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## **Divyanjan: The Narrative Of Divine Body And The Bio-Politics Of Disability In India**

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### **Abstract**

After capturing power in Centre in 2014 general election, Bhartiya Janata Party led National Democratic Alliance Government had made an effort to turn the political narrative of many issues upside down. For last few years, the term Divyanga assumes significance in the popular parlance to refer to persons with disability. The Government of India propagated the term Divyanga to represent the disabled people in 2016 when the Rights of the Persons with Disability Bill was placed in parliament. Disabled people are of course one of the most oppressed category in any given society who are often been viewed as a medical category rather than a political minority. Various policies and legislations have been formulated at different points of time to address the problem of disability in India. In this connection, the paper analyses how the Indian state has initiated different measures to govern its disabled population to the rationality of the state apparatus. The present paper also makes an attempt to engage Michel Foucault's concept of biopolitics that denotes the power of the state through which it creates knowledge and devices to control the life of human being.

**Keywords:** Disability, Governmentality, Biopolitics, Political Narrative, Divyang.

### **Introduction:**

Bhartiya Janata Party (BJP) led National Democratic Alliance (NDA) Government had brought a shift in the political narrative of certain issues pertinent to cultural imaginary of Indian society after capturing power in Centre in 2014 Lok Sabha election. A number of new nomenclatures have been created in the recent past and effort has also been made to bring these terminologies both to the popular domain and legal lexicon. For instance, Divyang is a terminology that has been circulated in the popular parlance officially as well as casually to refer to persons with disabilities in India. On International Day for Persons with Disabilities i.e., 3<sup>rd</sup> December, 2015, prime minister Narendra Modi used the term Divyang (divine body) for persons with disabilities in place of Viklang. Further on 27<sup>th</sup> December 2015 in his Mann Ki Baat, he suggested to use the term Divyang instead of Disability. The prime minister mentioned that the term disability implies some kind of lack or deficiencies of physical, psychological and mental aspects in a person. Although,

the persons with disabilities have some limitations at the functional level, but they also have an extra power that the common people could not possess. The objective of using the term Divyang to give some positive connotations to the whole idea of disability. It needs to be mentioned that in Karma Dharma theory of Hindu mythology disability is the product of misdeeds of a person that he or she committed in the past life. The term Divyang was also debated in 2016 when the government of India began to propagate the Hindi term Divyang to represent disabled persons in the Rights of the Persons with Disabilities Act 2016 that was passed in Indian parliament on 26<sup>th</sup> December, 2016. The central government renamed the Department of Empowerment of Persons with Disabilities to incorporate the word Divyang with the suffix Divyanjan as Department of Empowerment of Persons with Disabilities (Divyanjan). In Hindi too the earlier nomenclature ViklangjanSashaktikaranVibhagis replaced with the term DivyanjanSashaktikaranVibhag. This change in nomenclature sparked a debate amongst social activists, consultants and government functionaries and many of them express their reservation. Many disability scholars and activists have pointed out that a discourse of religiosity is always associated with the term Divyang that underlies a fatalistic acceptance of the condition of disabled people as divinely ordained diverting attention from social structures that create and sustain exclusion. For them, it implies a complete denial of the struggle that disabled people have been engaged in for their socio, economic and political rights as well as for non-discrimination, respect and dignity (Ghosh, 2017). For Sati and Prasad, the underlying meaning of Divyang is that the persons with disabilities would not be seen as marginalized by an oppressed society, but by misguided faith; thus, the rights of the people with disabilities are spoken in the language of divine test and community support, individual acceptance of divine justice and the communities' responsibility to take care of fellow humans. Hence, both the whole community and people with disabilities would work towards deeper faith in order for persons with disabilities to be fully integrated in the societies to find their space to realize their potentials (Sati and Prasad, 2019). However, the politics of disability demands adequate policy intervention in the governance for mainstreaming disability. The Government of India has initiated certain policies, programmes and also enacted a few legislations in different point of time to address the issue to disability. In this backdrop, the present paper analyses how the Indian State has initiated different measures to govern its disabled population to the rationality of the state apparatus engaging Michel Foucault's idea of biopolitics that denotes the power of the State through which it creates knowledge and devices to control the life of human being.

