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Abstract	<p>One of the issues confronting higher education in India is inequitable access to different social groups. Among the prominent disparities leading to inequity in higher education participation, disability does not figure in the collective consciousness of various institutions. In this chapter, I will propose that a clear delineation between the role and function of Enabling Units and Disability Studies Centres must be understood and respected since the genesis of the two ideas, namely, service and knowledge, traditionally follows different routes to achieve a common goal, that of improving the status of persons with disabilities in the society. However, an overlap in the nature of the products of the sectors is unavoidable and in fact not entirely unwelcome if disability studies were to act as the ‘theoretical arm’ of the disability rights movement. However, this ultimate situation need not obfuscate the difference in the origins of paths taken. Apart from seeking clarity of purpose in policy documents, this paper importantly raises the question of the contribution of knowledge to service (and vice versa) and proposes the notion of a subfield ‘Disability Studies Extension’, a thorough understanding of the nature of which is essential for identifying either service or knowledge.</p>	
Keywords	Disability studies - Equal opportunity - Higher education - Well-being - Oral history	

Chapter 7

Service and Knowledge: The Emergence of Disability Studies Extension



Tanmoy Bhattachary

Abstract One of the issues confronting higher education in India is iniquitous access to different social groups. Among the prominent disparities leading to inequity in higher education participation, disability does not figure in the collective consciousness of various institutions. In this chapter, I will propose that a clear delineation between the role and function of Enabling Units and Disability Studies Centres must be understood and respected since the genesis of the two ideas, namely, service and knowledge, traditionally follows different routes to achieve a common goal, that of improving the status of persons with disabilities in the society. However, an overlap in the nature of the products of the sectors is unavoidable and in fact not entirely unwelcome if disability studies were to act as the ‘theoretical arm’ of the disability rights movement. However, this ultimate situation need not obfuscate the difference in the origins of paths taken. Apart from seeking clarity of purpose in policy documents, this paper importantly raises the question of the contribution of knowledge to service (and vice versa) and proposes the notion of a subfield ‘Disability Studies Extension’, a thorough understanding of the nature of which is essential for identifying either service or knowledge.

Keywords Disability studies · Equal opportunity · Higher education · Well-being · Oral history

This is a revised version of a presentation titled ‘Service and Knowledge: The Role of Disability in Higher Education’ made at the ‘Disability Studies in India: Reflections on Future’ conference, 6–7 February 2015, held at Jawaharlal Nehru University, New Delhi. Parts of sections 1–3 of the present paper constitute a modified version of my submission to the University Grants Commission, New Delhi, as a convener of the Expert Committee entitled on ‘Review and Revise the Rules, Schemes and Provisions concerning the Disabled Students and Teachers’ (July 2012–July 2014). Although there have been some changes since 2015, with a change in the central government, in the relevant policies (especially with the passing of *The Rights of Persons with Disabilities Act, 2016*, which was in making since at least 2012 during the previous Congress government regime), the ground realities have hardly altered—and in fact have become starker due to more elusive policy instruments, making all the arguments presented retain their relevance.

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1

19 Introduction

20 Discrimination on the basis of caste, ethnicity, race, religion, gender, etc. leads to
 21 exclusion at various levels in society. Such exclusionary practices are systematic and
 22 directed against both individuals and groups. In our part of the world such stories
 23 of social exclusion are encountered daily at both individual, anecdotal and national
 24 narrative levels, the extent of oppression, and therefore exclusion, differing only
 25 across regions, groups and cultures. Negative attitude and belief against a group
 26 leads to prejudice and stereotyping, but discrimination is negative behaviour when
 27 a particular group/individual is denied rightful services and entitlements. The terms
 28 exclusion and discrimination may mean slightly different things but their effects are
 29 similar (Thorat and Lee 2006). Five of the most common forms of discrimination
 30 the world over are (i) unequal recognition before the law; (ii) unequal education;
 31 (iii) unequal employment; (iv) unequal freedom of movement; and (v) lack of trans-
 32 portation (Shapiro 1999). It is hardly surprising therefore to find that persons with
 33 disabilities are discriminated against in exactly these areas.

34 One of the issues confronting higher education (HE) in India, for example, as
 35 per University Grants Commission's (UGC) XI Plan (UGC January 2011b),¹ is iniquitous
 36 access to different social groups. Among the prominent disparities leading
 37 to inequity in higher education participation are rural–urban, interstate, inter-caste,
 38 inter-religious group, gender, occupation, and poor–non-poor. It is therefore but
 39 expected that even a plan document misses out on disability and thus no mention
 40 can be found of the other, obvious dyad of disparity, namely, 'abled–disabled' in line
 41 with the marginalised dyads.

42 The NITI-Aayog was established in January 2015 replacing the Planning Com-
 43 mission by the new government that came to power in 2014. As part of the so-called
 44 Sustainable Development Goals, one of the NITI-Aayog goals, Goal 10, is to reduce
 45 inequalities within and among countries, which makes gestures towards reducing
 46 inequality from the perspective of disability. Though the discourse on the surface
 47 has thus changed, there is no report or study to show that there is any change in the
 48 ground realities.

49 As will be pointed out soon, various schemes and provisions that by definition
 50 should ideally include disability within their ambit do not do so, leaving persons with
 51 disabilities without the benefit of availing such schemes or enjoying the provisions. It
 52 will also be pointed out, that this is not by design, going by the history of *accidentally*
 53 bypassing the disability agenda world over across a variety of sectors and provisions;
 54 in other words, disability simply does not figure in the collective consciousness of
 55 even well-meaning group of bodies.

56 In this paper, I will show that the process of policy formation at the national level
 57 is much to blame. More specifically, with reference to policies on disability in higher
 58 education, I will propose that a clear delineation between the role and function of two
 59 bodies, namely, enabling units and disability studies centres, must be understood and

¹However, the XII Plan (duration 2012–2017) did have a detailed mention of disability in chapters on education and social inclusion and had Articles 24.210 to 24.226 devoted solely to disability.

60 respected, not only to overcome unnecessary overlap of functions, thereby ensuring
 61 proper utilisation of funds, but also because the genesis of the two ideas, namely,
 62 service and knowledge, though meant to achieve a common goal, that of improving
 63 the status of person with disabilities in the society, traditionally follow different
 64 routes to that goal.

65 In keeping with this line of thought, the present paper is strongly guided by the
 66 principle that Enabling Units must solely devote to the Services philosophy, to the
 67 extent that such services lead to generation of knowledge, especially in the building
 68 up of databases, leaving the space for interaction with agencies solely devoted to the
 69 Knowledge philosophy to disability studies centres. This proposal is further discussed
 70 in detail in section “Service and Knowledge Through Disability Studies Extension”.

