Can Formal Disability Services be Developed with South Asian Historical and Conceptual Foundations?

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EXPERT FOR EXPORT

During 12 years' disability resource and service development work in Pakistan and region plus a two-year handing-over period (1978-1992), the inappropriateness to South Asia of much European disability ideology, planning and strategy became apparent to myself and Christine Miles; and also the difficulties experienced by Asian field leaders to base policies and plans on their own cultures and concepts, either independently or with some blend of appropriate foreign elements. Elsewhere I describe some of the background and development work (Miles 1986, 1990b, 1993a), and the planning efforts and intentions of government and NGOs (Miles 1986, 1990a, 1993b), while criticising the incautious export/import of European theories and methods (Miles 1985b, 1996a, 1997a).

The 1980s saw very few published appraisals of third world disability service planning and practice. The people involved were sufficiently busy staying alive, raising funds and coping with the wondrous schemes foisted on them by representatives of aid organisations and UN agencies. Disability development publications during this period are mostly of the "What a great job we do" type, intended to sustain funders' interest and repel challenges from newer claimants, e.g. street children, genitally mutilated girls, whose minders coveted a piece of the aid pie. However, relevant parallel fields of research had slowly been progressing. For example, the beginnings of anthropology of mental retardation in non-western cultures were documented by Edgerton (1970, 1984). Groce wrote model studies in historical anthropology of deafness (1985) and mental retardation (1986). Broader cross-cultural disability themes were noted by Scheer & Groce (1988). Disability anthropology studies begun in the mid-1980s have now appeared in Ingstad & Whyte (1995). Burck (1989) in Zimbabwe wrote one of the rare ethnographic studies associated with disability service development. Through the 1980s, Sultana Zaman (Bangladesh), Molly Thorburn (the Caribbean), Robert Serpell (Southern Africa), and David Werner (Mexico),

together with colleagues produced disability studies and guides blending rigour, ethnography and practical social concern. Cross-cultural variations in concepts of personhood were investigated by Shweder & Bourne (1982) and in connection with disability by Dossa (1989); while studies of child development and of cross-cultural psychology became global enterprises with their own dedicated journals. Concerns with disability in culturally diverse families in Europe and North America also developed implications for "countries of origin" (e.g. Gartner, Lipsky & Turnbull 1991, Harry & Kalayanpur 1994, Kalayanpur 1996). A more extensive literature review appears in Miles (1996c). However, these nascent fields of knowledge were practically unknown in our remote corner of Pakistan. A decade later, after considerable growth, they remain unknown to many field participants and aid programs under the "Community Based Rehabilitation" umbrella.

For many years, European aid to economically weaker countries has had a component conceptualised as "transfer of knowledge and skills". With some such notion my wife and I went to Pakistan, invited by local people. In the course of "transfer" efforts, we discovered that all along there had been a vast unseen "conceptual" dimension requiring not merely "adaptation for cultural differences", but an entire rethinking and rebooting with concepts nearer those in the minds of Asian colleagues. The reconceptualisation of planning and strategy that emerged from our own experiences was called Information Based Rehabilitation (IBR), a phrase that has generally been misunderstood. Briefly, IBR is not an alternative or additional strategy, it is an effort to examine existing services and development strategies in terms of information, understood in the modern "information society" sense, i.e. as concepts, knowledge, skills, and design, with feedback. An examination of these features illuminates what is happening, for example where different strategies might be mutually strengthening rather than competitive or exclusive (Miles 1989, 1993a, 1996a).

THE CONCEPTUAL DIMENSION

The importance of the conceptual dimension slowly dawned on Christine Miles in connection with school staff whom she was training and guiding. During five or six years of daily work together with them in school, and in counselling parents from a wide catchment area, she had become fluent in Pushto, Urdu and local dialects. She began to realise that concepts of "the child", "learn", "teaching", "play", which during the past two centuries became basic to European work with children having learning difficulties, developmental delays or multiple impairments, were understood by her Pakistani staff in ways

substantially and significantly different from what she had supposed; and by many families were understood differently again (C. Miles 1991, Miles & Miles 1993). She also realised that some of what was now becoming clear to her had actually been mentioned by staff in the first year - she had been unable to hear it, precisely because the differences were at the conceptual level. It had been difficult for staff to express. During the first year they all had been seeking common ground rather than exploring differences; so after trying a few times to raise conceptual issues, staff desisted. (As the Centre's administrator, a step back from the professional front line, it took me even longer to understand the issues and their significance). Returning to England in the 1990s, Christine met the reverse image. After years of learning how these key concepts appear to Pakistanis, she observed monolingual and largely monocultural British teachers, trying to teach British Pakistani pupils said to have "severe learning difficulties", with minimal awareness of the children's linguistic, cultural and conceptual background, or of their actual skills and learning ability in their mother tongue (C. Miles 1993).

The Pakistan experiences strengthened our desire for a greater understanding of the South Asian conceptual world of disability and social responses, so that the development (rather than transfer) of knowledge and skills should be appropriately rooted in indigenous conceptual bases. Some understanding could perhaps have been acquired from the results of anthropological, psychological, or sociological studies - but the research capacity hardly existed in Pakistan in the 1980s, as admitted in evaluations by senior social scientists (Rashmi 1989, Inayatullah 1989). At Pakistan Government request we did some practical studies, but for lack of resources and research experience they were of a pilot nature (Miles 1983, 1985a). We noted such social research as existed, e.g. studies at the National Institute of Psychology on cognitive development and on childraising practices (e.g. Pervez & Durrani 1989, Pervez 1989, Shah & Pervez 1994). The anthropology of Pakistani childhood has yet to match the vigorous achievements of Blanchet (1996) and colleagues in Bangladesh, though there are many similarities and resonances. Occasionally we discovered material from earlier decades, long out of print, such as an account of integrating blind children in ordinary schools in the 1960s (Grant 1963), and a thesis on the education of mentally retarded rural children (Raider 1971), which confirmed ideas gleaned painfully from many sources. Through the 1980s, such meagre disability studies as appeared in Pakistan mostly concerned enumeration. Some data was gathered in the 1981 National Census, but it was obviously weak and no published study appeared until Afzal (1992). Efforts were made to discover quick, cheap methods of finding and assessing children