### **Understanding the Biopolitics of Disability: A Conceptual Framework**

In simple sense, biopolitics refers to the state power that regulates the life of the population of a given society. In other words, it is the political rationality which takes the administration of life and its population as its subjects. It was Michel Foucault, the twentieth century French philosopher, who extensively talked about biopolitics and biopower in his writings and lecture series at College de France. It is worthwhile to mention that Foucault never explicitly address disability or impairment in his works.

Rather, he emphasized on the conception of power and its linkages to the body that offers a way to explain the practices of subjectification. In that sense, disability is a product of medico-welfare discourse created by the modernist bio-power which emphasises on medical management of people with impairments. The history of impairment is directly connected to the history of modernity that creates information and knowledge about the pathology of body. The medical, administrative and legal practices played a crucial role in the construction of disabled identities and disabled people as a population (Huges). Thus, Foucault's works on modern forms of social control are useful to understand the myriad forms of surveillance and supervision that have transformed impairment into disability. In his analysis on biopolitics he mainly focused on the relationship between subject and power and various mode of objectification that transform human being into human subjects. He mentioned about the totality of institutions and practices and multiple levels of power structure ranging from administration to education by which people are governed. Foucault also uses the term 'bio-power', refers to the conquest of bodies and the control of the population (Foucault and Senellart (eds), 2008: Pp. 185-213) and the problems that affect birth rates, life spans, public health, migration, settlement, disability etc. are considered as political problems (Foucault, 1977 : p.166). Hence, the technology of power generates knowledge about population; involves a set of measurement such as the ratio of birth to death, the rate of reproduction, the fertility of the population etc. It needs to be mentioned here that population is directly linked to the principles of state legitimacy which is constructed through policies that aim at providing services to the people in a democratic regime (Roy, 2016: 161). Thus, bio-politics creates different mode of knowledge and devices of control which people are in turn made as subjects to the rationality and techniques of governing through the bureaucratic regimes of the modern state. For Foucault, disability and impairment do not refer to particular individuals or a certain population at large, rather these terms refer to a subject position which is the product of the movement of power. In this sense, for Foucault disability is a product of modernist biopower.

### **Discourse of Disability in India: From Religiosity to State Rationality**

The discourse of disability refers to a series of statements and writings that evolve over time and infuse a physical and mental difference with social meaning and value that represents disability and their physical manifestation. The experience of disability is often influenced by cultural attitudes associated with disability rather than physical consequences resulting from impairment. In the context of complex Indian cultural milieu disability is always associated with religious faith and beliefs. The depiction of disability in the socio-cultural life of Indian society can be traced back to the time of Ramayana and Mahabharata. There were two opposite dimensions in contextualising the issue of disability in ancient time. On the one hand, ancient Indian society was philanthropic in nature having the characteristic like love, compassion and sympathy for the poor and needy. On the other hand, there was also the feeling of agony to the people living with certain deformities. The smritis, dharmashastra, bhagawatgita all have references of obligation and benevolent approach towards the needy and disabled persons in the

society. As Indian society is predominantly marked by joint family system, it has a strong value system to show respect and care to the old-aged, sicked person and for that matter any handicapped person. However, in most of the cases disabled characters are considered as a source of tribulations in the society (Bhassam, 1924). For instance, in Ramayana it is because of the conspiracy and intervention by Manthara, the maidservant with hunch, lord Rama and others were sent to exile. Likewise in Mahabharata too, Sakuni, the maternal uncle of Kaurava was the main instigating force for the occurrence of Kurukhetra war was also a disabled person having a limping leg. According to the Karma Dharma theory of Hinduism, it is believed that disability emerges as a result of wrong action in one's past life. In later period of time when Buddhism emerged as a dominant religious discourse, it was seen that disability was gradually been projected with a more tolerant and benevolent approach emphasizing the virtues of mercy, charity, truth, purity, kindness, goodness and above all non violence (ibid). Buddhist philosophy further stated that along with physical fitness, mental health and hygiene are equally important to bring health and happiness in human mind. It needs to be mentioned here that during the reign of Chandragupta Maurya, he initiated certain programmes for the vocational rehabilitation of physically, socially and economically handicapped within his kingdom. For instance, Kautilya, the renowned political economist of the Maurya period and author of Arthashastra mentioned that the king should provide the orphans, the aged, the infirm, the afflicted and helpless with maintenance (Shamasastri 1923: p5). Again, keeping in view the principles of Buddhism, king Ashoka also extended certain philanthropic works like establishment of public health care system, arrangements of medicine, food and drinking water to the needy and disabled people (Smith, 1920:p66). Even during the Mughal period Zakat was initiated to help the needy and disadvantaged people. Zakat is a religious obligation of Muslims according to which an amount of earnings should be contributed to the welfare of the disadvantaged sections of the society. Although, lots of charitable works have been done during the great rulers of Mughal period like Akbar, Shajahan or Aurangzeb, nothing was specially formed or instituted to help the crippled or the disabled. Thus, in Indian society discourse of disability is directly or indirectly connected to religiosity or religious faith and beliefs.