71 In the first half of the paper, that is, sections “Strategies to Address Inequity in
 72 HE” and “Disability Studies Centres (DSCs)”, I suggest that to ensure initiation
 73 of a Disability Studies (DS) programme and research in HE in the country, a two-
 74 pronged strategy of (i) strengthening the existing UGC schemes/infrastructure and
 75 (ii) proposing new schemes is required. As a background to this suggestion, I will take
 76 up one of the older plan documents, namely, the 12th Five Year Plan (UGC 2011c),
 77 for the purpose of illustration. It will be shown that among the three objectives of
 78 access and expansion, equity and inclusion, and quality and excellence outlined as
 79 priority areas for increasing access to HE, a consolidation of the existing schemes
 80 and proposing of newer ones in the last two of these areas will considerably alter the
 81 higher educational possibilities informed by a disability perspective.

82 **Genesis of the Existing Schemes**

83 *Inequity in HE*

84 Inequity in HE has been a concern, and UGC and Planning Commission—and by
 85 extension, the present NITI-Aayog—have had specific recommendations to improve
 86 the situation. For example, among the various recommendations made by the Plan-
 87 ning Commission, there were a few that were directed towards improving the quality
 88 in HE. Under quality improvement, one of the schemes that was suggested in the X
 89 Plan (2002–2007) was the ‘Innovative Programmes’ which encourages new ideas,
 90 courses, etc. in interdisciplinary and emerging fields, that among other things, influ-
 91 ence societal growth. Disability Studies being clearly an interdisciplinary field of
 92 studies—and emerging—it should find a natural home within this scheme. However,
 93 the programme was discontinued through a notice dated 27 June 2013 by the UGC.

94 NITI-Aayog, which replaced the Planning Commission, has provided very little
 95 cheer to the disability sector, and in fact, as a result of often ambiguous and unclear
 96 framing of objectives, has made evaluating and critiquing the various strands difficult.
 97 In addition, if we look at the list of initiatives taken by the NITI-Aayog so far, there
 98 is nothing that comes within the purview of disability, where disability figures is in

99 one of the so-called ‘verticals’—social justice and empowerment (SJ&E)—which is
 100 a nodal division of the Ministry of Social Justice and Empowerment, Ministries of
 101 Tribal Affairs and Minority Affairs.

102 Within SJ&E, if we look at the achievements reported for the years 2017–18 and
 103 2018–19, the concern for the disability sector is dismal. An analysis of the total
 104 achievements for these two periods showed that disability-related proposals figure
 105 in only one of the broad sub-areas listed under achievement, namely, SFC and EFC,
 106 that is, Standing Finance Committee and Expenditure Finance Committee memo-
 107 randums to be taken note of by the nodal ministries. For both the periods, a total of 4
 108 EFCs/SFCs each out of a total of 51 and 47 items listed under achievement for each
 109 year, respectively, are listed that have anything to do with disability; this makes the
 110 percentage a mere 8%. This is a very poor scale by any standard, and especially for a
 111 government that has made very loud announcements for various schemes throughout
 112 its tenure so far and have even given a new name to the community of disabled people
 113 with a lot of fanfare and publicity (Bhattacharya 2016a, 2017).

114 ***Strategies to Address Inequity in HE***

115 From the preceding discussion, it becomes clear that the newer ways of policy docu-
 116 mentation (where there are in fact very few actual policy ‘documents’ but very
 117 flashy websites with ultramodern terminology, like ‘tinkering labs’, ‘incubation cen-
 118 tre’ and ‘ideation’, as in NITI-Aayog) is a clever way of abdicating responsibilities
 119 and commitments to the disability sector. For this reason, I will take up for illustra-
 120 tion the various other schemes in the past policies where a Disability Studies (DS)
 121 component or essential thrust area could have easily come under their ambit. Like the
 122 *Innovative Programme* scheme (see section “[Centres for Study of Social Exclusion](#)
 123 [and Inclusion Policy \(CSSEIP\)](#)”), there were at least three other UGC schemes that
 124 offered this opportunity:

- 125 (i) Centres for Study of Social Exclusion and Inclusion Policy (CSSEIP),
- 126 (ii) Human rights and
- 127 (iii) CPEP.

128 Each of these will be discussed in turn.

129 **Centres for Study of Social Exclusion and Inclusion Policy (CSSEIP)**

130 This scheme falls within the area of value-based education that was emphasised in
 131 the XI Plan (2007–2012) in order to instil values of equity, justice, human rights and
 132 social inclusiveness in the learners; it was prosed as part of the XII Plan (2012–2017)
 133 guidelines. To support research on the issue of Social Exclusion and inclusion which
 134 has theoretical as well as policy importance, the UGC had established teaching-
 135 cum-research centres in universities called ‘Centres for Study of Social Exclusion

136 and Inclusion Policy'. By March 2011, 35 centres were functioning in 35 universities.
 137 During 2010–11, a total grant of Rs. 3.41 crores (34.1 Million) was provided to eight
 138 centres.

139 The motivation behind setting up such centres is the belief that social exclusion
 140 encourages inequality and deprivation in society, apart from generating violence,
 141 tension and disruption. It is understood that Scheduled Caste (SC), Scheduled Tribe
 142 (ST) and religious minorities experience systemic exclusion in all spheres. It was
 143 felt that the institutions of higher learning need to address this issue.

144 It is very instructive to look at the objectives of these centres as mandated by the
 145 UGC:

- 146 – Conceptualising discrimination, exclusion and inclusion based on caste/ethnicity
 147 and/or religion.
- 148 – Developing understanding of the nature and dynamics of discrimination and
 149 exclusion.
- 150 – Contextualising and problematizing discrimination, exclusion and inclusion.
- 151 – Developing an understanding of discrimination at an empirical level.
- 152 – Formulating policies for protecting the rights of these groups and eradicating the
 153 problem of exclusion and discrimination.

154 It is very clear that each one of these objectives also apply equally strongly to
 155 persons with disabilities, sometimes differing in terms of the tools of oppression,
 156 but historically the groups are subjected to similar oppression. The realisation that
 157 disability is another such socially excluded and, therefore by definition, an oppressed
 158 class, came slowly in the history of ideas and various movements. The sociopolitical
 159 upheavals the world over in the late 60s, and early 70s also saw the beginning
 160 of a rights-based movement within this sector. If we understand that feminism as a
 161 movement is naturally sympathetic to oppressed classes of the society, it is surpris-
 162 ing to see that the movement did not consider the problems and issues of women
 163 with disabilities for a long time. It is not very surprising then to see disability not
 164 included in most of the schemes of the government in spite of this obvious con-
 165 nection. CSSEIP similarly does not include persons with disabilities as a group that
 166 should automatically have been a part of such a scheme.

167 Similarly, if we take an excursion on a current equivalent of this point, yet another
 168 'vertical' of the NITI-Aayog that deals with some aspect of disability is the Human
 169 Resources Development (HRD) vertical which is a nodal division of the Ministry of
 170 HRD. Among the four areas that come under this vertical's cover is area (c): areas
 171 of special focus such as education for girls, Scheduled Castes, Scheduled Tribes,
 172 Minorities and also *Children with Special Needs* (italics mine).