with disabilities, biomedically defined. These studies, while perhaps necessary, were little use for the construction and expression of a culturally, historically and conceptually valid knowledge base. Many Pakistanis were uneasy about the indiscriminate importing of European and American methods and equipment, but were preoccupied by concerns other than challenging foreign intervention or developing indigenous alternatives.

Since 1990 some useful qualitative studies on disability have been undertaken; yet most of them are over-dependent on western theoretical structures, and remain unpublished. The formal knowledge base, i.e. what has been written and circulated about disability within Pakistan, has not adequately been gathered and documented. A bibliography listing 420 items on disability in Pakistan has elicited amazement among people considered "expert" in this field, though a comprehensive bibliography might be two or three times longer. Similar responses have met ongoing bibliographies on disabilities in Zambia and neighbours, on Syria, Lebanon, Jordan and region, and on Bangladesh. These responses, from various regions, highlight the problems of assembling a formal knowledge base where there are inadequate libraries and publishing facilities. Even if people report experiences or formal research, many of those who should read the results find no opportunity. This is discouraging to researchers. It also reinforces the idea of "expertise" as something locked in the minds of particular people, often university staff, whose time must be hired, yet with little hard evidence of what they actually know or its application. When an organisation buys a report from such an expert, the few copies tend to remain in office cabinets, instead of being filed on the Internet, rewritten for peer review, journal published and thus opened to public debate.

Fortunately a few of our Pakistani colleagues could apply their minds both to digest some European ideas and to integrate them into their thinking and practice. They gave the greatest assistance in adapting, translating, publishing and later revising practical manuals in Urdu covering education and therapy with children in the main "disability categories". Yet hardly any could both do so and also explain how they integrated the different concepts. To construct effective bridges between substantially different conceptual worlds probably requires years of ordinary residence (i.e. not in a "foreigner" enclave) and daily work in both worlds, plus fluency in the languages and also strong communication abilities. Between the disability service fields of Pakistan and Britain, we know no single person who can yet construct such bridges; at best there are a few joint efforts by people with some of the necessary qualifications. Flaws in the present chapter demonstrate our own difficulties in communicating across the

gulfs. Had we returned to UK after five or six years, we could have posed as "experts" on special educational needs in Pakistan - without ever discovering the conceptual world. Perhaps some other returned expats have learnt faster; but our perception is that many people in disability aid have spent two years here, three years there, and are then deemed "expert", without realising the fundamental flaws in their understanding. People from developing countries may also easily spend a few years in Europe or North America without reaching a critical understanding of the conceptual differences underlying the practical work they have seen.

By 1990, Pakistani colleagues had taken over our work, so we returned to Britain - without really having satisfied, after 12 years, the need for a deeper understanding. In Britain, Christine Miles was able to undertake research involving Pakistani children with learning difficulties and their mothers even in the British context, the isolation of many of the mothers (through cultural restrictions on women's mobility, and the stigma of having produced a disabled child) was such that their thought patterns seemed little different from those met in Pakistan (C. Miles 1996). I began studying Asian disability histories, reviewing background factors such as the historical responses of Asian religions toward disabilities and disabled persons, historical records of practical responses to mental handicap and to blindness, as well as specific studies, e.g. of goitre, cretinism and iodine in South Asia, and microcephaly at a Punjabi shrine (Miles 1995, 1996b, 1997c, 1998a, 1998c). Some efforts have been made, using academic and popular media (Miles, Chandran & Balasundaram 1995), to share the process and findings with Asian colleagues. There was never any research funding or salary to share with them.

SOME CONSTRUCTIONS FROM EXPERIENCE AND RESEARCH

This chapter has the following agenda:

- Material from historical studies noted above, and its implications.
- A glance at recent disability service trends, and their mis-selling in South Asia.

The historical material is a small selection from Sanskrit and Tamil classics, roughly 2,000 BC to 600 CE, and a glance at the 19th century. Methodological issues in the studies are discussed elsewhere (Miles 1998b).

In relation to the question posed in the title, "Can formal disability services be

developed with South Asian historical and conceptual foundations?", it is recognised that many Europeans may doubt the relevance to current planning, of historical-cultural studies from a period ending 1,400 years ago. Indeed, very few South Asians have made any significant study of their ancestors' histories - yet it is with them and all around them, at least in popularised versions, apparently forming a sort of cultural bedrock on which they might build with some confidence. A grittier view is that the surrounding heritage is less a bedrock than a bedroom, in which minds are lulled to sleep while their owners' bodies are directed by enthusiasts for hindutva (Lele 1996).

NOT DEAD YET

In this section, historical material is cited from Sanskrit and Tamil classics: the Vedas, Upanishads, Arthasastra, Jataka, Shilappadikaram and Manimekhalai.

Vedas

However remote from current European thought patterns, the Vedas remain live currency for some 350 million Asian adults when it comes to deciding how society should function. Rigveda, the oldest "book" still in daily use, mentions various people with disabilities, and their healing by the Aswins, semi-divine medical twins, or Soma, the 'magic potion' personified:

> He [Soma] covers the naked and heals all who are sick. The blind man sees; the lame man steps forth. [RV 8.79] (O'Flaherty 1981, p. 121).

