

Empathetic identification with disability

RUKMINI KRISHNASWAMY

Director, Spastics Society of Karnataka, 31, 5th Cross, Off. 5th Main, Indiranagar 1st Stage, Bengaluru, Karnataka 560 038 INDIA e-mail: p.r.krishnaswamy@gmail.com

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Disability is a subject arousing much professional interest, research effort and analysis, and is the focus of expert perspectives yielding documentation and literature from scholars, policy makers, people with active engagement in the subject, and "subjects" with a vast variety of disabilities. This book is a remarkable effort to string together contemporary research in India, the conditions of disability on a vast canvas of gender, class, caste, and locational disability (eg rural/urban), and their effect on policies, health issues, culture and family. It is a unique document in terms of content, style, relevance and analytical quality.

The collection which features chapters from seventeen authors is superbly edited by Ms Addlakha, a scholar known for her interest and writings on the sociology of medicine, mental health as a facet of public health, ethics, gender, family, disability and society. The volume reflects her broad perspective and deep knowledge of the field, and will serve as a reference source for a wide spectrum of people engaged in disability issues.

Beginning with a chapter on historicising disability in India, Shilpa Anand analyses the inhuman handling of the microcephalic by some, and the protection received from others, as an example. Thus there is a marginalising attitude on the one hand and empathy, and acceptance on the part of a few, on the other. Contemporary attitudes have a distressing similarity to those in history, showing the marginal impact of technology and associated developments, if any.

Jagdish Chander's essay on rights and the emergence of disability studies provides a guideline for both advanced scholars and community based workers on disabilities. His tracing of the evolution of attitudes from Manu's exclusion philosophy to the more recent approach of looking at problems from the social action angle is fascinating and instructive.

Sunderesan tracks disability-related policies and actions through the past five or six decades, with a particular focus on the millennium development goals set in 2000 raising hopes for action, as strategies and goals are thoughtfully developed and plans laid out. This is a positive development indeed! Prenatal diagnosis is a component of "Family care and wish (!)". This poses grim issues to be dealt with, the most relevant and ethically important being sex selection versus medicalisation of disability, involving deep cultural overtones and ethical issues. An innovative suggestion which can be explored is

for the genetic counsellor's role to be played by persons with disabilities as a perspective-facilitating strategy.

Chakravarti's section on comprehensive and long term care has a thoughtful analysis, with sample narratives, of the complex problems, both physical and emotional, faced by care givers. Clues for deriving coping strategies are indicated here and elsewhere in the book. Mahrotra and Shubhangi Vaidya's section on intellectual disability constraints in Delhi and Haryana is illustrative and informative. The influence of the rapid changes in the structural and cultural milieu in society on intellectual disability, whether in terms of definition, severity, or functional consequence cannot be underestimated.

The impediments people with disability experience in urban India today are enormous. One has to view them from the human rights angle and seek redress and remedy. Nandini Ghosh poignantly conveys the grim lot of the woman with disability. The young child growing to womanhood faces sexual exploitation, devaluation of her body in the public space, and further inhuman marginalisation, all of which need to be addressed. The editor's own writing on "Body politics and disabled femininity" - dealing with the perspectives of adolescent girls from Delhi - traces diligently how the concept of medical disability has acquired wider dimensions - the need for self-advocacy, and political action to achieve a more supportive, and understanding environment to ensure dignity. In short, strong advocacy is necessary for women with disability to be heard and honored by the public.

Identity provides empowerment. Hearing impairment, a good example, has its own culture, space and location. "The inner world of adolescent girls with hearing impairment: Two case studies" - is an unforgettable part of the narratives in the book. That the blind can see the world with senses other than the visual, and the illustrations given thereof are a poetic illustration of the potential for human creativity beyond what we label as handicaps. There are sections devoted to mental illness, psychiatry in self and identity constructions, with inclusion of choices of women users.

Much of disability literature inevitably assumes a rhetoric complexion. The essay on participation, inclusion and law, rightly titled "Beyond the rhetoric", by Jeela Ghosh, boldly and unequivocally argues for legalising social inclusion, with appropriate illustrations. This essay, in the reviewer's perception, provides relief from the jargon and juggling of phrases and arguments, inevitable in a field such as disability.

