabled binary? Let us analyze the above in the context of Irigaray’s formulation, namely, ‘what is the opposite of the able body? Do we accept that disabled bodies, like female genitals are changeable and fluid, since they disturb the fixed construction of the able-bodied as ‘one’. As Inahara (2009) says, ‘Disabled bodies are ‘not one’. Therefore, representing all people by only one body, the able body, and defining physical disability as the supposed opposite of this mythical able-bodied, needs a critical examination’. To cite Inahara (2009), “the concept of disability does not exist separately from that of ability. Physical disability is enveloped within the able-bodied, and is reduced to a position of weakness, of lack. It is defined as what the able-bodied is not. ... I maintain, therefore, that all people are represented by only one body, the able body, and that physical disability cannot be defined except as the supposed opposite of the mythical able-bodied (2009, p. 52)”. As with the category of the feminine body, the able body has no stake / match in the lived experiences, and bodily forms, of those who are labeled as disabled. The able-bodied system implies that those who are labeled as disabled must to adopt an inferior position. An able person’s view of disability is the possibility of crossing the gulf between the binary of disability and ability. Consequently, the non-disabled are ‘TABs’, ‘Temporarily Able Bodied’. Moreover, unlike people of different genders or different races, non-disabled people daily experience the possibility of becoming impaired and thus can be described as disabled. In general, we can view that disability is understood and referred in relation to ability.

Box No. 1.5.2: Mythical notion of Able Body

“Any person reading the words on this page is at best momentarily able bodied, but nearly everyone reading them will, at some point, suffer from one or more chronic diseases and be disabled, temporarily or permanently, for a significant part of their lives”(Zola, 1982,p. 242).

When activists invoke the idea of TAB, it highlights how intertwined disability is in an able-bodied system, which favors the able-bodied understanding of perfection. In fact we need to address the issue of what makes disability so threatening to society, and specifically to the so-called able-bodied. The indistinctness and permeability of the body's boundaries push us towards more fluid account of identity, which is analogous to Irigaray's understanding of femininity. It is interesting to note that disabled men often are not considered masculine in most cultures. Therefore, a model of fluidity is preferable over a model that combines different bodies into one essential self based only on an able-bodied imagination and notion.

Why is it that as human beings, we are apprehensive of accepting the notion of fluidity, on which embodied subjectivity is formed and reformed? Why is the subjectivity of disabled persons defined as disembodied and disrupted? We need to move beyond this binary logic and to imagine possibilities of new spaces established by deconstructing the able/disabled dichotomy.

Shildrick argues that bodies viewed as disabled are monstrous and that our reactions to them are ambivalent. Seeking to demarcate the disabled body, she claims that we reach the point where we come to realize the *impossibility* of having a fixed and perfect body. By reading Shildrick, we can reconfigure physical disability not as a category of certain kinds of body, but *as a moment of recognition in the process of being embodied*, recognition of vulnerability, of fluidity and change. If one is positioned in a fluid system of embodied subjectivity, the notion of a fixed subject can be questioned. Hence, the definition and treatment of the disabled body can be questioned. One can thus accept the mode of corporeality which contains not simply the materiality of the body, but the manner in which it is experienced and lived by an embodied subject. As Shildrick (2002) comments, "Where visible appearance remains the privileged determinant of what it is to be disabled (although it may in fact disconcertingly offer no indication of difference), the notion of corporeality speaks to the instantiation of subjectivity itself, where - in postmodernist accounts at least - binary thinking is far more difficult to sustain" (p.18, <http://www.palgrave.com/PDFs/9780230210561.pdf>).

Check Your Progress:

Do you agree with the concept of the fluid boundaries of the body. How would this idea help us to view the abled/disabled binary in a different way?

