

Chapter 1 (Post)colonising Disability

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Disability and postcolonialism are two important, and inter-related, discourses in the social construction of the nation and of those bodies deemed worthy of citizenship rights. This paper acknowledges the material dimensions of disability, impairment--and postcolonialism and its associated inequalities--but it also highlights the rhetorical connections that are commonly made between elements of postcolonialism (exile, diaspora, apartheid, slavery, and so on) and experiences of disability (deafness, psychiatric illness, blindness, etc.). The paper argues that researchers need to be far more careful in their language around experiences of both disability and postcolonialism. Neither disability nor postcolonialism should be understood as simply a metaphor for the other experience; nor should they be rhetorically employed as a symbol of the oppression involved in a completely different experience. A central focus of this paper is the rhetorical connection commonly made between various elements of postcolonialism (colonization, exile, diaspora, apartheid, slavery, and so on) and experiences of disability. The paper also argues that researchers need to be far more thoughtful and careful in theorizing of this relationship. Postcolonialism should not be understood as simply a metaphor for the experience of disability; nor should the terms “colonialism” or “disability” be rhetorically employed as a symbol of the oppression involved in a completely different experience.

Definitions of Disability and Postcolonialism

Before discussing the interconnectedness of these phenomena, it is useful to define the key terms, “disability” and “postcolonialism.” In discussing “disability”, the author adopts two definitions. The first, which is consistent with a social model of disability and particularly popular within disability studies involves making a heuristic distinction between disability and impairment – where impairment is defined as a form of biological, cognitive, sensory or psychiatric difference that is defined within a medical context, and disability is the negative social reaction to those differences. The rationale for this heuristic distinction is to separate the experience of biological difference from the prejudice, discrimination and other negative social consequences that many disabled people experience. The second definition of disability adopted in this paper is that of an identity. In this context, disability (like ‘race’, gender or religion) is not necessarily regarded as a bad thing – it is an identity, with both social and personal dimensions, which may be associated with feelings of community, solidarity and pride, or conversely, with feelings of difference, exclusion and shame. A “disability” identity is not necessarily a medicalized identity – it could simply be an identity that is based on identifying as someone who navigates the world in atypical ways, facing many attitudinal and physical barriers. Adopting two definitions of disability may seem cumbersome, and confusing, but it is important given the rise of identity politics associated with the disability movement.

The definition of “postcolonialism” adopted in this paper is that offered by Ashcroft, Griffiths and Tiffin (2003):

We use the term ‘post-colonial’, however, to cover all the culture affected by the imperial process from the moment of colonization to the present day. This is because there is a continuity of

preoccupations throughout the historical process initiated by European imperial aggression. We also suggest that it is the most appropriate as a term for the new cross-cultural criticism which has emerged in recent years and for the discourse through which this is constituted. (p.2)

Unlike Ashcroft, Griffiths and Tiffin, however, this paper does not employ the hyphen between “post” and “colonial”, since it is not being suggested that this era is coming after the moment of colonialism. The use of the term “post” within “postcolonialism” is not meant to imply that the contemporary world does not experience ongoing effects of the racism, genocide, violence and environmental abuse which has characterized contact between the First World and the majority world. Rather, it is intended to acknowledge the ongoing effects of such practices, as well as the changing forms of oppression embedded in contemporary international relations, following the national liberation movements of various majority world countries. As Loomba (2001) argues, postcolonialism is not a term that signifies the end of colonialism, but rather signifies new forms of contesting colonial domination and the legacies of colonialism. In this sense, postcolonial criticism is understood as examining the relations of domination between and within nations, ‘races’, or cultures, recognizing the historical roots of such practices within colonialism (Moore-Gilbert, 1998).

Unpacking the Connections

Postcolonial themes are commonly used metaphorically within disability studies. Metaphors have been a major element of traditional descriptions of pain, illness and disability; these metaphors have likened the relationship between disability, illness and the body to such diverse experiences as military operations, machinery, extra-terrestrialism, sexuality, and colonialism (Lupton, 2003). So it probably should not be surprising that disability is often used as a metaphor for the problems experienced by a nation. However, the nature of those metaphors is particularly interesting, because the connections they make between quite disparate experiences evoke meanings that shape perception, identity and experience. As Susan Sontag (1989) has commented, "Of course, one cannot think without metaphors. But that does not mean there aren't some metaphors we might well abstain from or try to retire" (p. 5).