> When in the time of night, in Khela's battle, a leg was severed like a wild bird's pinion, Straight ye [Aswins] gave Vispala a leg of iron that she might move what time the conflict opened. [RV 1.116] (Griffith 1926, p. 450).

Such claims hardly reflected everyday experience. They suggest the dominant public perception of disability, i.e. blindness and lameness were familiar misfortunes, not identical with sickness. For a blind person to see or a lame person to walk required divine intervention. (Mythological interpretations have also been suggested - they were in vogue among European scholars, before the adventure playgrounds of psychoanalysis were developed.) "Iron legs" are harder to interpret, whether Vispala was horse or human. The idea of an artificial limb or aid was clearly present, but this does not prove that non-mythological examples existed. There is some evidence of Mediterranean prostheses back to the 5th century BC. Possibly the "miraculous" part of the

intervention was not that a prosthesis was supplied, but the speed with which mobility was said to be restored, or the use of iron rather than wood.

Rigvedic comparisons of mental capacity are applied directly to education by Mookerji (1947, pp. 25-26):

> As the Rigveda itself points out [x, 71, 7]: Class-mates (sakhas, i.e. those of same knowledge...or who have studied the same Śāstras...) may have equality in the possession of their senses like the eye and the ear, but betray inequality in respect of their power or speed of mind...this passage refers to three grades of students, the Mahāprajñāñ, the Madhyamaprajñāñ, and the Alpaprajñāñ, students of high, medium, and low ability (Brackets are Mookerji's).

While noting the mental poverty of "blockheads" who chant the Vedas mindlessly, Mookerji countenanced their inclusion in primary school, "marked by noisy recitation and repetition of texts by pupils in the manner of frogs lustily croaking after rain" (ibid, p. 36). At secondary level however, "the collective work of the pupils in a class ceased, and their individual work commenced" (ibid, p. 36). Soon, "The more unfit were weeded out, sent back to the plough or the loom [x, 71, 9]" (ibid, pp. 36-37). Atharvaveda consists largely of charms against afflictions including paralysis, mania, epilepsy (Bloomfield 1897). One charm guards against the consequences of sinfully sitting with a person with bad teeth or nails, or "one who is deformed" (ibid, p. 72). At least three thousand years later, in the 1880s, the guru Ramakrishna reiterated the ancient message that people with bony or dented bodies, heavy elbow joints, hollow, yellow, squinting or crossed eyes, snub nose, thick lips, short stature, etc, have difficulty acquiring faith, or are wicked and deceitful ("M." 1942, pp. 234, 597, 766, 783). While republishing Ramakrishna, no effort was made to spin-doctor these remarks. Western advocates should understand that their Asian hosts may find remarks reported from earlier millennia more authoritative than recent European trends, however polite the hearing accorded the latter. Unfortunately this "culture-based resistance" seldom issues in culturally and conceptually appropriate plans.

Upanishads

The "advanced" Upanishadic lore dating between 600 and 300 BC abounds in philosophical speculation. Blindness appears repeatedly as a metaphor for ignorance, e.g. "like blind men led by one who is himself blind" [Katha Up. 2.5;

Mundaka Up. 1.2.8; Maitri Up. 7.9] (Hume 1931, pp. 346, 368, 456). Other disabilities were familiar enough to be cited in arguments about the essentials of life:

> One lives with speech gone, for we see the dumb; one lives with eye gone, for we see the blind; one lives with ear gone, for we see the deaf; one lives with mind gone, for we see the childish; one lives with arms cut off, one lives with legs cut off, for thus we see. [Kausitaki Up. 3.3] (ibid, p. 322).

The continuity of existence, even with senses missing, is further developed in the "Contest of the Senses" [Chandogya Up. 5.1.1-14, Brihadaranyaka Up. 6.1.7-14]. Speech, Sight, Hearing and Mind successively take a year's leave, then return to see how the others fared. They had in turn been like the blind, the dumb, the deaf, the simpleton or child, etc. When Breath prepares to leave, the others know they cannot manage without Breath, which therefore triumphs. More practically, foetal development is described in Garbha Upanishad, with details of the formation of body parts in successive months. An aetiological hypothesis also appears:

> The blind [andha], the lame [khanja], the hunchback [kubja], the dwarf [wāmana] are born to those parents whose minds are distressed [vyakulita manasā). (Keswani & Bhide 1965, p. 70.)

Arthasastra

Kautilya's manual on statecraft and diplomacy, political economy, brothel regulation, intelligence work etc, is traditionally dated to the 4th century BC. Some of its flavour appears in the robustly chauvinist batting order for suitors at the king's court:

> ...gods and deities, hermits, heretics, Brahmins learned in the Vedas, cows, sacred places, minors, the aged, the sick, the handicapped, the helpless and women. [1.19.29] (Rangarajan 1987, p. 148.)

The legal incapacities of disabled people were manifold: they could neither inherit, nor make a valid contract, nor act as legal witnesses. Women employed in municipal brothels could decline to serve clients with physical defects; yet on the positive side, prostitutes were discouraged from adding to disfigurement, e.g. "cutting off a client's ear" in the heat of the fray (ibid, p. 354). A man should

not insult his wife by calling her a cripple, and there were penalties for defamation using disability terminology, whether true, false or ironically euphemistic. The State organised a home-worker scheme by which women with disabilities, widows and so forth could earn their living from textiles. They were encouraged not to be idle, under threat of digital amputation. Some disabled people might find employment in the spy network; but spies were sometimes able-bodied people disguised as disabled. The guise of simplemindedness was recommended to entrap dishonest artisans, e.g. depositing a valuable for safekeeping, to test whether they would return it on demand. When or where these laws were effective is unknown. Indian commentators mostly believe Kautilya's work describes a functioning code of statecraft. Some western commentators disagree. The better known Laws of Manu, which have been the fundamental legal base during two millennia, also have some provisions for disability, largely of a protective or prohibitive nature, with little or no "social context".