173 It is also crucial to mention in the context of our discussion here (that is of the
 174 current updates of the Plan policies) that 'during 2018–19, the HRD vertical actually
 175 participated in activities related to 12th Plan schemes²'. This makes the comparison
 176 of the Plan schemes and their current updates relevant and instructive.

²See <https://www.niti.gov.in/index.php/verticals/human-resource-development/achievements-in-the-year-2018-19> (accessed August 2019).

177 As far as achievements of this vertical are concerned, not surprisingly, there is no
 178 mention of any disability-related issues in either of the 2017–18 or 2018–19 reports.
 179 Thus, exactly as the analysis in this section shows, in spite of obvious connections
 180 to disability (and in this particular case, in spite of literally stating that the HRD
 181 vertical covers among other areas the area of children with special needs), concerns
 182 of disability are simply bypassed.

183 In my analysis of the then current situation in my submission in 2012 to the UGC
 184 (see note 1) with respect to a representative sample of the 35 existing centres, set up
 185 under the XII Plan, reveals that although 30% of them had a disability-related objec-
 186 tive, none of them have any research output, activity (seminar, conferences, work-
 187 shops and special lectures) or degrees in disability. Only one of them had a research
 188 associate specialising in a disability-related field. Thus, although disability falls
 189 within the ambit of social exclusion in almost exactly the same lines as other forms
 190 of exclusion, disability as a sector/oppressed group is simply forgotten/bypassed in
 191 this context of higher education.

192 In a notice dated 18 October 2017 by the UGC, CSSEIP scheme was extended
 193 up to 30 March 2019; it is not clear what the current status of the centres in different
 194 universities is.

195 **Human Rights and Value Education (HRVE)**

196 In order to promote human rights teaching and research at all levels of education, UGC
 197 prepared a blueprint in 1985, which contained proposals for restructuring of existing
 198 syllabi, and the introduction of new courses and/or foundation courses in human
 199 rights. Introduction of undergraduate, postgraduate degrees/diplomas and certificate
 200 courses, as well as holding seminars, symposia and workshops on Human Rights
 201 and Duties Education, was encouraged with the goal of spreading awareness among
 202 the teachers, students and public. During 2010–11, 493 proposals from universities
 203 and colleges were approved by the Commission on the recommendations of the
 204 Expert Committee. An amount of Rs. 7.58 crores (75.8 million) was released to the
 205 Universities and Colleges during the year.

206 This scheme had two components: (i) Human Rights and Values in Education and
 207 (ii) Promotion of Ethics and Human Values. These basic objectives of the scheme
 208 included, among other things, sensitisation of citizens so that the norms and values
 209 of human rights and value in the education programme are realised in addition to
 210 encouraging research studies concerning the relationship between human rights and
 211 values in education and international humanitarian law. Furthermore, in the XI Plan,
 212 there were three components of the Human Rights Education scheme: (i) Human
 213 Rights and Duties; (ii) Human Rights and Values; and (iii) Human Rights and Human
 214 Development. Under these, it was believed that the violation of rights could be
 215 corrected only when the privileged persons are reminded of their duties towards the
 216 marginalised sections, and marginalised sections are gradually empowered through
 217 rights education. It is further mentioned that human rights education would extend

218 to such areas as gender equity, caste and community relations, majority–minority
219 conflicts, ‘forward–backward’ dilemma and North–South power relations.

220 Clearly, again, human rights education fell just short of legitimately and rightfully
221 including the disability sector. The scheme finds no mention in the XII Plan guidelines
222 although the 60th Annual Report does talk about it without giving any financial
223 details.

224 Centre for Potential for Excellence in a Particular Area (CPEP)

225 During XI Plan (2007–2012), the Commission continued with the 12 Centres with
226 Potential for Excellence in various universities approved in 2002 at the end of the IX
227 Plan (1997–2002) with an objective to encourage and facilitate the chosen depart-
228 ments to work together and to be able to jointly launch new innovative academic
229 research programmes. These Centres started functioning during IX Plan under a
230 scheme which was a precursor of CPEP (UGC 2011b). During the XI Plan, a Stand-
231 ing Committee shortlisted 16 more proposals of 12 universities for the final stage of
232 selection. Under this scheme, it is mentioned that ‘While there will be no preference
233 on the subject areas to be identified and/or taken up under the Scheme, it is necessary
234 that each one has to be of the inter- and/or multi-disciplinary type and be in the
235 emerging, frontier or cutting edge subject areas of regional, national and/or interna-
236 tional importance. It is expected that two or more Departments at the University will
237 be able to jointly launch these programmes’.

238 By looking at the ‘Area of specialisation to be developed’ in the 12 universities
239 granted the programme in 2002, as per the XI Plan in the Annual Report of UGC
240 2010–2011 (UGC 2011a: 164), it is clear that disability is not in anybody’s mind
241 as disability does not find a mention in any of them. Details of the new proposals
242 approved on 28 February 2011 tell almost a similar story (p. 168). Among various
243 proposed activities, launching *new and innovative* programmes/activities in inter-
244 and/or *multidisciplinary* areas is encouraged that serve as a repository of available
245 *knowledge* in the country in the particular area identified for the University.

246 Again, it is clear that in this thrust area of Quality and Excellence, a DS programme
247 will easily fit into it by being new, innovative and multidisciplinary that will add to
248 the repository of available knowledge about human condition.

249 On 29 April 2016, thus during the present government’s regime, UGC notified
250 nine new centres under the CPEPA scheme, valid until 2021, therefore clearly imply-
251 ing that the scheme continues to the present day in some manner. However, the same
252 pattern seems to repeat, that is, out of the nine centres, only in one of them, Devi
253 Ahilya Vishwavidyalaya, Indore, the focus area approved comes anywhere near a dis-
254 ability theme, namely, ‘Inclusive growth and sustainable development in tribal areas
255 of Indore’. However, this area is exclusively devoted to the growth and development
256 of the tribal population of Indore, especially Malwa and Nimar tribes.

257 *Disability Studies Centres (DSCs)*

258 Higher Education and Research Bill, 2011 (HERB) drafted by the National Com-
 259 mission for Higher Education and Research (Rajya Sabha Secretariat 2012) and
 260 presented to the Parliament for consideration include, among others, the following
 261 functions:

- 262 – promotion of a curriculum framework with specific reference to *emerging or*
- 263 *interdisciplinary* fields of knowledge and
- 264 – taking measures to enhance *access and inclusion* in higher education.

