

**AmbedkarUniversityDelhi**

**Course Outline**

**WINTER SEMESTER (January –May 2018)**

**School:** School of Human Sciences

**Programme with title:** M.A.

**Semester to which offered:** Winter semester (January – May 2018)

**Course Title:** Gendering Disability Studies

**Credits:** 4

**Course Code:**

**Course Code (old):**

**Type of Course:** Elective

**Course Coordinator and Team:** Anita Ghai

**Email of course coordinator:** anitaghai@aud.ac.in

**Pre-requisites:** There are no official prerequisites for the course except a willingness and curiosity to engage with the human predicament. A background in gender studies would be an added advantage.

**Aim:** The course is designed with an approach to introduce the postgraduates of varied disciplines to the discourse of Disability Studies and gender. Both disability and gender will be taught through psycho-social, political and cultural perspectives. Embodied with these perspectives, the students will be asked to engage with concepts like subjectivity and theories of disability, addressing issues related to the body, reproductive health, sexuality, lived reality and cultural understanding. Understanding the heterogeneity of disability as well as the significance of the intersection of disability with other social categories such as caste, class, gender and sexual orientation are also major objectives of the course. This course will encourage field orientation in which students will write a short story, a poem, a song or a biographical note in the context of the theoretical understanding that will evolve through the course.

## **Brief description of modules/ Main modules/Readings:**

### **Module 1**

#### **Introduction**

This module will explore questions of disability and gender. It will begin with an understanding of the concept of a marginal identity and then proceed to an analysis of the intersection of gender and disability in the construction of marginality.

The GS programme in AUD tries to draw upon the disability perspective by reflecting its concerns in various courses that it offers such as 'Bodies and Sexualities'. However, it would be very important to have distinct courses for specific social groups who constitute minorities within the category of gender, as well. The attempt is to make inroads into existing programmes and courses while also seeking to create spaces for distinct disciplinary domains with a unique interdisciplinary focus. This is the aim of both Gender Studies and Disability Studies. The module will, therefore, reflect on the skewed attitude of mainstream Gender Studies which, while sensitively exploring distress as a major component of a woman's life experience, excluded disabled women from focus.

There shall also be a close engagement with the reasons why the concerns of disabled women have been excluded from Gender Studies (GS) programmes. While there was/is a strong emphasis on mainstreaming women's concerns for self-development in the GS curriculum, the paradox of a hierarchy within a hierarchy is always evident because discussions about certain groups of women considered lower class and caste, tribal, and minority and disability continue to be couched in "welfare" terms.

It is important to mention, however, that while disabled women have been identified as a distinctly marginalized category, the role of disability in the construction of masculinity shall also be interrogated. There shall also be an exploration of the reasons why studies on the intersection of disability and gender have disproportionately tended to focus on women than on men.

#### **Readings**

Garland-Thomson, R. (2017). Chapter 2: Theorizing Disability: Feminist Theory, the Body and the Disabled Figure (p. 19 – 30). *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia University Press.

Ghai, A. (2002). Disabled Women: An Excluded Agenda of Indian Feminism. *Hypatia*:

*Feminism and Disability, Part 2, 17(3) .pp. 49 – 66.*

Ghosh, N. (2016). Chapter 2: Gender and Disability: Exploring Intersections (pp. 15 – 41). In *Impaired Bodies, Gendered Lives: Everyday Realities of Disabled Women*. New Delhi: RatnaSagar.

Shuttleworth, R., Wedgewood, N. and Wilson, N. J. (2012). The Dilemma of Disabled Masculinity. *Men and Masculinities, 15(2)*, pp. 174 – 194.

### Suggested readings

Clare, E. (1999). Part 1: Place (pp 17 – 28). *Exile and Pride: Disability, Queerness and Liberation*. Cambridge, MA : South End Press.

Ghai, A. (2003) Chapter 3: Disabled Women: Issues, Concerns and Voices from Within (pp. 56 – 90). In *Dis Embodied Form: Issues of Disabled Women*. New Delhi: HarAnand Publishers.