Jataka

The 530 Jataka, stories of Buddha's incarnations, provide "a vivid picture of the social life and customs of ancient India" around the 3rd century BC, with continuing relevance to British ethnographies in 19th century India (Cowell 1895-1907, Vol. I, xi). Several are specifically on disability, which also appears casually in many others. Some portray "unexpected" features of disabled people, such as a warrior dwarf, a man with hemiplegia who is an ace stonethrower, a blind seapilot who sees more with his hands than other men with two eyes. Others present familiar stereotypes, such as the rich, crooked, squinting miser who drives the poor from his gate. Some incongruity appears in stories of women misbehaving with severely crippled men, and the tale of a blind old hag lusting after a young Brahmin. For deriving lessons on attitudes towards disability in ancient India, the latter story is opaque, even allowing for folkloric exuberance. Its familiar moral, for the young Brahmin studying at Taxila University, is that women are vile creatures of unbridled passion. His teacher has an ancient, blind mother, to whom "with his own hands" the teacher gives personal care and hygiene. Such filial devotion, or perhaps the physical involvement, evokes neighbourly derision, so the teacher builds a forest hut and instals himself and Mother. When the young Brahmin comes for tuition, the teacher requires him to undertake the psycho-physical care of Mother, commanding him to praise the crone's beauty while he massages her feet and back. The student obeys so diligently that Mother, instead of calling the Forest Police, imagines the young fool is in love with her. Though decrepit, passion

kindles in her, to the point of plotting to axe her son. Ergo "women are depravity incarnate". The filial care initially seems laudable; yet to use Mother as a case study in the vileness of women must surely lose brownie points.

Tamil Sources

Material noted above derives from North Indian Brahminical traditions, and gives a taste of the vast stores of disability reference in e.g. the epics, drama and puranic literature. An even briefer glance must be given to Tamil antiquity, represented by Shilappadikaram and Manimekhalaï, probably from the 2nd century CE (Daniélou 1993a, 1993b). Both reflect the reforming influences of Buddhism as well as Jaina practices. With erratic storylines, they combine poetry, religious mythology, popular songs, some celebration of women's power to change events and contribute to knowledge, even an "Intelligent Girl's Guide to Philosophy" (later dismissed by the intelligent girl as completely useless). Ironic or prurient commentary is offered on sexual decadence. In Manimekhalaï, the whorehouse madam is enraged when her granddaughter gets religion and disgraces the family profession by her social worker antics.

The atmosphere and approaches to disability differ from those of the Sanskrit material. While the usual humpbacked maids and attendant dwarfs appear, charitable institutions and hospices for poor and disabled persons are more prominent. The nature and period of such institutions is debatable. For example, Chandogya Up. [4.1.1] mentions a MacDonalds forerunner named Janasruti, "a pious dispenser, a liberal giver, a preparer of much food. He had rest-houses built everywhere with the thought, 'Everywhere people will be eating my food' " (Hume 1931, p. 215). More formal places of care for the hungry, ill or disabled may have existed earlier in Ceylon and southern India. Shilappadikaram mentions a spa at Puhar where disabled people could bathe and recover health and strength, apparently without benefit of the Aswins, who were usually invoked in North Indian healings.

By contrast with the medical/Aswin and charitable-ruler dominance, the merits of card-carrying social workers are now emphasized. Aputra, surviving neonatal abandonment and a Brahminic education, denounces the cruelty of some Brahmins who plan to sacrifice a cow. Expelled, he goes to Madura and begs from the rich, distributing the proceeds "to the poor, the blind, the deaf, the infirm, the orphans, and the sick, keeping for himself only the remains" (Daniélou 1993b, p. 55). One night Aputra faces an emergency and runs out of food. The goddess Saraswati gives him a magic bowl of plenty, from which he

feeds thousands. The story now takes an ironic turn. The gods are shaken by Aputra's display of virtue - they are ever vulnerable to ascetics who live on occasional gulps of air while standing on one leg for a few centuries in aid of holiness. Indra descends to sort out Aputra - who, as "a simple and innocent boy", roars with laughter and tells the god he needs nothing (ibid, p. 57). Indra then spoils the game by sending abundant rain, eliminating hunger. Instead of starving people, the squares are filled with idle layabouts. Even the villages have nobody in need. Aputra turns to Overseas Aid, but gets marooned on an island. Depressed at the loss of hungry people to feed, he decides "to give up life itself rather than stay alone and useless on this desert island with a miraculous bowl in his possession that no longer served anyone but himself" (ibid, p. 58). This makes a welcome change from the tedious monthly reports of hungry mouths filled. It also shifts Aputra offstage so that our heroine Manimekhalaï can strut her stuff. She duly receives the bowl, after venerating the Buddha and on condition that her charitable motives be sincere. An early Princess Di model, Manimekhalaï experiences the joys of anatomically correct public service:

> Around Manimekhalaï, beautiful as a doll, her pubis resembling a cobra's hood, there soon gathered the blind, the deaf, the crippled, the orphans, the idiots, the ascetics who performed severe practices, all those that were hungry, the poor dressed in rags, and hundreds of thousands of other living beings, who crowded together to approach her (ibid, p. 149).