The metaphorical connections between disability and postcolonialism are so extensive that they cannot be fully summarized in one brief paper. Nevertheless, it may be sufficient to note that the failure to recognize American Sign Language as a distinct culture has been represented as a form of “colonialism” (Lane, 1993); contemporary interactions between patients and doctors have been characterized as a form of “medical colonialism” (Frank, 1997, 2002); and the experiences of racism and disablism have been equated, as in the concept of “the cripple as Negro” (sic) (Kriegel, 1969, but see also Asch 2004 and Domurat Dreger 2004). Disability has also been compared to “exile” (eg. Clare, 1999; Michalko, 1999), as well as “internal exile” (Ingram, 2003); it has been presented as a form of “apartheid” (Goggin and Newell, 2004; Wood, 1994); the treatment of people diagnosed as having psychiatric impairments has been presented as a form of “slavery” (Szasz, 2003); and disability has been positioned as a form of “diaspora” (Thrower, 2003). The quest to “cure” impairment in the majority world has been a major element of Orientalist discourse (Jarman, 2004). Unfortunately, superficial comparisons between experiences of disability and ‘race’ have sometimes been made that suggest the two experiences are completely interchangeable. For instance, in *One of Us*, Alice Domurat Dreger (2004) suggests that her adopted African American brother could be described as “disabled” simply on the basis of his ethnicity:

... by virtue of being black in a place where to be black was abnormal, Paul might have counted as disabled according to the basic definition since provided by the Americans with Disabilities Act: people regarded him as having an anatomical impairment that substantially limited his major activities. (p.15)

Such conflation of ‘race’ and disability is not only factually inaccurate (her brother could not be regarded as “disabled” under the ADA) but it offers a puerile conflation of fundamentally different social experiences.

Nevertheless, disability and postcolonial experiences are often conflated. For instance, in *The Mask of Benevolence*, Harlan Lane (1993) describes Deaf people as a linguistic minority who have experienced “colonialism”.¹ Lane’s arguments stemmed from his work in Burundi, which had made him realize that negative stereotypes of African people were often similar to the stereotypes about Deaf people. Lane positions colonialism as “the standard, as it were, against which other forms of cultural oppression can be scaled, involving as it did the physical subjugation of a disempowered people, the imposition of alien language and mores, and the regulation of education in behalf of the colonizer’s goals” (p.31). Lane argues that hearing people have acted as colonialists because their behaviors have been marked by paternalism, ethnocentrism, negative stereotypes, the artificial creation of dependence, and economic exploitation. He states

Like the paternalism of the colonizers, hearing paternalism begins with defective perception, because it superimposes its image of the familiar world of hearing people on the unfamiliar world of deaf people. Hearing paternalism likewise sees its task as “civilizing” its charges: restoring deaf people to society. And hearing paternalism fails to understand the structure and values of deaf society. The hearing people who control the affairs of deaf children and adults commonly do not know deaf people and do not want to. Since they cannot see deaf people as they really are, they make up imaginary deaf people of their own, in accord with their own experiences and needs. (p.37)

Lane does not examine what makes colonialism a unique form of power, nor does he clearly differentiate “colonialism” from various forms of power over bodies, which may fall under the category of “disability”. Indeed, Lane’s approach to Deafness as a unique culture means that he does not wish to engage in a dialogue about similarities between Deaf and disabled people, a task that would fall to other scholars – particularly those with a stronger interest in identity (for instance, Corker, 1999).

The rhetorical connections which Lane makes between disability and colonialism have also been observed by a number of other scholars. For instance, Arthur Frank (1997, p.10) describes patient-doctor interactions as “medical colonization” which can continue for a lifetime. Frank (1997) argues, “Colonization was central to the achievement of modernist medicine” (p.10). Discussing the work of the postcolonial theorist Gayatri Spivak, Frank (1997) argues that the medical encounter is not just analogous, but exactly the same:

This is exactly the colonization that Spivak speaks of: the master text of the medical journal article needs the suffering person, but the individuality of that suffering cannot be acknowledged. (p. 12)

¹ Although Lane uses the phrase “deaf” to describe this population, it is more accurate from a disability and Deaf studies viewpoint to use the uppercase “Deaf” to describe a distinct linguistic minority, as opposed to people who simply have a hearing impairment. This is another interesting difference between disability as defined by the social model and from the perspective of identity politics.

Frank (2002) continues to argue in his most recent work, "medicine tries to colonize your body" (p.57). He argues that the process of becoming a patient means, "being colonized as medical territory and becoming a spectator to your own drama" which means that "you lose yourself" (p. 57).