Mairs, N. (1997). *Waist-High in the World: A Life Among the Non-disabled*. Boston, MA: Beacon Press. (pp. 40-63) will be added

Wade, C. M. (2013). Chapter 39: ‘I am Not One of The’ and ‘Cripple Lullaby’ (pp. 592 – 593). In Davis, L. (ed.). *The Disability Studies Reader, Fourth Edition*. New York: Routledge.

Wendell, S. (1989). Toward a Feminist Theory of Disability. *Hypatia, 4(2)*.pp. 104 – 124.

## **Module 2**

### **Can Feminist Disability Studies Heal?**

As survival issues for women with disabilities remain significant, theoretical considerations about disability issues have not evolved in the disability discourse in India. As disability activists and academics have raised concerns, an in-depth study of disability theory is absent in social enquiries. The module will attempt to understand the healing aspect of disability theory.

Two major theoretical orientations that shall be explored in the module are disablism and ableism. Disablism studies adopts a difference discourse to analyse the ways in which people with disabilities are spatially marginalised within society. Ableism studies focuses on the manner in which a norm comes to be privileged over all other norms and social efforts are garnered towards ensuring adherence to the norm irrespective of individual differences. Both these schools of thought are not mutually exclusive but provide alternative frameworks to analyse issues within Disability Studies. Besides, an attempt is made to question the category of normality and foreground theory as a mode of healing by making sense of the nature of discrimination and the heuristics of formulating an emancipatory praxis.

Feminist disability studies allows for the exploration of several key aspects of disability studies. These include the ethics of care, the notion of relational autonomy, the relationship between the biological and the social in the construction of identity as well as the heterogeneity and the

intersectional nature of disability. Thus, feminist approaches to disability allow for a deeper understanding of the meaning of embodiment as well as allow for a critical study of the intersection of disability with various other social categories such as class, caste, gender and sexual orientation.

### Readings

Garland-Thomson, R. (2002). Integrating Disability: Transforming Feminist Theory. *NWSA Journal*, 14(3). pp. 1 – 32.

Ghai, A. (2015). Chapter 3: Theorizing Disability (pp. 212 – 260). In *Rethinking Disability in India*. New Delhi: Routledge.

Hall, K. Q. (2011). Introduction: Reimagining Disability and Gender through Feminist Disability Studies (pp. 1 – 10). in Hall, K. (ed.). *Feminist Disability Studies*.

Siebers T. (2008). Chapter 4: Disability Studies and the Future of Identity Politics (pp. 70 – 95). *Disability Theory*. University of Michigan Press.

## **MODULE 3**

### **Embodiment, Abuse and Violence**

This module will discuss embodiment with respect to disability. To mention biology, to admit pain and to confront impairments have been to risk the oppressive seizing of evidence that disability is really about physical limitations after all. In order to validate the impaired body within Disability Studies, the module will reflect on the notion of fluidity on which embodied subjectivity is formed and reformed.

This module will draw students' attention to how disembodied and embodied beings utilize their bodies as a means of organizing insights regarding the circumstances surrounding them. Some of the questions to be discussed shall entail 'What is a "normal" body? How are disabled bodies objectified, exploited, and regulated? The students can engage with the experience of having a disabled body. An attempt shall be made to explore the status of the body as the site of memory and how illness and disability, depending on the stage of life at which they occur and the mode of occurrence, complicate the experience and memory of the body. Thus, efforts shall be made to help students interrogate the manner in which naturalised categories such as normal/abnormal and abled/disabled are constructed and to actually experience the lived realities created by these categories.

It is critical that an unavoidable fact of human embodiment is that we break the boundary of the stability of body to imagine the possibilities of the new space that is established by deconstructing the dichotomy between the able and the disabled bodies. Through the readings and the classroom discussions, an attempt will be made to understand how the vulnerability of certain bodies and subjectivities poses a greater risk for violence and what the symbolic significance of that violence is. An attempt is also made to analyse different forms of violence that affect people with disabilities and the significance of these different forms.

## Readings

Breckenridge, C. A., and Vogler, C. (2001). The Critical Limits of Embodiment: Disabilities Criticism. *Public Culture*, 13(3), pp. 349 – 357.