1.6 DISABILITY, ATONOMY AND CARE

So far we have examined the concept of embodiment in relation to disability. Let us now turn the notion of autonomy. In addition to embodiment, able-bodied subjectivity also takes autonomy for granted—something which becomes a matter of doubt or denial in the case of differently embodied subject. For instance, a wheelchair is taken to symbolize disability universally. Lisa Cartwright and Brian Goldfarb note: “Purposeful mobility, like speech and gesture, is a key signifier of human agency and personal expression” (2006, pp.139-40, <http://www.palgrave.com/PDFs/9780230210561.Pdf>).

Yet the focus of the physical body is not concurrent with the phenomenal body as it is lived in all its rich and varied experience. A phenomenological understanding of the body insists that body and mind are always inseparable, that corporeal changes are inextricably reflected in changes to the embodied subject, and moreover that embodiment is a matter of process for every one of us. However, if one is defined by a form of atypical embodiment - the person ceases to be an equal, and becomes the lesser term in a hierarchical binary in which the unmarked self is dominant. Nevertheless, that dominance is maintained only at a cost, not only to the devalued other, but to the one who appears secure in her personhood. As a matter of everyday experience, it is clear that the inherent instabilities of the body always threaten to disrupt the possibility of any fixed relation between self and other. What strategies then must be in place in order to ensure an illusory security, and how they can be deciphered?

In failing to reproduce the ideal image of corporeal immunity, disabled bodies are not positioned, however, as *disempowered*. On the contrary disabled bodies are signal threat and danger insofar as they undermine any belief in the stability and consistency of bodies in general. Paradigmatically, such bodies elicit anxiety for they remind others of their own vulnerability and precariousness. The feminist philosopher, Susan Wendell, who has chronic fatigue syndrome, makes the point: **If we tell people about our pain, for example, we remind them of the existence of pain, the imperfection and fragility of the body, the possibility of their own pain, the inevitability of it. . . . They may want to believe they are not like us, not vulnerable to this; if so they will cling to our differences, and we will become ‘the Others’** (1996, pp. 91-2).

Psychologically, it is uncertain whether we can distinguish between *mastery as power over another*, and *mastery as a defense against anxiety*. Unfortunately, one way to deal with anxiety is by the exercise of power and control. While one mode of manifestation of power is domination, another equally important mode is benevolent concern for others. While the disabled might condone the gesture, it is clear that caring behaviour may also limit

the autonomy and freedom of those with disabilities. Taking responsibility for another, even claiming empathy, is also rarely uncomplicated but essentially communicates the feeling of an unwillingness to engage on equal terms with the other. Many disability scholars would vouch for the damaging consequences of an insecurity which manifests as a need for mastery over the supposed threat of disability to the normative order. According to **Julia Kristeva (1982)**, abjection is “what disturbs, identity, system and order ... that which ‘does not respect, boundaries, positions, rules: The in between, the ambiguous, the composite” (Kristeva, 1982, p. 4). Her point is that the abject is never fully expelled. It causes anxiety at the level of the coherence and stability of the identity.

We can thus summarize that embodied subjectivity depends on a phenomenological boundary with a world of others and there remains, a powerful desire for, and expectation of, clearly delineated bodily limits and boundaries. We must then tirelessly make the distinctions between self and other, and between categories of others. Given that no interaction is entirely without risk to our fragile sense of self, the relations between self and other cannot be stable. This may also explain why the medicalized understanding of individual pathology has held influence for so many decades.

As **Michael Bérubé** notes, “the instability of disability (is) a device for destabilising all categories of identity” (2002, p. x). Such a realization is the ground for an ensuing tension between the implicit fears that would silence or evade disability and the optimistic hope for change that is not about ending the multiple insults to disabled people. It would also help to open up the discourse to the very instability that disability embodies. So the possibilities for a different subjectivity are enormous. Such an alternate subjectivity would enable the disabled to be assessed by norms which do not exclude them. In this regard, we also need to interrogate the obsession with ‘body-perfect’, an attempt which by its nature is destined to failure. If the disabled body can ask questions of the able-bodied ideal, such an ideal would be exposed as an illusion. From a feminist view point it is significant to look at the relationship between contemporary notions of individual agency and the particular horror that disability might evoke. While suffering associated with disability is assigned a negative value, suffering that is inflicted voluntarily on the self in order to achieve physical perfection is valorised. Women and men are experiencing everywhere a styling of body, soul and mind. You would have already come across the concept of the beauty myth and its damaging consequences on women in the unit on Commodified Body (Unit 4, Block 1) of this course. Everyday bodies pursue the aesthetic perfection of their bodies in beauty parlors, gyms as well as clinics which provide cosmetic surgery services. This in itself is indicative of the relationship of body with technology. In contemporary India the technology of prenatal determination of foetal