During the time of British administration, initially they did not show much concern about the disability issue in fact the social security measures as a whole. The reason may be that in the earlier stage, the British Government was busy in putting their foot firmly on the soil of India. However, the British Government passed the Lunatic Asylum Act 1858, which can be considered as the first legislation to deal with the issue of disability specifically for setting up mental asylums and procedural checks for admission and treatment of patients with a view to segregate those who by reason of insanity were troublesome and dangerous for others. Besides, the Indian Penal Code 1860, The Indian Contract Act 1872, The Lunacy Act 1912, The Lepers Act 1898 and so on were also some important legislative initiatives by the British Administration directly or indirectly related to the issue of disability. It is noteworthy to mention here that the inclusion of disabled people in the Census as a part of the population during British administration

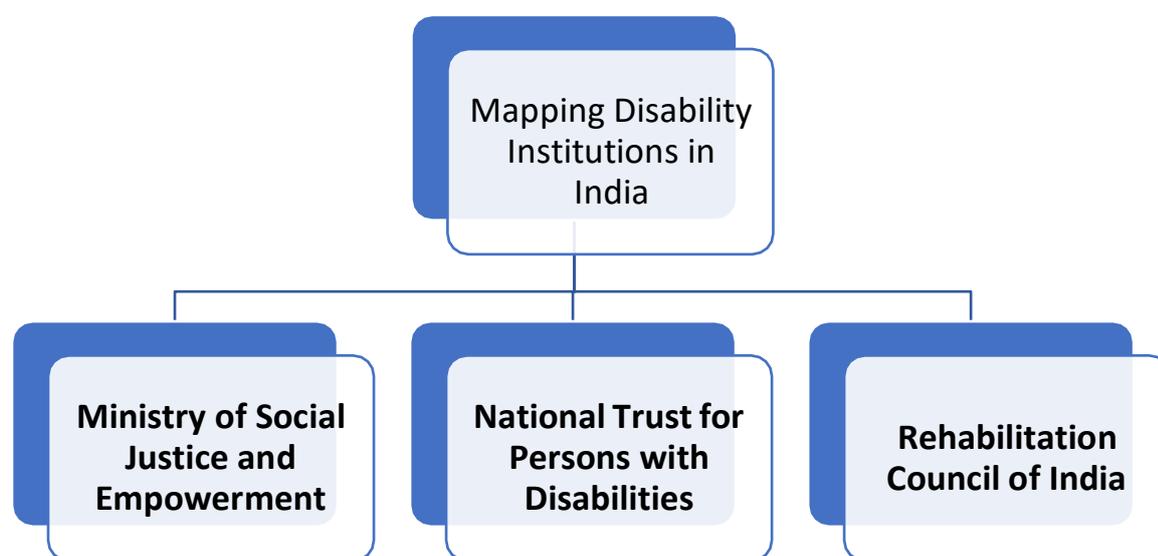
had made it easy to separate the disabled people from normal individuals of the society. In the schedule called the 'House Register' of first modern census of India in 1872, questions regarding the physically and mentally disabled and persons affected by leprosy were included. This system of data collection was continued till 1931 census. The term infirmity was used to refer to the disabled population in those census reports. Infirmity included physical and mental infirms as well as persons with leprosy. However, in 1941 census, the enumeration of disabled population discontinued as the then Census commissioners put doubts regarding the authenticity and the quality of data collected on disabled population (Census on Disability after India's independence will be discussed later). Hence, it can be said that during British administration efforts were only made to identify the disabled people from the mainstream population and consider them as patients. No welfare measures were initiated during the time of British administration for the benefits of disabled community.