Daruwalla, N., Chakravarty, S., Chatterji, S., More, N. S., Alcock, G., Hawkes, S., and Osrin, D. (2013). Violence Against Women With Disability in Mumbai, India: A Qualitative Study. *Sage Open*, 3(3), pp. 1 – 9. Retrieved July 2013.

Inckle, K. (2014). A lame argument: profoundly disabled embodiment as critical gender politics. *Disability & Society*, 29(3), pp. 388 – 401.

Peuravaara, K. (2013). Theorizing the body: conceptions of disability, gender, and normality. *Disability and Society*, 28(3), pp. 408 – 417.

## Suggested readings

Malowney, T. and Garner-Williams, A. (2012, February 12th). *Violence against women with disabilities* [Video file]. Retrieved from <https://www.youtube.com/watch?v=EovgP4YXjL8>. Last accessed on April 22nd 2017.

## **MODULE 4**

### **Care, Dependence and Interdependence**

Care and dependence will be discussed in the context of support and assistance for women with disabilities. Who is available to do the labor of care and who gets the care they require is contingent on the political and social organizations? Similarly, norms surrounding both the giving and receiving of care, while dictated in part by the nature of human need, have also been conditioned by cultural and ethical understandings and by economic and political circumstances. The distribution of care, therefore, is a question of justice and the interactions between carer, the cared for, and the larger community an appropriate matter of ethical enquiry. The affective response of loved ones and caregivers to the diagnosis or onset of disability or severe illness and the implications of their responses shall also be explored. The responses of caregivers to the slow onset of illness or disability in a loved one and the complex feelings of fear, confusion and guilt experienced by the receivers of care raise important questions about the relationship between caregiving, selfhood and dynamic embodiment.

One of the major concerns that shall be addressed in this module are the intrinsic nature of disability to the human condition and the simultaneous to emphasize the autonomous self. While care and interdependence are crucial to the lives and subjectivities of people with disabilities,

this does not delegitimize the importance of autonomy, independence and the final responsibility of the autonomous self in the case of people with disabilities. However, care and interdependence do provide opportunities to rigorously interrogate the hegemony of autonomy and independence without delegitimizing them.

### Readings

Bittman, M. and Folbre, N. (2004). Introduction . In Bittman, M. and Folbre, N. (eds.). *Family time: the social organization of care* (pp. 1 – 4). London: Routledge.

Chakravarti, U. (2008). Burden of Caring Families of the Disabled in Urban India'. *Indian Journal of Gender Studies*, 15(2), pp. 341 – 363.

Fine, M. and Glendinning, C. (2005). Dependence, Independence or Interdependence? Revisiting the concepts of 'care' and 'dependency'. *Ageing and Society*, 25. pp. 601 – 621.

Ghai, A. (2011). *Women and Disability: conceptualizing a policy of care*. "Unpublished report, NMML".

### Suggested readings

Erevelles, N. (2011). Chapter 6: The "Other" Side of the Dialectic: Toward a Materialistic Ethic of Care (p. 173 – 198). In *Disability and Difference in Global Contexts: Enabling a Transformative Body Politic*. New York, USA: Palgrave MacMillan.

## **MODULE 5**

### **Desire and Sexuality**

Sexuality for disabled people, and specifically for disabled women in India, is as much of a concern as it is for the West. This module will underscore the fact that the normative society has been a conspiracy of silence about the sexuality of disabled women. Sexuality has not been rated as being a high priority issue even amongst those who are active advocates of the cause of disability.

Sexuality with respect to disability will be understood historically, culturally and discursively. The students will explore and question various issues affecting the sexual lives and subjectivities of women with disabilities including issues of forced desexualisation, sexual vulnerability and sexual and romantic relationships.

### Readings

Chib, M. (2015). Chapter 4: I Feel Normal Inside. Outside, My Body Isn't! In Hans, A.

(Ed.). *Disability, Gender and the Trajectories of Power* (pp. 93 – 112). New Delhi: SAGE.

Ghai, A. (2015). Chapter 4: At the Periphery: Marginalized Disabled Lives (pp. 101 – 165). In *Rethinking Disability in India*. India: Routledge.