EARLIER THAN THOU

This material is a tiny fragment of available South Asian historical disability-related material, selected here because it derives from classical literature highly regarded by Indians, illustrating some modern-sounding issues. A few thoughts arise:

1. At least 3,500 years of substantial South Asian experience and evidence exists, in which varied responses to disability and people with disabilities appear. Some South Asians will prefer to recover their own cultural heritage on disability, rather than taking lessons from large-footed, beef-eating foreigners who know nothing of it, from countries with much briefer cultural attainments (including the perfection of weapons of mass destruction and disablement).
2. Some ancient material concerning disabilities is well known, involving for example characters such as blind King Dhritarashtra and his blindfolded

wife Gandhari, Ashtavakra the brainy supercrip and Hanuman the divine but crack-jawed monkey, cunning and vengeful Manthara, even Shiva the (occasional) Simpleton; while vastly more characters and episodes, such as Khujjutara the humpbacked female thief turned religious teacher, are known mainly to scholars.

3. Details in key episodes such as the intervention of humpbacked Manthara on which the Ramayana story turns, lend themselves to discussion of many aspects of disability, e.g. the portrayals linking disability with guile or evil, the "wisdom" in Manthara's hump, the abuse of disabled servants and the sexual use/abuse of disabled women. Differences between the multiplicity of Ramayana versions suggest that editors have recognised the nuances and sensitivity of some disability issues. Complaints by blind Dhritarashtra about his son's dismissive attitude towards him, and the portrayal of blindness in Mahabharata, precede a considerable blindness literature, down to the Bengali ballads rescued from oblivion some 80 years ago (Miles 1997b, Sen 1926-32).

4. Literary, social and religious evidence sampled above is paralleled by constructions of disability in the development of South Asian medical, psychological and legal literature. Studies of these fields are more a scholarly than a popular pursuit, yet the results greatly extend the understanding of how some Asian societies have responded to disability down the centuries. Some, perhaps many, of those responses would now be unacceptable to Asians and Europeans alike; yet the study of such material, and discussion of the moral and ethical issues, is likely to be far more illuminating to Asians, as they readily grasp the cultural subtleties and nuances.

5. The Indian material noted above is of course less directly relevant to disability policy and planning in Pakistan and Bangladesh, for which the disability roots in Islamic history need greater attention. Yet despite "official" neglect of the Hindu heritage, these countries with largely Muslim populations have been deeply affected by the Hindu, Jain and Buddhist presence. Even more have they been affected by the cultural inferiority complex still deeply ingrained, according to long-running studies by Garg & Parikh (1995), among the sort of modern, educated urban Asians who should be the first to shake it off. Each of these strands requires book length treatment; here, only a few of the oldest components have been sketched.

A GLANCE AT FORMAL SERVICE DEVELOPMENT

Social responses to disabled people, by way of formal services, date from antiquity as noted above.

Charity and "Welfare"

The basic format of healthy people setting up kitchens for feeding hungry crowds, and rulers providing shelter or hospices for severely disabled or chronically sick people, can sporadically be documented, but not quantified, at intervals from 500 BC to the present. The early jurist Brihaspati [XVII: 10-12, 22-23] mentioned what may have been a village cooperative, the surplus from which

> shall be bestowed on the idiotic, the aged, the blind, to women or children, to afflicted or diseased persons, to persons having issue, or the like (worthy persons) (Jolly 1889, p. 349).

This glimpse, plus oddments in the Jataka, suffice for politicians to conjure the ghost of a blissful, self-sufficient, village "welfare state" in which every need was met with benevolence, before the brutal British destroyed it - or perhaps it was the brutal Persians or Moghals, since visitors to India from the thirteenth to the eighteenth centuries fail to report widespread bliss. Perhaps it never existed for anyone to destroy. In the Report of the Indian Famine Commission (1880, I, p. 60) British officers indeed considered that

> Native society in India is justly famous for its charity. It is owing to the profound sense which is felt by all classes of the religious duty of succouring, according to their means, the indigent and helpless who have claims on them as members of the family, the caste, or the town or village, that in ordinary times no State measures of relief are needed.

Yet the result merely "sustained existence" in armies of paupers, many of them disabled, who would die a little later in famines or epidemics. Their condition and prospects were not improved by indiscriminate personal charity. How far there was improvement when urban Indians began to participate in organised British charities is debatable (Sanyal 1977); as also its converse, e.g. the fluctuating participation of the British in administering Muslim charitable trusts (Rashid 1978, pp. 11-36). Neither can be pursued here.

Early records of organised European charitable work in India run from Portuguese hospitals and orphanages in the 16th century (Meersman 1971) including an institution for needy and deaf people as early as 1589 (Gracias 1994, p. 137 and personal communication), via an occupational disability compensation scheme at Madras in 1764 (Penny 1904, pp. 385-89), to a lengthy "refutation of the charge of indifference to the interests of the Natives" by senior administrator Charles Lushington (1824, p. 6) detailing benevolent institutions initiated by the British. Of immediate interest, however, is the introduction of new policy, method and technique, which would begin to differentiate professional-developmental-progressive models from the mere charitable maintenance of disabled paupers.

Mission and education

The Rev. Andrew Bell believed strongly in method, technique and achievement, while running the Military Male Asylum school at Madras, 1789-97. Bell increasingly used older children to teach and monitor the younger. This saved staff salaries, the boys achieved far more, and discipline problems became rare. Asylum regulation No. 23 stated that

> any boy lame, or deformed, or whose faculties may be deemed unequal to the elements of letters, shall be admitted, or rejected, at the discretion of the Select Committee, who will be guided in their decision principally by considering the probability of his becoming a permanent burden on the funds, or of his being able at, or before, the age of fourteen, to earn his own subsistence, agreeably to the plan of this institution (Bell 1807, p. 114).