It is worthwhile to mention here that the term disablement was found only in article 41 of Indian constitution. The article 41 does not confer a justifiable right, the supreme court has, by its interpretation, bearing in mind the goal of socio-economic, held that the courts should so interpret a statute as will advance the objective underlying Article 41 (Debi 2017: p.105). Apart from Article 41 of Indian Constitution, the other articles under Directive Principles of State Policies like Article 42, Article 45, Article 47 etc also try to bring socio-economic equality in the society. Article 42 instructs the state to undertake efforts to enhance the working conditions of the pregnant women outside home. Article 45 requires the state endeavour to provide, within a period of ten years of the commencement of the constitution, for free and compulsory primary education for all children until they complete the age of fourteen years (Jain 2005: p137). Again the Article 47 states-----the state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and in particular, the state shall endeavour to bring about prohibition of the consumption except for medicinal purpose of intoxicating drinks and of drugs which are injurious to health (Shulka: p.311). As health and wellness is very much related with the issue of disability, the article broadly tries to cover the issues of prevention of disease, rehabilitation and inclusion at different levels, nutrition, communicable and non-communicable diseases, injuries, physical therapy, durable medical treatment, disability and HIV AIDS etc. It is a well known fact that poverty and malnutrition are the main causes of disabilities found in developing countries. For example, Vitamin A deficiency may lead to night blindness, Vitamin D deficiency may cause rickets etc. Hence, it can be said that article 47 of Indian constitution is an important inclusion which may directly or indirectly directs the state to control and prevent disability in the society.

### **Disability Governance in India: Legislation, Census and the Question of Subjectivity**

Disability as a legitimate subject of anti-discrimination legislation gained recognition in 1990s in India. The Persons with Disabilities (Equal Opportunities, Protection of Rights

and Full Participation) Act 1995 is the first comprehensive legislation on disability in the country. The PWD Act has specifically mentioned seven categories of disability such as blindness, low vision, leprosy cured, hearing impairment, locomotor disability, mental retardation and mental illness. However, to address the issue of disability sometimes as a matter of medical intervention or sometime as a matter of social welfare various legislations were initiated at different point of time. Reference can be made to the Lunatic Asylum Act 1858, first of its kind to deal with the issue of disability specifically for setting up mental asylums and procedural checks for admission and treatment of patients with a view to segregate those who by reason of insanity, the Lunacy Act 1912 etc. After independence the Lunacy Act 1912 was replaced with the Mental Health Act 1987 to consolidate and amend the law to the treatment and care of mentally ill persons. Again in 1992, the Rehabilitation Council of India Act was passed which introduced the first institutional arrangement i.e, the Rehabilitation Council of India (RCI) for the welfare of the disabled people. The RCI is authorised to regulate and monitor services given to the persons with disabilities to standardise syllabi and maintain a central rehabilitation register of all qualified professionals and personnels working in the field of rehabilitation and special education. In 1999, another institutional arrangement, i.e., a National Trust was set up for the welfare of persons with autism, cerebral palsy and multiple disabilities under the National Trust Act 1999.



The history of collection of data on disability may be traced to the beginning of Indian census in 1872. Data on disability was reflected in the census reports of 1891, 1901, 1911, 1921 and 1931. However, the British census commissioners were not satisfied with the census data pertinent to infirmity or disability as they acknowledged the problems related to the collection of data regarding disabled persons. The 1931 census commissioner of India observed that the return of infirmity in the Indian census has probably never been satisfactory (Census of India, 1931). After independence, the

question of disability arose for the first time in the 1981 census as the year 1981 was proclaimed by UNO as International year for the Disabled Persons. Hence, after a gap of 50 years, or four decennial censuses, the issue of disability was again campaigned for 1981 census. The 1981 census included only three categories of disability viz., 'Totally Blind', 'Totally Dumb' and 'Totally crippled'. The categories like hearing impairment, low vision, mentally retarded etc were not incorporated in the census data as the enumerators found it difficult to gather information. In most cases the people did not want to disclose the information regarding disabled person in their respective families. However, the Ministry of Social Justice and Empowerment had assured that they would give training to undertake certain sensitization programme for the enumerators. This census revealed that at the national level 0.2% (1.1million) of the population was disabled. Among them 43% were blind, 32% were Crippled and 25% were dumb (censusindia.gov.in). The issue of disability again dropped in 1991 census and as a result of long struggle by the disabled people it was reintroduced in 2001 census after the passing of PWD Act 1995. Accordingly, the 2001 census of India included five categories of disability in its report viz., Seeing, Speech, Hearing, Movement and Mental illness. Again, in 2011 Census certain new approaches were adopted in collecting data on disability such as preparation of 'Household Schedule' where questions on disability were asked to all the persons in the household. Apart from taking interview of all the family members of the household, the enumerators were also instructed to contact the disabled person. All types of households i.e., 'Normal', 'Institutional', 'Houseless' households were covered by 2011 census (Office of the Registrar General and Census Commissioner). The Census 2011 also highlighted the use of simple nomenclature of the types/ categories for the convenience of both the enumerators and respondents. While categorizing the different types of disability, the 2011 Census covered all the categories mentioned both in the PWD Act 1995 and National Trust Act 1999. Accordingly, data were collected from eight types of disabilities such as seeing, hearing, Speech, movement, Mental Retardation, mental illness, any other and multiple disability.