265 Any new scheme proposing establishing a DS programme, therefore, would have
 266 clearly followed the mandates of the HERB, whatever turned out to be the final fate
 267 of the said Bill.³ My recommendations to the UGC in 2014 (see note 1) for setting
 268 up DSCs in higher education institutions of the country were based on the following
 269 set of objectives, which should be of interest to any such future proposal:

- 270 – Disability being located clearly at an interdisciplinary juncture, it is to be studied
- 271 in its social, political and cultural aspects, highlighting the ‘contexts’ that give rise
- 272 to exclusion and discrimination.
- 273 – Research in disability is to be seen as a contribution and insight into methods in
- 274 the research itself and therefore must form a crucial core of a DSC.
- 275 – Lived experiences (including experience of impairment and the surrounding
- 276 contexts) as constituting a major thrust area within such a centre.
- 277 – DS to act as a repository of knowledge vis-à-vis disability and how best to use that
- 278 knowledge to bring about a ‘disability-centric’ view of academia in general.

279 In this respect, as indicated in section “**Inequity in HE**”, a clear delineation between
 280 the role and function of EOCs/EUs and DSCs must be understood and respected.

281 **Genesis of Equal Opportunity Cells (EOCs)**

282 In order to make available general development grant/assistance covering aspects,
 283 such as (i) enhancing access, and (ii) ensuring equity as the two top priorities, the
 284 UGC recommended both setting up of Equal Opportunity Centres/Cells (EOC) and
 285 facilities for persons with disabilities (PwDs) (UGC 2011d). The objectives for EOCs
 286 read as ‘To enhance the employability and success of deprived groups by emphasising
 287 on learning and creating an opportunity for them in the mainstream’, and for the latter
 288 (facilities for PwDs) as ‘To help visually challenged permanent teachers to pursue
 289 teaching and research with the help of a reader by providing teaching and learning
 290 aids’.

291 The arbitrariness and the overlapping nature of these schemes are quite clear
 292 whereas the objectives of setting up of an EOC may, by definition, include PwDs, on

³As of 24 September 2014, the then current government withdrew this bill from the Parliament.

Table 7.1 Remedial coaching scheme

 Remedial coaching for SC/ST/OBC (non-creamy layer) and minorities

In order to enable students belonging to SC/ST/OBC (non-creamy layer)/Minority communities, who need remedial coaching to come up to the Level necessary for pursuing higher studies efficiently and to reduce their failure and drop-out rate, the UGC will provide financial assistance for conducting special classes outside the regular timetable during the XI Plan

293 the other hand, facilities for PwDs is changed from a scheme for PwDs to persons
 294 with blindness or low-vision teachers only.

295 The overlap pointed out here is not a stray example; there are several cases of
 296 such overlaps that can be observed across various schemes. For example, there were
 297 other schemes which do not specifically mention PwDs in their titles, nonetheless
 298 include them in description (see Table 7.1).

299 Under the guidelines, this scheme was geared towards improving various skills
 300 and knowledge base of students belonging to different groups to bring them at par
 301 with other students in pursuing higher education (as part of XII Plan, 2012–2017).
 302 However, when talking about the fees, it is stated that disabled students (the term used
 303 by the UGC is ‘physically challenged students’) will be exempted from paying the
 304 fee, implying thereby that disabled students are also included in the scheme—perhaps
 305 under the heading ‘Minorities’.

306 If this logic is acceptable, then by extension, students with disability should find
 307 a place under the other related schemes like the following:

- 308 – Coaching for NET/SET for SC/ST/OBC (non-creamy layer) and Minorities and
- 309 – Coaching Classes for entry in services for SC/ST/OBC (Other Backward Classes)
- 310 (non-creamy layer) and Minorities.

311 The former with an eye to help students from disadvantaged groups to clear
 312 National Eligibility Test (NET) exams in order to be able to be employed in teaching
 313 positions at colleges and universities, and the latter to get jobs in Services A, B and C.
 314 However, rather arbitrarily again, students with disabilities are not even mentioned
 315 here in the description.

316 However, in order to run these various coaching classes, some centre is required,
 317 and UGC envisaged this as a major motivation for setting up of EOCs. As stated
 318 earlier, under the merged schemes, setting up of EOCs in colleges and universities
 319 was recommended in the XI Plan, and an order was notified towards this effect. It
 320 was mandated that EOC will be in charge of laying emphasis to the deprived groups
 321 for learning and creating space for them to mainstream themselves, which will run
 322 specific schemes of coaching for SCs, STs, OBCs (non-creamy layer) and Minorities
 323 in order to enhance the employability and success. A one-time grant of Rs. 2,00,000
 324 for establishing office of EOC may be provided under the scheme.

325 Although EOCs were to be set up to oversee implementation of schemes for
 326 enhancing employability and success of disadvantaged groups (including PwDs and

327 UGC 2011d: 251), their profile also included overseeing the effective implementation
 328 of policies and programmes for disadvantaged groups and to provide guidance and
 329 counselling in academic, financial, social and other matters. The cell also takes up
 330 programmes of sensitising university/college community on problems faced by these
 331 students. In short, the role of EOC as envisaged in the XI Plan was as follows:

- 332 – Running Coaching Schemes,
- 333 – Implementation of Policies and Programmes,
- 334 – Guidance and Counselling (academic, social, financial and Other) and
- 335 – Sensitising.

336 However, the meagre sum of Rs. 2,00,000 one-time grant for setting up the EOCs
 337 was never deemed enough to conduct so many programmes for a variety of groups,
 338 let alone persons with disabilities. The schemes, therefore, remained ineffective to a
 339 large extent as far as students with disabilities were concerned.

340 A Question of Nomenclature

341 Having looked at the existing schemes and their drawbacks, it can be observed that
 342 IX Plan onwards there is scope for some confusion with regards to the reach, function
 343 and nomenclature of various schemes for persons with disabilities recommended by
 344 the UGC. To see this clearly, consider the possibility that within Higher Education
 345 for Persons with Special Needs (HEPSN), there is one specific component which
 346 recommends the establishment of Enabling Units (EU) for persons with disabilities
 347 in the colleges of the country (see Table 7.2).

348 The various functions of the EUs listed in the XI Plan document of the UGC
 349 overlapped with overt, and sometimes covert, functions/roles of other schemes. In
 350 effect, the UGC recommendation makes it possible for a college to set up both
 351 an EOC and an EU, in fact, in practice, this situation has led to a certain degree
 352 of confusion and the resulting absence of implementation of various provisions in
 353 favour of students and teachers with disabilities at colleges and universities. The
 354 HEPSN scheme continues to this day, as the then union minister of HRD announced
 355 in a written reply to a Rajya Sabha question on this matter in December 2014 under
 356 the present government.

Table 7.2 Component 1 of HEPSN

Component 1
Establishment of Enabling Units for 'differently-abled' persons
In order to develop awareness in the higher education system and also to provide necessary guidance and counselling to differently-abled persons, it is proposed to establish resource units in colleges in the country, which will be called Enabling Units

357 It is suggested that the confusion with respect to nomenclature and overlapping
 358 of duties and responsibilities can be avoided if there is one Centre/Unit in the col-
 359 leges/universities to oversee *all* disability-related services and effective implemen-
 360 tation of provisions. It is recommended therefore that only the ‘Enabling Units’ will
 361 be responsible for disability-related issues in colleges and universities.