Bell recalled the case of a "stupid, sluggish, and pusillanimous" boy who somehow had gained admittance. His schoolmates "made a mocking-stock of him, and treated him with every insult and indignity...it appeared to me that ere long he would be rooted and confirmed in perfect idiotism, of which he already had the appearance" (ibid, p. 74). Bell admonished the boys, telling them that they could either drive the victim to complete idiocy or help him forward to achieve whatever he was capable of. He challenged them to do the latter, and made it clear that he was watching events closely. He placed the weak boy under the tutorship of a steady lad; and after some time saw

> the boy's countenance more erect and brighter; his spirit, which had been completely broken, revived; and his mind, which had sunk into lethargy

and stupidity, reanimated. Henceforth his progress, though slow, was uniform and sure (ibid, p. 75).

This minor pedagogical incident at Madras occurred shortly before Victor, the "wild boy of Aveyron", attracted notice in France and Jean Itard attempted his education (Lane 1979). Bell's slow learner seems familiar enough as a type well below average in ability, further hindered by emotional disarray and liable through ill-treatment to become fixed in "idiocy". He was rescued by changing his schoolmates' behaviour and giving steady encouragement and a supportive environment, within an achievement-oriented school. Victor's situation, by contrast, was and is extremely rare, and thus a less appropriate experimental ground for developing educational methods with severely disabled children. Itard is Eurocentrically considered the "father of special education for the mentally and physically handicapped" (ibid, p. 285); yet the commonsense approach of Bell, and doubtless of many earlier educationists, may have had far broader application and might have avoided some of the labelling and segregation of children less abnormal than Victor. India indeed had "jungle children", one of whom was closely observed at the Dacca Asylum in the 1840s by Medical Superintendent Green (1856-57, p. 408). Yet there have been thousands of children at the level Bell described, for each "Victor".

Bell's recollected incident, and the beginning of formal technique in teaching blind children in India, both occurred in military orphan asylums. Parents themselves were probably less urgent at this period in putting their disabled child to school. Asylum superintendents, however, had disabled orphans on their hands and meant them to become self-supporting, rather than a "permanent burden on the funds". In 1838 or 1839 the Calcutta Military Orphan Institution asked the London Society for Teaching the Blind to Read to send Lucas's embossed material for its blind orphans. Later it stated that their "joy and satisfaction were great" (Annual Report of the London Society for Teaching the Blind to Read 1839, p. 11; 1841, p. 11). By then, William Cruickshank, a blind former pupil of the Madras Military asylum, was flourishing as a teacher in ordinary schools. In 1841 he returned to his old school as headmaster ("T." 1879). From the 1840s, the use of special techniques increased, with Moon script eclipsing Lucas in the 1850s. During the 1860s, Jane Leupolt at Benares energetically organised education for blind children, special training for Indian teachers, and local printing of embossed materials (Leupolt 1884, pp. 243-47; Miles 1997c).

Partial Histories and Interpretations

Work with disabled children from the 1790s to 1870s has disappeared from current Indian educational historiography. The relevant documentation has been inaccessible within India, but is now becoming available from British sources (Miles 1997c, 1998c). It is important that Indians should investigate their own sources, to reach informed judgements and "own" their own histories. For example, hypotheses have been floated suggesting that European special education was developed to "control" awkward elements among the masses, and disability was "created" by European industrialisation, i.e. as people with impairments who earlier found a niche in rural labour failed to meet the demands of urban factories. These ideologically-driven propositions have little enough historical credibility in Europe (see critiques by Oliver 1986, and Cole 1989); yet South Asians should take the opportunity to test them using their own evidence, rather than relying on arguments from remote cultures.

Indian textbooks and educational histories uniformly and mistakenly suggest that special education in India began with the creation of schools for deaf children at Bombay c.1884 and for blind people at Amritsar c.1886. These beginnings were long considered a "creditable" missionary activity. The substantial roles of Indians in the achievements, acknowledged at the time, were later forgotten. Western notions of school integration from the 1970s and 1980s, and the buzzword "inclusion" in the 1990s, begin to suggest that the origins in India of what are now construed as damaging, "segregated institutions" can conveniently be blamed on wrong-headed foreigners, cruelly exercising professional "control" over disabled children, as part of the imperial discourse of racist superiority (etc., etc.); and if any Indians were involved, they must have been coerced. British educationists in early 19th century India keenly promoted a spirit of competitiveness or "emulation" (a key word) among schoolboys, which they found lacking in native schools. Such a spirit would sit uneasily with "inclusive" ideologies - yet matches the ambitions of the modern South Asian middle classes. Modern Indians, whether disabled or with professional or parental interest, need to be able to see through the ideological posturing, to decide what credible historical grounds there are for supporting one or other form of service provision.

It is normal enough for one social group to accumulate knowledge then use it to control and exploit a weaker group. There are plenty of examples in Asian and European history - but such examples do not prove that a particular type of disability service actually was developed with such motives. It is more

interesting to argue from verifiable data. For example, there is evidence that Moon script could be learnt by blind people more easily than Braille, but was costlier to print. These two systems competed over several decades in India. Braille really needed a skilled teacher, whereas Moon could be learnt quickly by blind or sighted people, who could easily pass on the skill. The determining factor seems to have been the cost and availability of materials - since reading skills were useless without materials to read. By 1900, the cheaper Braille was ousting Moon; but this meant that specialist teachers were required. Efforts to teach deaf Indian children saw a similar struggle. Some deaf children were casually integrated in early missionary schools, where informal signing systems developed (e.g. Chapman 1839, p. 91). Later, oral methods were imported from Europe by Mr Walsh at Bombay (Editorial 1887). Education of deaf children then required a specialist teacher, and thus became expensive and less accessible. The results of these struggles were by no means inevitable, and the details have yet to be fully examined in the historical Indian situation. However, it was predictable that any trend favouring specialist teachers, who obviously were very scarce, would result in such people working in specialised schools where their skills would reach far more disabled children, rather than in ordinary "integrated" classrooms where their expertise would be required by very few. Many children with lesser impairments continued in ordinary schools, as they do today, with teachers either ignoring any special needs, or using commonsense methods as did Bell in the 1790s.