It needs to be mentioned here that on 27<sup>th</sup> December, 2016, the Government of India enacted a new law called Rights of the Persons with Disabilities Act 2016 ( RPWD Act 2016) which replaced the erstwhile PWD Act 1995. The Act includes twenty one types of disability under five broader categories: a) Physical Disability includes Locomotor disability (leprosy cured, cerebral palsy, dwarfism, muscular dystrophy, acid attack victim), Visual impairment (blindness, low vision), Hearing impairment (Deaf-means person having 70DB hearing loss in speech frequencies in both ears, hard of hearing), and Speech and language disability, b) Intellectual disability (Specific learning disability, Autism spectrum disorder), c) Mental illness, d) Disability due to chronic neurological condition such as multiple sclerosis, Parkinsons' disease, blood disorder such as haemophilia, thalassemia, sickle cell disease and e) Multiple disabilities (more than one of the above). It includes a number of invisible disabilities such as haemophilia, thalassemia and other types of blood disorder. The identification of such disabilities requires proper diagnosis and medical intervention. However, till now many state

governments have not made necessary institutional arrangements and even have not prepared the state rules for the proper implementation of the RPWD Act 2016. In such a situation, if categorization of disability is made in accordance with the provisions of RPWD Act 2016 for the purpose of census 2021, it will be a serious challenge for the enumerators to collect accurate data on persons with disabilities. Besides, ambiguities are also there in matters of issuing disability certificates and identity cards. For example, in the recent time, the Ministry of Social Justice and Empowerment called for online application for issuing unique identity card for persons with disabilities to avail the government benefits. However, submitting online application for a disabled person like blind, mentally ill person or persons suffering from multiple disabilities is next to impossible. Another important aspect is that as the types of disabilities are increasing, there is always the possibility of increasing number of disabled population in the days to come.

Michel Foucault argued that the mode of objectification transforms human being into human subjects. That objectification is possible through juridico administrative devices that govern human population. According to him, there are three different mode of objectification, namely: Practice of classification, Dividing practice and Self subjectification practice. For him objectification does not posit a creative subject, rather the subject that is posited is one that is inscribed by power, one whose actions can be reduced to power (Foucault). In Indian cultural context, the narrative of divine body in the disability discourse as propagated by the State itself reduces disabled population as passive recipient of beneficiaries' scheme. Similarly, new classification of disability under RPWD 2016 can be read in Foucauldian sense as the new technology of subjectification of disabled population.

### **Conclusion:**

From the above discussion it can be said that there are two types of prominent disability discourses in India. First is of course the cultural narratives of disability which is connected to religious and socio-cultural milieu of Indian society and second one is the juridico-legal discourse of disability that emerged from colonial period onwards. The politically projected idea of Divyanjan in recent time is an effort to engulf these two discourses of disability. In the last couple of years with the claimed benevolent intention of changing the social attitude towards disabled persons, the government of India is promoting and legitimising the term Divyanjan to refer to the disabled population of the country. In Foucault's bio-political sense, it is a new form of technology or a new reflective technology of power that makes the disabled population more governable under the purview of the state. Notwithstanding that in the recent times, disabled people have refused to remain designated as passive recipient of charity or pity. The collective movement of the disabled people have become vibrant in many parts of the country to give a political voice to the disabled people. In such a context, it is a paradoxical phenomenon in the sense that while in present moment the disability movements acquire a political voice on the one hand, but on the other hand the state machinery is promoting

a disembodied or depoliticised discourse of Divyanjan to address the larger issue of disability.

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