The reviewer having spent over five decades of her active life in the field, as a student, teacher, counsellor, Institution

builder, advocate and most importantly, connected to hundreds of families and thousands of young people of all description of disability, labels, medical, social and cultural, has not come across a collection of essays such as these. While generic in nature, they are specific to our culture;

they are analytical, yet deeply sensitive and empathetic; theoretical, yet practical in giving leads and directions. It is commendable that the editor and the erudite authors have identified so deeply with a human condition from which profound lessons are yet to be learnt.

Feminist counselling and domestic violence in India

NEHA KAGAL

PhD Scholar, School of Oriental and African Studies, London WC1H 0XG, United Kingdom e-mail: nehakagal1@gmail.com

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Very rarely does one get to review a book that's a first of its kind! By bringing together the themes of domestic violence and feminist counselling, this book has filled a vacuum in the Indian literature on feminist interventions, in particular, feminist counselling practices. It emphasises the need for a feminist praxis in counselling for domestic violence within the Indian context. The ease and simplicity with which the book flows is delightful, as is the evident link between theory and the lived experiences of women. The passage of the Protection of Women from Domestic Violence Act (PWDVA), 2005, which was a result of the concerted efforts of women's movements for a comprehensive law to prevent domestic violence, is an important milestone as far as challenging domestic violence is concerned. The book, however, drives home the point that laws alone cannot ensure that women will stand up to violence effectively. It is just as important to encourage them to recognise unjust power structures, assist them in challenging this oppression and stand by them through their difficult journey; and this is the goal of feminist counselling. The book stresses the fact that patriarchy cannot be ignored while dealing with the issue of violence.

A constant thread running through the book is the differentiation between mere "counselling" and "feminist" counselling in the context of domestic violence. Mainstream counselling approaches typically ignore larger societal attitudes, power relations and gender issues. Feminist counselling, on the other hand, places individual distress within a framework that acknowledges these power relations and, in turn, legitimises women's experiences. Thus, feminist counselling shifts the focus from women's psychological/physical suffering and demographic contexts to the broader issues of patriarchy, power and social-political-cultural structures, which devalue women and their experiences.

The book is divided into four parts and begins with a well articulated and in-depth history of domestic violence in India. While the issue of women's rights was taken up by activists as early as the 19th century, it was only in 1983, after

intense campaigning by women's groups across the country, that domestic violence was officially recognised as a crime by the Indian state. Since then, numerous support groups, shelters, crisis centres, legal interventions and counselling services have mushroomed across the country for survivors of domestic abuse. This section deals exhaustively with key concepts, such as patriarchy, gender and feminism, and will be useful to interventionists who are unable or unsure of how to incorporate feminism into everyday interventions for domestic violence. It also explains the cycle of domestic violence, adapting it to the Indian context. The book gives examples of experiences from the field to delineate the challenges and ethical complexities faced by interventionists dealing with domestic violence. Most importantly, however, it highlights the fact that domestic violence is a public health issue, in terms of the long- and short-term physical, psychological and sexual problems that it causes. Most health professionals are not trained to recognise, or ignore, visible signs of violence among their female patients. It is important to note that the health system may be the first point of contact for victims of violence and, therefore, medical professionals can play a critical role in initiating early interventions. Caste, class or gender biases, in addition to persisting with the belief that domestic violence is a "private" issue, play a significant role in preventing timely intervention by health professionals.

The second part of the book documents Indian models of feminist practice related to domestic violence. It traces how the interventions in this sphere have undergone several changes in the last three decades. The 1980s saw the rise of autonomous women's groups, who made pioneering efforts to bring the issue of domestic violence before the public and challenged the rising rate of dowry deaths. Counselling involved the victim speaking out about the abuse and garnering mass support. Following this, in the 1990s, there was an increase in the number of organisations that expanded their scope of work to include the generation of income by the victim, sexual and reproductive health, and issues related to communalism. These organisations worked with both urban and rural communities. In addition, there emerged a few organisations that worked directly with the State, demanding accountability with respect to issues relating to violence, including (but not limited to) legal reform and shelter homes. This section