MODERN IDEOLOGICAL CRUSADES

Mention was made earlier of "wondrous schemes" foisted on the third world disability field by western and global agencies. The 1970s saw trends of "deinstitutionalisation" and "normalisation", the 1980s saw a strong drive on school "integration" and the hyping of the W H O model of Community-Based Rehabilitation. In the 1990s disability has become a "rights issue" following a "social model", with "inclusion" as the new version of school integration with go-faster stripes (or with a total reconceptualisation of what education is about - the viewpoint perhaps dependent on the square of the distance between the proponent and the classroom). Behind each trend and buzz-word there are innovative ideas and practices, having some merits within their original contexts, and perhaps other merits as they have outgrown their origins. Developing countries are entitled to know what is going on around the world, and could not in any case be prevented from hearing about these ideas. Yet what has repeatedly taken place has been not merely the communication of balanced information, but the "foisting of wondrous schemes", with a combination of

ignorance, naïveté and dishonesty. There has been colossal ignorance and naïveté about the cultures, socio-economics and histories of the countries in which schemes have been pushed. Dishonesty appears where schemes are exported without reference to the context in which the ideas developed, and without the debates and challenges to which they continue to be subjected in their original context.

Adequate documentation of these charges would require book length. A few examples will set the scene, contrasted with some recent realism. Deinstitutionalisation and normalisation, "probably the most controversial and emotionally charged issues in the field of mental retardation" (Landesman & Butterfield 1987), together with "independent living", involve assumptions about concepts of personhood, individuality, relationships, families, the meanings and goals of life, the ethics of making choices for other people etc, all of which are open to debate within their native context. Yet the slogans, the advocacy, and the western textbooks which have passed their sell-by date and been dumped in third-world bookshops, repeatedly hit South Asia during the 1980s, without exposing the conceptual assumptions or disclosing the ongoing controversies from their places of origin. Such controversies are indeed discussed in some western journal papers (for example, from Rose-Ackerman 1982 and Baldwin 1985, through many authors to Simpson 1998); yet these have minimal circulation in the developing world.

On school "inclusion" of disabled children, Barton (1997) underlines the significance of context. He notes, in a British context, that

> Everything currently seems to be against an inclusive outcome, including the increasing marketization of educational planning and provision, the intensification of competitiveness and the increase in selection, both in terms of access and experience within schools, and a set of values which celebrate individualism thereby making the possibilities of cooperation, collaboration and difference, at an institutional and individual level, less desirable or possible.

Such realism may cause advocates of "inclusion" to seek a more welcoming context - even to the point of asking rather hopefully, "can poverty facilitate inclusion?" (Stubbs 1997). By contrast, an internal review of BRAC's much praised "alternative" schools in Bangladesh suggests that Barton's cut-throat education jungle may flourish there too. BRAC schools are intended for primary school drop-outs or non-starters, using a child-centred curriculum taught by

literate but unqualified women. Evaluators found one teacher getting good results by first kicking out duller pupils, so as to keep up the achievement level - incidentally subverting half the purpose of these "rescue" schools! (Khan & Khan 1993, p. 27). The role model here is the middle-class urban Asian child, goaded onward by ferociously ambitious parents (Blanchet 1996) from its entry as a toddler to "kindergarten" - another western import which, like the "Montessori", now reproduces across South Asia the stultifying, formal knowledge factories against which Froebel battled in 19th century Europe and Maria Montessori fought worldwide for half the 20th century.

Another educational consultant to developing countries is unusually frank about the outcomes of "inclusion" back in the USA. After listing common elements identified in successful inclusion programs - none of which can by any stretch of the imagination be said to be common in Asian or African schools whether government or private - Butler (1997) notes that "The move towards full inclusion is not based on a body of solid educational evidence demonstrating clear merits over special classes." Both Barton (above) and Butler broadly favour the inclusion trend. Both are rare in presenting arguments for and against, rather than mere sales pitch. Stone (1997) is also refreshingly honest about the process of adjusting from theoretical emancipatory research and a social model of disability, toward the realities of Chinese disability politics where people see things differently. For the latter, perhaps an entry-point might be the ancient writer Chuang-tse (or Zhuangzi) who sketched an early "social model" of disability. Chuang-tse first pictures water "finding its own level", taking the shape or filling the contours of whatever land or vessel it meets. He seems to suggest that a powerful spirit may similarly assume a deformed human shape - the deformities arising from the misshapen and defective society in which the powerful spirit has taken birth (Graham 1981, pp. 80-81). Indian literature of antiquity provides a different "environmental model", in which the rottenness of society results in an increase in serious congenital impairments. If ideas from Chinese disability histories are added to those of India, it is doubtful whether modern European disability activists have any new theory to teach Asians.

The illusion of a seamless transfer of ideas between Eastern and Western (or Northern/Southern) minds without the pain and pleasure of studying cultural and conceptual history, is sustained by the willingness of educated Easterners/Southerners to use English and to keep quiet when they do not understand or do not wish to contradict. The "social magnetism" factor operates powerfully. Educated, urban Europeans visiting or working in developing countries usually have educated, urban counterparts who speak a European

language and have made some progress in government or NGOs; who are often also embarrassed by their country's economic weaknesses, and may be resolutely ignorant about rural lives, cultures and talents. This is especially so for urban disabled counterparts, who have usually lacked the mobility or communication ability to learn much about their own rural population. During visits, and in the first years of expatriate work, Europeans inevitably look for things they feel they can understand, rather than pursuing the incomprehensible. Their hosts are strongly motivated to continue offering whatever the visitor responds well to, rather than insisting on what is different and difficult. This sort of well-meant and highly understandable folie à deux establishes and reinforces a series of largely false ideas in the minds of visitors and short-term workers, unless they determinedly seek a much broader cross-section of viewpoints and contrary evidence.