characteristics has disadvantaged both girls and the disabled. With the advent of these technologies more and more pregnant women are encouraged by doctors to go in for prenatal screening. You would be reading about impact of reproductive technologies on women's body in the unit on "Reproductive Technology" (Unit 2, Block 3) of this course. The new reproductive technologies have eugenic potential as they reinforce the notion that there is an ideal of physical and mental perfection that humanity must aspire to. Such a position considers most differences as deficits. Thus disability is a reminder of one of the limits of technological transformations. Exploring this incomprehensible body is therefore a complicated task and needs to be approached with sensitivity.

Thus, both women and men need to explore our subjectivities from our own embodied experiences. We need to question the power of the negative view on the disabled body. It is also necessary to interrogate ableist constructions in which the disabled body has been excluded. Embodiment needs to be evaluated while taking into consideration the fluidity and diversity of disabled subjectivity. The binary antagonism between the whole body and nothing becomes destabilized once the abilities of the "disabled" are recognized.

1.7 LET US SUM UP

This unit would have helped you to understand ableism and disableism as a structure of binary oppositions, by engaging with issues of fluidity, identity, and subjective embodiment. Thus the able-body as a fixed category may be deconstructed since ability and disability can be seen from the lived experiences of individual gendered bodies. In other words, all of us - however we are individually embodied - are more or less conscious that our bodies demand attention. But we should not suppose that the embodied self can be perfect. Thus, the contrast between ability and disability opens up the possibility for blurring boundaries between these two categories and there by imagining newcreative potentialities.

1.8 GLOSSARY

Apartheid : The term apartheid, from Afrikaans for "apartness," was the official name of the South African system of racial segregation which existed after 1948. It became more widely known, South African apartheid was condemned internationally as unjust and racist and many decided that a formal legal framework was needed in order to apply international pressure on the South African government.

Disability Studies : In 1993, the society for disability study adopted an official definition of “Disability Studies” as “examines the policies and practices of all societies to understand the social, rather than the physical or psychological determinants of the experience of disability. Disability Studies has been developed to disentangle impairments from the myths, ideology and stigma that influence social interaction and social policy. The scholarship challenges the idea that the economic and social statuses and the assigned roles of people with disabilities are the inevitable outcomes of their condition (see www.en.wikipedia.org/wiki/Society_for_Disability_studies, accessed on 16th December, 2011).

Euphemism : Euphemism is a substitution for an expression that may offend or suggest something unpleasant to the receiver, using instead an agreeable or less offensive expression. Euphemisms may be used to hide unpleasant or disturbing ideas, even when the literal term for them is not necessarily offensive. This type of euphemism is used in public relations and politics, where it is sometimes called doublespeak. Sometimes the use of euphemisms is equated to politeness.

Eugenics : It is the applied science or the biosocial movement which advocates the use of practices aimed at improving the genetic composition of a population with specific referring to human populations. Eugenics was widely popular in the early decades of the 20th century, but by the late 20th century it had fallen into disfavor, having become associated with Nazi Germany.

1.9 UNIT END QUESTIONS

- 1) Define ableism and disablism. Discuss it in relation to gendered bodies.
- 2) How do discourses of disablism conceptualise the women’s body? Discuss with suitable examples.
- 3) Discuss the theoretical conceptualization of disability.