362 However, an overlap in the nature of the products of the sectors is unavoidable
 363 and in fact not entirely unwelcome. This is so because for Disability Studies to act
 364 as the ‘theoretical arm’ of the disability rights movement, an overlap in the nature
 365 of the products of the two sectors is necessary. However, this ultimate situation need
 366 not obfuscate the difference in the origins of paths taken. This necessary separation
 367 has not been understood in any of the previous documents on this issue.

368 Keeping this in mind, a typical DSC will engage in teaching, research and docu-
 369 mentation, and consultancy and advocacy. However, for a countrywide policy to take
 370 effect, a proposal for DSCs should be tempered with other schemes which address
 371 marginally differing target groups, like a scheme for refresher courses in Social
 372 Sciences and Humanities, and some in Sciences (like Basic Sciences, Behavioural
 373 Sciences, Health Sciences, Medical/Physical Sciences, ICT Applications, Genetics
 374 and Research Methodology) may integrate papers from DS in line with the existing
 375 UGC frame for refresher courses.

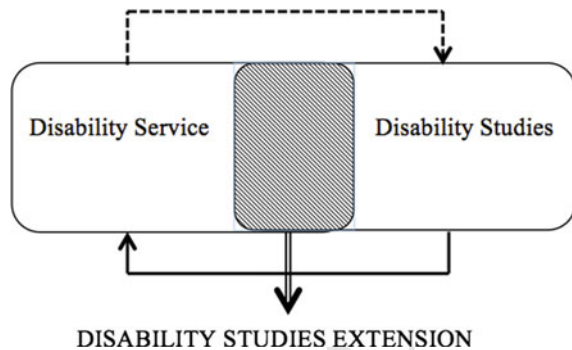
376 One of the five components in an Orientation Courses run for in-service new
 377 teachers laid down by the UGC is to develop awareness for linkages between Society,
 378 Environment, Development and Education. However, without an awareness of the
 379 interlocking effect of disability in each of these, and the role they play in the life of
 380 a person with disability, the knowledge about the linkages remain incomplete; this
 381 is so especially in the background of Equality and Human Rights being two of the
 382 suggestive topics to be taught under this component.

383 Similarly, with the recognition of the need to include more students with disabili-
 384 ties in higher education with access to the general curriculum (Humanities, Social
 385 Sciences and Sciences), there is need to incorporate more discussion about disabili-
 386 ties in such curricula in order for all to develop an understanding of the meaning and
 387 experience of disability. Given that discrimination in many cases arise also from lack
 388 of understanding of presence and participation of persons with disabilities in society,
 389 and the history of exclusion causing such discrimination, a curriculum infused with
 390 disability will go a long way in building a more equal society.

391 *Service and Knowledge Through Disability Studies Extension*

392 Having looked at some of the disability and higher education policies of the govern-
 393 ment of India, I return to the main theme of the paper, namely, the question of the
 394 connection between service and knowledge. This connection will be examined from
 395 the point of view of the nature of the ‘traffic’ between the two; in particular, I would
 396 like to believe that a knowledge of such a traffic aids in a better understanding of
 397 both a disability studies framework and the nature of service provisions.

Fig. 7.1 ‘Traffic’ between service and knowledge



398 As was pointed out in the last section, while discussing various overlaps in roles
 399 and functions of many agencies informed by disability-related policies, in particular,
 400 of EUs (section “[A Question of Nomenclature](#)”) and EOCs (section “[Genesis of](#)
 401 [Equal Opportunity Cells \(EOCs\)](#)”), that although their origins may have been guided
 402 by different philosophies (of service and knowledge, respectively), and overlap of
 403 their mutual spaces of operation is not entirely unwelcome. Such minimal overlap is
 404 desirable because disability rights-based services feed into disability knowledge or
 405 DS, and vice versa.

406 In order to better understand this concept, let us concretise it by way of the
 407 diagrammatic representation of the essential idea as in Fig. 7.1.

408 The arrows in the above figure indicate the traffic between service and knowl-
 409 edge, as can be seen, they tell their own stories. The intersection or the shaded area
 410 in between indicating Disability Studies Extension (DSE), on the other hand, is liter-
 411 ally at the centre of the present proposal; it is through an understanding of DSE
 412 that disability studies can be better framed and provisions can be most effectively
 413 administered. Coming back to the arrows, it can be seen that the traffic to (rather than
 414 from) service is a stronger connection of the two; the other way round is most often
 415 a chance happening, for example, in case of an EU or an EOC, with their dominant
 416 mandate of service, engages in disability studies related activities merely due to the
 417 presence of team members who believe in the disability studies enterprise.⁴ In cer-
 418 tain cases, years of experience of dealing with some case studies may help develop
 419 insights that inform disability studies (see below for a specific example of dyslexia).
 420 However, most often, people engaged in the service sector are seldom interested in
 421 disability studies (at least that seems to be the case in India), and as pointed out
 422 in Bhattacharya (2013, 2018), in extreme cases, a certain ‘politics of estrangement’
 423 needs to be instituted by keeping service-infused activism at abeyance. The direction
 424 of traffic is therefore almost unidirectional.

⁴This was the case for the EOC of the University of Delhi set up in 2006, which was one of the first such organisations in the country, where until 2010 five short-term courses that I initiated were run each semester that focused on both skill and knowledge, the latter clearly in the course titled ‘Disability and Human Rights’.

425 The interaction between service and knowledge, with the accompanying emer-
 426 gence of DSE, gives rise to three possible contexts, which are listed below along
 427 with some typical exemplars for each:

- 428 (i) Exclusive to each domain:
- 429 – Americans with Disabilities Act (ADA) (Disability Studies)
 - 430 – Assistive Devices (AT) (Disability Service)
- 431 (ii) Common to both (Awareness) and
- 432 (iii) Disability Prevarications (International Classification of Functioning, Dis-
 433 ability and Health (ICF), National Institute for Urban School Improvement
 434 (NIUSI), etc.)

435 The following subsections deal with each of these in order.

436 **Domain Exclusive Experiences**

437 It is not the job of the service sector to define disability or to question who is or is
 438 not a disabled person. However, case studies and/or rights-based activism within an
 439 institution may contribute towards defining disability, at least from the perspective of
 440 classification. For example, dyslexia is a disability which was not recognised as such
 441 in the then operative disability act of the country, namely, the Person with Disabilities
 442 (Equal Opportunities, Protection of Rights, and Full Participation) Act, 1995. At the
 443 EOC of the University of Delhi, from 2007 onwards, soon after the cell was set up, we
 444 had to deal with students with dyslexia seeking admission and we at the EOC were
 445 able to convince the university authorities that such students should be considered
 446 for admission to our programmes. Thus, such cases provided us an entry point to
 447 the classificational debate initiated by rights-based attempts to include dyslexia as a
 448 disability.