RECOVERING DISABILITY HISTORIES, CONFIDENCE AND SKILLS

Is it not merely European paternalism to suggest that Asian planners, professionals and disabled people need help to construct their "own" disability histories, or to have solid home ground on which to stand? I doubt it - but if I were to meet as many as three planners in Islamabad, Delhi and Dhaka who knew their national disability histories and were confident of achieving a viable blend of old and new, I would be content. It took years before I realised that Asian disability histories are practically unknown, and that documents, time and resources for their construction are sparsely available. Any reasonably bright Asians could have pursued the studies leading to the publications listed here - provided they had either independent means or a spouse able to earn their bread; and were willing to spend several years grubbing about in obscure corners of libraries in several countries; and realised that results in terms of changes in policy and planning might not appear during their own lifetime. Unfortunately, such conditions are unattractive. Until some groundwork is completed, bibliographies are available, and it has been shown that viable fields of study are waiting, one cannot expect much interest from funding agencies or researchers. Whether for private individual or senior government planner, the disability field is chronically short of all sorts of resources; and what there is has often been secured by particular groups, e.g. disabled urban male ex-combatants or pathetic-looking children requiring surgery. "Disability history studies" have hardly been a competitive proposition. They are not yet a "felt need", let alone a priority. Their absence is unlikely to be felt until western cultural imperialism and anglophone globalisation, which already cause some anger in Asian health and education fields, have aroused sufficient heat in the

disability field too; and until enough Asians have tasted the early fruits of their own disability histories and have decided that they are an indispensable component of future planning.

On the positive side, the point must and can be reached where educated Asians know that disability histories have been studied and written about and taught like the rest of their countries' histories. In some, this should generate the cultural confidence needed for an intelligent appraisal of the strengths and weaknesses of both indigenous and western approaches. The present generation, hearing with surprise that disability histories are being studied, may still lack confidence. The next generation, growing up aware that such studies exist, should be better placed to deal sensibly with westerners offering their latest goods. They should at least reach the level of confidence that educated Asians now have, after some 160 years of struggle, about Asian traditional medicine, e.g. that it works for some conditions that are not well addressed by western practices, and its "appropriate cultural packaging" lends a powerful psychosomatic advantage. There will be other outcomes that are hard to predict; but the studies must be done anyway, whether or not there are policy and planning outcomes to applaud. Disabled people in the 21st century will have a stake in knowledge about responses to disability in the past. They too will construct parts of their identities from a selection of historical material, and will find arguments from the past to further their aims.

A further important point is that this chapter enquires only about "formal" disability services. The informal services provided to disabled South Asians by at least 100 million mothers, aunts, sisters and daughters inevitably are based on the latter's local concepts and cultures, accumulated through centuries. This would seem to be another excellent target for studies. What do they do? With what thoughts in mind? How are their services received by disabled relatives? Amidst this colossal, historically unrecorded, unpaid, daily hands-on effort, what can be learnt, what skills or techniques exist? The answer is a deafening silence. Women's efforts are hardly taken seriously. The idea that national policy could be influenced by the humble services of 100 million female carers is a feeble joke. A bibliography of over 1,500 Indian articles on mental retardation barely mentions family resources (Venkatesan & Vepuri 1995). Conventionally, professionals have viewed families as ignorant obstacles, though perhaps such attitudes are weakening. Reporting a series of research studies on Indian families with disabled members, Peshawaria et al (1995) believe they have broken new ground - yet even they resolutely use American research references throughout, as though results from American families must be

normative for India! Culturally appropriate skills and experience lie all around, invisible, ignored.

CONCLUSION

Can formal services be developed with South Asian historical and conceptual foundations? Both the practical experience and historical studies outlined above, together with the literature cited, affirm (as indeed is intuitively obvious) that services cannot adequately and appropriately be developed in South Asia without such foundations. To assimilate modern knowledge and skills that may be scarce in their countries, South Asians may indeed be trained abroad, or trained in their own countries by foreigners, or may train themselves using foreign information media - or may discover modern knowledge by their own research - but the problems arise when they in turn should train the next generation. Unless they have integrated the conceptually foreign material with their own practice, concepts and culture, they are likely to find great difficulty either passing on a coherent message to the next generation of trainee professionals, or acting as competent guides or partners with disabled people or parents of disabled children.

The present chapter has been an inadequate, lightning sketch of much too vast and complicated an area of disability histories and current practices - yet that is what faces South Asians and their foreign collaborators. Vast complexity and pitifully unequal resources are the working challenges that face people in many countries, who wish to plan and develop culturally and conceptually appropriate services, to diminish the disabling forces in society and environment, and to enhance the positive features. The proposed solution - much more serious effort and research towards constructing or recovering a relevant historical-cultural base - is no quick fix. It is more probably forty years' hard graft. In the zeitgeist of the late 1990s, to spend one's time planting saplings, the fruits of which might be enjoyed by distant people's grandchildren, is a form of madness. How much crazier then to meddle with the alien histories of the weak, despised and disabled, in the hope of influencing still unborn decision-makers who will occupy a world hardly imaginable? Yet the most irrational approach of all would be to blunder on, ignoring the lessons we may learn from the past.

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