Kafer, A. (2012). Desire and Disgust: My Ambivalent Adventures in Devoteism. In McRuer, R. and Mollow, A. (Eds.) *Sex and Disability* (pp. 331 – 354). Durham: Duke University Press.

Shildrick, M. (2004). Silencing Sexuality: The Regulation of the Disabled Body. In Carabine, J. (Ed.) *Sexualities: Personal Lives and Social Policy* (pp. 123 – 156). The University of Bath: The Open University Press.

### Suggested readings

Kanga, F. (1991). *Trying to Grow*. New York. Bloomsbury. \*page numbers will be added

Sanders, T. (2007). The politics of sexual citizenship: commercial sex and disability. *Disability & Society*. 22(5), p. 439 – 455.

Shakespeare, T., Gillespie S. Keith., and Davies D. (1996). Chapter 2: Barriers to Being Sexual (pp. 16 – 43). In *The Sexual Politics of Disability: Untold Desires*. London, New York: Cassell.

Tarshi. (2010). *Sexuality and disability in the Indian context*. Working paper. Retrieved from [http://www.tarshi.net/downloads/Sexuality\\_and\\_Disability\\_in\\_the\\_Indian\\_Context.pdf](http://www.tarshi.net/downloads/Sexuality_and_Disability_in_the_Indian_Context.pdf). Last accessed on March 16<sup>th</sup> 2017.

Vaidya, S. (2015). Sex and sexuality. *The Tribune*. Retrieved from: <http://www.tribuneindia.com/news/spectrum/society/sex-and-sexuality/80439.html> Last accessed on March 16<sup>th</sup> 2017.

## **Module 6**

### **Reproductive Health**

This module explores the concerns of eugenics and reproductive health care experiences faced by women with disabilities and explains how the reproductive health issue has often been ignored by the mainstream society. Ableist constructions of reproductive health tend to view women with disabilities as asexual and infertile and, therefore, the need for reproductive health facilities and services is deemed redundant for them. The right to motherhood shall also be discussed since hysterectomies have become a common solution to regulate pregnancy in disabled women. In a certain sense, hysterectomies legitimize violence against women with disabilities in that they undermine sexual abuse that does not result in pregnancy.

There shall be an effort to appreciate and respect the different/diverse reproductive health situations of disabled women situated in a variety of cultural contexts from an interdisciplinary perspective. In India, prenatal selection on the grounds of sex is banned. However, selection on

the basis of disability is permitted. The module will debate about the choice of selection on the grounds of disability. The question, both practical and ethical is that if women have the right to choose, how can a distinction between abortion and selection be maintained? These and other pertinent questions shall be debated in this module.

### Readings

Asch, A. and Geller, G. (1996). Chapter 11: Feminism, bioethics and genetics. In S.M. Wolf (Ed.) *Feminism, bioethics: Beyond reproduction* (p. 318 – 350). Oxford, UK: Oxford University Press.

Ghai, A. and Johri, R. (2008). Prenatal Diagnosis: Where Do We Draw the Line?. *Indian Journal of Gender Studies*, 15(2), pp. 291 – 316.

Glover, J. (2006). Chapter 19: Disability and Genetic Choice. In *Choosing Children: Genes, Disability, and Design* (pp. 4 – 36). Suffolk, UK: Oxford University Press.

Saxton, M. (2002). Disability Rights and Selective Abortion. In Davis, L. (ed.) *The Disability Studies Reader*, 2<sup>nd</sup> edition (pp. 105 – 116). New York: Routledge.

### Suggested readings

Smith, B. G. (2004). Introduction. In Smith, B. G and Hutchison, B. (Eds.) *Gendering Disability* (pp. 1 – 8). New Jersey: Rutgers University Press.

### **Assessment:**

#### **Tentative Assessment schedule with details of weightage:**

S.No	Weightage	Date/period in which Assessment will take place	Assessment
1	30%	February	Assesment 1 (one reflective piece of writing)
2	30%	March	Assesment 2 (One creative task)
3	30%	May	Assesment 3 (Final write-up)
4	10%		Readings