449 However, this is a very organisation-specific example; it was possible at the EOC
 450 of the University of Delhi because of the vision that we had brought into the workings
 451 of a primarily service-oriented organisation; it was an exception rather than the rule.
 452 And since service organisations like EOCs should work within the framework of
 453 some legality, it is obvious that in most cases they will work with official definitions,
 454 rather than attempt a redefinition.

455 Thankfully, much later, dyslexia was recognised as a disability in the Rights of
 456 Persons with Disabilities Act, 2016 as part of specific learning disabilities.

457 Americans with Disabilities Act, 1990 (ADA)

458 On the other hand, the three parts of the ADA encapsulate nuances of an order in
 459 the definition of disability that cannot be practically handled by a service sector.
 460 The relevant point about ADA being a disability studies exclusive theme is with
 461 respect to Part (C) of the Act. Both Part (B) and (C) deal with reactions of others

462 to an impairment or to a *perceived* impairment; both are considered as a disability
 463 and not impairment. This perspective lends an angle to the Act that addresses the
 464 discriminatory practices based on the misclassified or mistakenly perceived notions
 465 of limitations of individuals with disabilities. The Part (C) of the Act includes the
 466 following in its purview:

- 467 (i) persons who have impairments that do not substantially limit major life activ-
 468 ities but are treated by service providers⁵ as constituting substantially limiting
 469 impairments,
- 470 (ii) persons whose impairments are substantially limiting only as the result of the
 471 attitudes of others toward the impairment and
- 472 (iii) persons who have no impairments but nonetheless are treated as having
 473 substantially limiting impairments.

474 Part (C) of the ADA achieves something which no other acts do, namely, it
 475 acknowledges that the general bias against persons with disability creates as much
 476 hindrance as the physical ‘limitations’ that result from actual impairment. This new
 477 perspective on the definition of the term disability is designed to protect against
 478 stereotypes and other attitudinal barriers in general about disability. Common attitudinal
 479 barriers include ‘concerns about productivity, safety, insurance, liability, attend-
 480 dance, cost of accommodation and accessibility, and acceptance by co-workers and
 481 customer’ (Equal Employment Opportunity Commission 1995). Part (C) is directed
 482 at the employer and not the individual alleging discrimination, thus, the existence of
 483 an actual disability/impairment is not important.

484 As we can see, the concept of perceived disability is an advanced theoretical
 485 idea, which in its wake informs the field of disability studies in meaningful ways,
 486 consolidating the definition of disability.

487 Assistive Devices as Transhumanising Ability

488 The notion of Assistive Devices (ATs) on the other hand exclusively addresses the
 489 concerns of disability services. Since the origin of ATs lies firmly in the sphere of
 490 rehabilitation sciences, providing these facilities to persons with disabilities carries
 491 with it the concept of medicalisation of disability. Disability Studies positions itself as
 492 a counter to rehabilitation and special education which individualises disability, fash-
 493 ioning a curriculum propagating the idea that disability is an individual’s or family’s
 494 problem (Linton 1998). However, according to Campbell (2009), a disabled body
 495 poses a challenge to the purification divide as outlined in Latour (1993) between what
 496 he calls ‘translation’ and ‘purification’ since such a body in using assistive/adaptive
 497 devices challenges the normative category, whereas the project of purification would
 498 prefer to hold on to the divide between uncontrolled (disabled) and controlled (abled)
 499 bodies. On the other hand, a medicalised, rehabilitative, conceptualisation of ATs

⁵The technical term used in the Act is ‘covered entity’, which includes employer, employment agency, labour organisation or joint labour management committee.

will logically extend to what Wolbring (2012) terms ‘transhumanisation of ableism’, referring to a state of ability expectation that goes beyond the species-typical body-related activities which may lead to viewing disability-adjusted years (DALY⁶) as years lost not being enhanced.

Although the preceding discussion of ATs, especially, with reference to work by Campbell and Wolbring does provide a possible entry to disability studies related theoretical concerns vis-à-vis the place of ATs in disability studies, given that the notion of ATs has a primarily rehabilitative genesis, the topic may be viewed as falling exclusively within the domain of disability services.

Awareness as a Common Theme

Awareness-raising exercises, on the first impression, seem like a disability service related activity, if not for persons with disabilities themselves, at least for the personnel in charge of dispensing services targeted towards them. For example, while coordinating various activities in the EOC of the University of Delhi, we ran 60 awareness-raising workshops in 2 years during 2010–11. These workshops were conducted sometimes on the premises of the target group or on the premises of the EOC building. Among the various groups in the university, workshops were conducted for a variety of target groups like the engineering department, the security services and the library staff. However, a majority of the workshops were conducted at different affiliated undergraduate colleges of the university.

Awareness is also a theme in disability studies proper. For example, awareness-raising exercises involve dispelling certain prejudices and stereotypes about disability, or more importantly, discrimination that results from such stereotypes. For example, as a result of the Rehabilitation Council of India (RCI) strictly controlling approval of any disability-related courses that run anywhere in the country, such courses have churned out thousands of armies of people trained and qualified in so-called special education. A negative, medicalised attitude is a direct result of the institutionalised ‘special education’ programmes of the country.

For example, the course outline for B.Ed. (Special Education, Hearing Impairment (HI)) has modules such as teaching language, communication and school subject, audiology and aural rehabilitation, listening devices and speech teaching to the HI. Furthermore, in the earlier syllabus for the course, there was one paper that had a 60 h credit unit on ‘Facilitating Language, Communication in Children with Hearing Impairment’. However, the words ‘language’ and ‘communication’, contrary to their expectation, suggest oral, aural, oral–aural, auditory–verbal, cued speech, fingerspelling, oralism, total communication, etc. Not surprisingly, only 2 out of those 60 h, that is, 3% of the time is devoted to Sign Language. Among the suggested readings include books on speech (lip) reading, hearing aids, cochlear implants,

⁶Disability-Adjusted Life Years (DALY), years of healthy life lost due to disability, was a concept developed by the World Bank in (1993) and adopted by World Health Organisation (WHO) in the 1996.

538 assistive devices and aural rehabilitation but none on Sign Language (as pointed out
 539 in Bhattacharya 2011). In a later update of the syllabus (in 2015), the RCI split this
 540 paper into a few units across two new papers, ‘Technology and Disability’ and ‘Inter-
 541 vention and teaching Strategy’, however with no update at all in the list of books,
 542 which still do not include any book on Sign language.

543 Similarly, one of the most popular topics of awareness-raising exercises is the
 544 language of disability, especially, the usages ‘disabled persons’ and ‘persons with
 545 disabilities’. An elaboration of the history behind these two usages, for example,
 546 the first usage as a direct result of the historic struggles of the Union of Physically
 547 Impaired Against Segregation (UPIAS) in the 1970s in the UK and the resultant
 548 initiation of the social model of disability, lands one into the heart of disability studies
 549 themes. Furthermore, within the Indian context, as pointed in Bhattacharya (2016b),
 550 the relative struggles behind the person-first and disability-first language do not hold
 551 much meaning for languages which do not lend themselves to any equivalence of the
 552 post-nominal genitive order of words as ‘persons with disabilities’ and only allow an
 553 adjective followed by noun order (therefore the equivalence of ‘disabled persons’).
 554 Similarly, a discussion about the usage of Deaf/deaf brings us to the core of Deaf
 555 Studies issues about the place of sign language in a Deaf person’s life.