Tom Shakespeare (2000), who explicitly engages with the work of postcolonial theorists such as Edward Said, Albert Memmi and Franz Fanon, also compares the disability experience to that of colonialism and imperialism. Shakespeare engages with the feminist literature on care, and recognizes in passing that the majority of care is done by women, but does not sufficiently engage with the connections between 'race', ethnicity, disability and care. Specifically, what is missing is an inclusion of the role of women of color in giving and receiving care, imbued with explicit acknowledgement and analysis of racial/ethnic difference. The inclusion of such an analysis would enable scholars to identify the cultural, social, historical, sexual and representational implications of such differences. Nevertheless, Shakespeare (200, p.x) does not engage in such analysis and instead simply parallels disability and postcolonialism. He states

I suggest that 'care' can operate as a kind of imperialism. In the early twentieth century, residential institutions were often actually called 'colonies'. Still today, people who receive welfare or medical help may be taken over, their homes or bodies invaded. In return for help, they have to give up control over their lives. The colonialism incipient in the caring relationship can mean that the power to define the problem, let alone the way that the problem should be solved, is removed from the person and monopolized by the helper. The help-receiver may be regarded as incapable, incompetent, sometimes even morally inferior - just like attitudes to 'natives' in the former colonies (Memmi, 1990).

This technique of using postcolonial themes to describe disability is far more common than might be assumed. For instance, in his discussion of adventitious blindness, Michalko (1999) relies very heavily on the concept of "exile" and the work of Edward Said. Although Michalko recognizes that blind people are not usually "banished" from their homeland, and thus reduces the concept of exile to a metaphor, he maintains that this is a legitimate parallel because adventitiously blind people "remember the 'homeland' of the visual world in the way that the exile remembers the sweetness of home" (p.97). Further, Michalko states:

Like Said's exile, the blind person knows that in a world of contingency, homes are provisional. We can be sighted today and blind tomorrow. Like the exile's experience of crossing political and geographical boundaries, crossing the border from sightedness to blindness provides for the possibility of breaking the barriers of "thought and experience" (p. 107).

In the work of Richard Ingram (2003), the related concept of "internal exile" is used to describe the experience of psychiatric system survivors. However, Ingram does not simply wish to acknowledge similarities between the experiences of those in internal exile and psychiatric system survivors. He employs this rhetoric to suggest that psychiatric system survivors in fact experience far greater human rights violations than others in "internal exile":

First, our encounter with psychiatry either begins with internment, or with becoming exposed to the threat of internment. Second, we are not just stripped of access to one or more languages, literatures, and cultures, but to language, literature, and culture per se. Third, the application of these techniques of isolation is wrapped in a discourse of benevolent care, and backed up with irresistible force. Once a psychiatrist has informed you that "you're not making sense," you no longer have any say in determining what is in your interest, and all rights vanish into air. (p. 8)

Unfortunately, Ingram's gender-blind approach fails to recognize the complexity, multiplicity and differentiation of those with experiences of psychiatric confinement and also those who have

experiences of internal exile. This is important, because other studies have shown that men are more likely to be admitted to mental hospitals, but women are more likely to be labeled mentally ill based on their gender roles (Cockerham, 2003).

The well-known critic of psychiatry, Thomas Szasz (1977), has emphasized the similarities between colonialism and disability for many years. In his classic work, *Psychiatric Slavery*, Szasz acknowledged that psychiatric slavery was not chattel slavery, but argued that there were ideological, economic, political, linguistic and legal similarities between involuntary servitude and involuntary psychiatry. This is a theme that Szasz has continued in his recent work. In *Liberation by Oppression: A Comparative Study of Slavery and Psychiatry*, Szasz (2003) maintains that the nexus between diagnosis, treatment and incarceration lies at the core of psychiatric intolerance and coercion. Continuing the comparison between people diagnosed as having mental illnesses and what Szasz refers to as "the Negro" (sic), he labels laws concerning psychiatry as "psychiatric Jim Crow laws – 'unequal and separate'" (p.33). Again, however, there is no analysis of the differential impact of gender on the subjects of psychiatric incarceration; neither is there any mention of the sexual dynamics of slavery.