1.10 REFERENCES

Amundson, Ron, and Gayle T. (2005). 'Our Lives and Ideologies: The Effects of Life Experience on the Perceived Morality of the Policy of Physician-Assisted Suicide'. *Journal of Policy Studies*, (16)1, 53-57.

Campbell, Fiona A. Kumari (2008). 'Exploring Internalized Ableism using Critical Race Theory'. *Disability & Society*. (23) 2, 151 - 162.

Chouinard, Vera (1997). 'Making Space for Disabling Difference: Challenges Ableist Geographies'. *Environment and Planning: Society and Space*. 15, 379-387.

Corker, M. (1999). 'Differences, Conflations and Foundations: The Limits to 'accurate' Theoretical Representation of Disabled People's Experience'. *Disability and Society*. 14(5), 627-642.

Goodley, D. (2007). 'Becoming Rhizomatic Parents: Deleuze, Guattari and Disabled Babies'. *Disability & Society*, (22) 2, 145-60.

Hughes Bill Paterson Kevin (1997). 'The Social Model of Disability and the Disappearing Body: Towards A Sociology of Impairment'. *Disability & Society*. (12) 3, 325± 340.

Inahara Minae (2009). 'This Body Which is Not One: The Body, Femininity and Disability'. *Body & Society* SAGE Publications (Los Angeles, London, New Delhi, Singapore and Washington DC), (15)1, 47-62.

Irigaray, L. (1985a). *Speculum of the Other Woman*, trans. G.C. Gill Ithaca, NY: Cornell University Press.

Irigaray, L. (1985b). *This Sex Which is Not One*, trans. G.C. Gill. Ithaca, NY: Cornell University Press.

Kristeva, J. (1982), *Powers of Horror, An Essay on Abjection*. New York: Columbia University Press.

Kristeva, J. (1982). *Powers of Horror, An Essay on Abjection*, trans. L. Roudiez. New York: Columbia University Press.

Linton, S (1998). *Claiming Disability*. New York: New York University Press.

Merleau-Ponty, M. (1962). *Phenomenology of Perception*. London: Routledge and Kegan Paul.

Michalko, Rod (1999). *The Two in One: Walking with Smokie, Walking with Blindness*. Philadelphia: Temple University Press.

Oliver, M. (1990). *The Politics of Disablement*. Basingstoke: Macmillan.

Rohrer, J. (2005). 'Towards a Full-Inclusion Feminism: A Feminist Deployment of Disability Analysis'. *Signs*, (31)1, 34-63.

Shildrick, Margrit (2002). *Embodying the Monsters: Encounters with the Vulnerable Self*. London: SAGE.

Siebers, Tobin (2008). *Disability Theory*. Ann Arbor: University of Michigan Press.

TARSHI (2010). Sexuality and Disability in the Indian Context, Working Paper.

UPIAS, UPIAS (1976). *The Fundamental Principles of Disability*. London.

Wendell, Susan. (1996). The Rejected Body: Feminist Philosophical Reflections. In Zola, I. K. (Ed.),

Social & Cultural Disincentives to Independent Living. *Archives of Physical Medicine and Rehabilitation*, 63.

[Http://www.palgrave.com/PDFs/9780230210561.pdf](http://www.palgrave.com/PDFs/9780230210561.pdf). Accessed on 18th October, 2012.

<http://www.palgrave.com/PDFs/9780230210561.Pdf>. Accessed on 18th Oct, 2012.

1.11 SUGGESTED READINGS

Campbell, Fiona A. Kumari (2008). 'Exploring Internalized Ableism using Critical Race Theory'. *Disability & Society*. (23) 2, 151 - 162.

Rohrer, J. (2005). 'Towards a Full-Inclusion Feminism: A Feminist Deployment of Disability Analysis'. *Signs*, (31)1, 34-63.

Hughes Bill Paterson Kevin (1997). 'The Social Model of Disability and the Disappearing Body: Towards A Sociology of Impairment'. *Disability & Society*. (12) 3, 325± 340.

TARSHI (2010). Sexuality and Disability in the Indian Context, working paper.