556 **Disability Prevarications⁷**

557 This constitutes the major area in trying to understand the nature of the Disability
 558 Studies Extension (DSE) component; in other words, the creation of a transgression
 559 or evasion of disability in theory and practice form the chunk of what is construed as
 560 part of DSE. By ‘extensions’, I do mean areas of research and policymaking that were
 561 obtained as a direct result of some of the social and political phenomena of the 1980s.
 562 The decade of the 80s saw a change in the economic structure from the universal to the
 563 diverse and different, and within social theory, the grand narratives fell out of favour.
 564 Consequently, class identity was rejected in favour of a more pluralistic, political
 565 and cultural identity. Thus, the new social theory laid emphasis on identity based on
 566 factors that lay outside of the class structure. In a famous article, Williams (1992)
 567 calls this ‘fragmentations’, which placed more and more emphasis on subjectivity
 568 rather than deterministic structures. This led to the subjective well-being paradigm,
 569 which emphasised personal satisfaction and power.

570 **Characteristics of a Disability Paradigm**

571 The characteristics of an emerging disability paradigm reflected this change in the
 572 social and economic structure of the society. For example, Schalock (2004) lists

⁷The English word ‘prevarication’ is interestingly derived from the Latin *prævaricari* ‘to straddle something’ of which the stem itself is derived from *vārus* ‘bow-legged’.

Table 7.3 Commonly used functional measure (adapted from Verbrugge and Yang 2002)

Activities of Daily Living (ADL)	Instrumental Activities of Daily Living (IADL)	Physical Limitations (PLIMs)
Bathe, dress, transfer, toilet and eat	Heavy/light housework, shop, meals, money and phone	Walk, bend, stand, steps, lift, reach, grasp and held

573 the following four main characteristics of a newer disability paradigm: (a) the con-
 574 cept of functional limitation, (b) personal well-being, (c) individualised support and
 575 (d) personal competence and adaptation. Note that each of these characteristics point
 576 towards an individualised conception, in fact, three of the four characteristics contain
 577 the word ‘personal’ or ‘individual’. Furthermore, words like ‘limitation’, ‘support’
 578 and ‘adaptation’ indicate negative stereotyping and hint towards a lack or an absence.
 579 Similarly, a focus on individuality in terms of individualised assessment of needs,
 580 though internationally adopted in the spirit of DSM IV (APA 1994), also leaves
 581 open the possibility of a neo-liberalised view of need–support. Although the earlier
 582 classification by the American Association on Mental Retardation (AAMR) of clas-
 583 sifying MR according to IQ, where 50–55 to 70 being mild to below 20–25 being
 584 severe and others falling in between, gave way to their 1992 classification based on
 585 intensity of support services, where intermittent, limited, extensive and pervasive
 586 are the categories bringing about a shift from intelligence to functioning, the new
 587 definitions of MR still had to depend on terms like support in communication, social
 588 skills and self-direction. The overt use of certain concepts employed in the three
 589 steps in diagnosis where step 1 brought back the IQ scores, step 2 had to rely on
 590 physical health and aetiology (among other things) and step 3 variously dealt with
 591 health, environment, adaptability and psychological needs are indicators of the latent
 592 semantics of dependency that continue to inform the discourse of ‘needing help’ or
 593 charity. Apart from this, as pointed out earlier, the focus on individual assessment
 594 of needs leaves open the possibility for a customisability and therefore amenable to
 595 market forces in a free economy.

596 Furthermore, a codification of functional measures further objectifies disability
 597 in terms of a limited set of functions which help conjure a limited individuality of a
 598 person with disabilities. This can be examined in Table 7.3.

599 ICF: The Agentless Body

600 Similar negative interpretation of disability can be gleaned in the well-known inter-
 601 national sources for theories and policies on disability in general, like the World
 602 Health Organisation’s (WHO) famous formulation called the ‘International Classifi-
 603 cation of Functionality, Disability and Health (ICF)’ (WHO 2001), where disability
 604 is defined in terms of ‘impairments in body function and structure’, participation
 605 ‘restrictions’ and activity ‘limitations’; primarily these are the factors that constitute
 606 what the WHO calls ‘Health Condition (disease or disorder)’. It is clear that the
 607 outwardly neutral term ‘health condition’ cannot be left to the vagaries of a possible

608 positive interpretation and is forced to be read as either disease or disorder. This is
 609 not an isolated instance, as mentioned earlier, this document became the fountain-
 610 head for several branches of specialisation that dealt apparently with disability but
 611 invariably in terms of codes that essentially retain the medicalised understanding of
 612 disability that several disability organisations started to mobilise sentiments against
 613 as early as the 1960s.

614 The following excerpt is a more common view of disability as a disease. In one
 615 of the online forums of the United Nations (UN), from 23 November 2009 to 25
 616 January 2010, the WHO moderated a discussion where the topic for Week 8 was
 617 ‘Non-Communicable diseases and Women – Subtheme –Disability’, which among
 618 other things had the following opening statement:

619 Generally non-communicable diseases (NCD) are those diseases/conditions which are not
 620 infectious in nature. These have also sometimes been called ‘Chronic diseases’ although not
 621 all chronic diseases are non-communicable. The NCD that will be highlighted for discussion
 622 on this forum include cardiovascular conditions, cancers, mental, neurological and substance
 623 use (MNS) disorders and associated disabilities.

624 It was clear that disability, or at least certain disabilities, is/are here clubbed
 625 together with disease. Not surprisingly, therefore, quite soon, one of the participants
 626 made the following response:

627 Hello.

628 ... I got surprised that the discussion about Non-Communicable Diseases and Women is
 629 including women with disability as a subject of those Non-Communicable Diseases. Many
 630 women and men around the world are fighting against that idea of being considered subjects
 631 of the medical environment! I am proud of being a woman, ...; but I am also proud of being
 632 ‘disabled’ because in my conception, being disabled is another way of being in the world!
 633 Not a disease, the problem is when because of being a disabled woman I am discriminated
 634 against. ...

635 Regards,
 636 Marita Iglesias.⁸

637 The three places of experience for human functioning in ICF mentioned above
 638 typically focus on the body and its responsibilities towards a functioning, without any
 639 cognitive ascription. For example, the first experience is body function and structures
 640 which is a body without any agency, whereas the second and third factors, namely,
 641 activities and participation, are about the body’s location and performance among
 642 other bodies and against things; in short, an objectification of the body. With this,
 643 the ICF makes sure that disability is firmly ensconced in the body.

644 Well-Being and Quality of Life

645 The second characteristics of emerging disability (i.e. personal well-being) (Schalock
 646 (2004) section “Characteristics of a Disability Paradigm”) is also defined by trends of

⁸List members could access the original posting and this reply from 12 January 2010 at <https://knowledge-gateway.org/womenandhealth/discussions/kwrncssm>.

Table 7.4 Core quality of life domains and commonly used indicators (extracted from Schalock and Verdugo 2002)

Core domains of QoL	Commonly used indicators of QoL
Emotional well-being	Contentment, self-concept, lack of stress
Material well-being	Finance, employment, housing
Physical well-being	Health, activities of daily living, leisure
Self-determination	Autonomy/control, goals and values, choices
Social inclusion	Community integration/participation/roles, social support
Rights	Human, legal

647 what Williams (1992) called ‘fragmentation’ and is reflected in social policies emanating in the 80s, whether it is due to re-emphasis on welfare state in the UK/Europe
 648 or the effects of civil rights movement in the US. This new emphasis on subjectivity
 649 and identity rather on deterministic structures is also due to what has come to be
 650 known as the ‘Postmodern Condition’ of the post-60s period. Along with the emergence
 651 of identity-based politics of the 80s, ‘personal well-being’ became a factor
 652 fuelling the renewed interest in the personal.
 653

654 The key concepts that in turn determine ‘personal well-being’ are positive psychology and Quality of Life (QoL). While the former mainly concerns with positive
 655 experiences, the latter is related to human potential in many different ways. One way
 656 to determine QoL is through core domains and indicators, as in Table 7.4 extracted
 657 from Schalock and Verdugo (2002).
 658

659 Thus, a disabled life is determined by this limited set of universal domains and particular/unique indicators. Apart from this restricted definition of a disabled life,
 660 there are other aspects of QoL that establish the entire gamut of such research as
 661 confirmed candidates for disability prevarication.
 662

663 For example, Buntinx and Schalock (2010) consider QoL to be facilitating communication between different clinical disciplines and policymakers so that they can
 664 arrive at a correct estimation of individualised support. There are at least two things
 665 wrong with this approach. First, this is what represents the modern face of study
 666 of disability, rather than disability studies—a distinction made in Schwartz et al.
 667 (2006)—where the former sees disabled persons as clients and research objects.
 668 This is also an example of alienated research (Stanley 1990) where a disabled person
 669 holds the interest of the researcher as long as that person signifies ‘enhancement of
 670 human functioning and a life of quality’ as a result of individualised support. This
 671 carries the implication that a disabled life is of lesser quality, needing enhancement,
 672 or non-functional, requiring support. Secondly, as pointed out earlier, the notion of
 673 individualised support by denying any role of the state leaves the person with disability
 674 at the mercy of the market. It is interesting to note that these models almost
 675

676 exclusively focus on intellectual disability (ID), that is because it is much easier to
677 treat persons with ID as a voiceless research mass.

678 The trend of QoL-based research is to halt the force of international sociopolitical
679 conventions applicable at macro levels by focusing exclusively on individual desire
680 and needs; the efforts to integrate the latter in a systemic fashion which addresses
681 the importance of empowerment for persons with disabilities has not taken root, the
682 veneer of a person-centred approach in this context is only that.

683 The Oral History Project: Disability as an Artefact

684 Another 1980s phenomenon that too belongs to DSE is the oral history project.
685 Ferguson (2006) lists 17 ways to ‘Infuse Disabilities into Curriculum Across Age
686 Levels’ in the National Institute for Urban School Improvement programme in the
687 US, most of which are based on the oral history project which depends upon human
688 memory and the spoken word to bring out people’s testimony about their own expe-
689 riences. For example, one of the activities is to have adults come to class to talk about
690 their lives and history in the local community, including adults with disabilities. As
691 long as this is supposed to impart the acknowledgement on the part of students that
692 disabled persons are part of the society, it serves its purpose. However, a disabled
693 person’s life is not going to be like other lives. What happens if the person starts talk-
694 ing about the problems that they face every day of their lives in the community? Will
695 the school be prepared for this? Will they be willing to accept it? Given the general
696 trend of oral history projects, it is likely that discordant voices will be suppressed.

697 Furthermore, the document (p. 5) also suggests having children do an oral history
698 interview with a family member or friend who has a disability or a family member or
699 friend who has a relative with a disability. As Shopes (2012) notes, interviews within
700 the oral history paradigm often include nothing about the workings of local power
701 even as they constitute the welcome shift towards the understanding of the everyday
702 lives of ordinary people. Thus, ‘community-based oral history projects, often seeking
703 to enhance feelings of local identity and pride, tend to sidestep more difficult and
704 controversial aspects of a community’s history, as interviewer and narrator collude
705 to present the community’s best face’ (p. 11).

706 Another activity asks teachers to ‘have students do “accessibility surveys” and
707 maps of neighbourhoods, schools and communities that identify various barriers and
708 accommodations—not just ramps and curb cuts, but also Braille, graphics, visual
709 cues and so on’ (Ferguson 2006: 5). Note that these only talk about the objectifi-
710 cation of disability, the paraphernalia associated with disability can be considered
711 as instrumentalisation of disability; again, the cognitive ascription of feelings or
712 thoughts is absent, almost as if persons with disabilities are objects themselves with
713 no feelings. Most of the other activities achieve exactly this, create just a disabled
714 body, for example, activities like showing students videos of history of eugenics,
715 having students to do ‘accessibility surveys’ of neighbourhood, discussing stories
716 with characters with disability, having students learn 20 words [sic] of American
717 Sign Language and having students learn the alphabet in Braille. Finally, the guide

718 also talks about taking students to a museum and looking for things about disability.
 719 The cycle now seems to be complete—disability has now become a frozen artefact
 720 in a museum.

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Author Queries

Chapter 7

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AQ2	Please check and confirm if the authors and their respective affiliations have been correctly identified. Amend if necessary.	
AQ3	Please check the sentence “Negative attitude and belief against a group...” for clarity and correct if necessary.	
AQ4	Please check for the usage of the term “Disability Studies” used with inconsistent casing in the entire chapter.	
AQ5	Please check the sentence “In addition, if we look at the list of initiatives taken by the ...” for clarity and correct if necessary.	
AQ6	Please check the sentence “During XI Plan (2007–2012), the Commission ...” for clarity and correct if necessary.	
AQ7	Please check the sentence “By looking at the ‘Area of specialisation ...” for clarity and correct if necessary.	
AQ8	Please check the sentence “As was pointed out in the last section, while discussing ...” for clarity and correct if necessary.	
AQ9	Please check the sentence “The intersection or the shaded area in between indicating ...” for clarity and correct if necessary.	
AQ10	Please check for the usage of the phrase ““Non-Communicable diseases and Women - Subtheme –Disability”” in the sentence “In one of the online forums of the United Nations (UN), ...” for punctuation and correct if necessary.	
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