Unfortunately, the pattern of treating postcolonialism simply as a metaphor within disability studies has been matched by a similar pattern of treating disability as metaphor within postcolonial writing. For instance, the colonial experience has been characterized as a form of national disablement (Choi, 2001), colonialism in Africa has been presented as "disabling the colonized" (Quayson, 2002, p. 228), and colonial culture has been described as a form of "crippled minds" (Goonatilake, 1982). In Korea, Choi asserts, there was both a conscious and an unconscious re-imagining of the colonized nation as a disabled entity as a result of the pressures of colonization, capitalization, modernization and urbanization. Korean intellectuals sought to capture national aspirations and history through the trope of disability. Choi suggests that this is the reason why narratives from Korea in the colonial period tend to present the majority of the population as disabled or impaired. Choi identifies an "inseparable relationship between the literary imagination and the historical and political situation of Koreans as colonized subjects", suggesting that "the trope of disability surfaced largely within a sociopolitical perspective that emerged in response to a sense of national crisis" (p.438). Choi's analysis suggests that Korea's experience of colonialism was understood through the metaphor of disability and illness in the national body.

Another important dimension of the relationship between disability and postcolonialism is that disability is sometimes presented as the symbol of the evils of colonialism. Imagery of disease and disability is often associated with concern for the social order and Sontag (1978) emphasizes the long history of using metaphors of illness to describe social corruption. Some disability studies scholars suggest that such metaphorical use of disability is not co-incidental. Mitchell and Snyder (2003) argue that disability pervades literature as "an opportunistic metaphorical device" (p.47) which differentiates characters from normative categories. The use of disability metaphors, they suggest, has been a "crutch upon which literary narratives lean for the representational power, disruptive potentiality, and analytical insight" (p.49).

Perhaps the best example of this tendency within postcolonial literature is Franz Fanon's (1963) classic, *The Wretched of the Earth*. Disability is central to Fanon's arguments: one of the main features of colonialism which he identifies is the creation of specific mental "pathologies" and "disorders" as a result of the colonial relationship. Not surprisingly, given that Fanon was a psychiatrist, he adopts a medical model of disability. In the medical model, the experts are doctors and allied health professionals, and the diagnostic process is often assumed to be a fairly unproblematic process of simply recognizing "objective" symptoms of a "disorder" and labeling it accordingly. Thus, Fanon believes that colonial wars create specific sorts of mental distress.

While Fanon recognizes that the identities adopted in response to colonialist developments (such as those of the nationalist resistance movements) are thoroughly social constructs, he seems to assume that the disability labels which he applies to people reflect objective mental states, rather than subjective interpretations of another person's reality. For instance, he describes an individual as experiencing "marked anxiety psychosis of the depersonalization type" (p.261), another as "accusatory delirium and suicidal conduct disguised as 'terrorist activity'" (p.273); and refers to women experiencing "puerperal disorders" associated with childbirth without questioning whether the process of diagnosing such "mental disorders" could be in anyway problematic. For Fanon, psychiatric impairments are a sign of the horrors of colonialism. Get rid of colonialism, and we will avoid many disability experiences, and that is unquestionably assumed to be a good thing.

Fanon (1963) not only assumes that medical diagnoses are objective and scientific, he further assumes that medical responses are unproblematically beneficial. For instance, he laments the fact that people who have been electrocuted often present with symptoms that make it "completely impossible" for doctors to suggest shock therapy (p.283), ignoring the fact that such "treatments" cause brain injuries, may be fatal, and always have major negative consequences on patients². Likewise, Fanon's "objective" descriptions of impairments – such as a case study of one man's "impotence" following the rape of his wife (which is described as "her dishonor" (p.255) – actually mask wider power dynamics, such as sexism. But Fanon's implicit medical model of disability leads him to largely ignore the role of social factors other than colonialism in the creation of disability and impairment. This is deeply problematic, as postcolonial theorists have shown, because it reduces what Bhabha (1994) has called "the cultural and historical hybridity of the postcolonial world" (p.21). Such an approach also forecloses examination of the cultural processes of ambivalence, distortion, repetition and slippage inherent in both colonial discourses of differentiation and in resistance to them (Bhabha 1994).

Fanon's masculinist approach to colonialism can be contrasted to Aretxaga's (2006) more complex (and more interesting) study of gender and colonialism in Northern Ireland between 1978 and 1981. During that time, male and female members of the Irish Republican Army and the Irish National Liberation Army participated in a "Dirty Protest" where they refused to leave their cells in order to wash or use the toilets, instead letting those cells fill up with dirt and body waste. Feces and menstrual blood became the symbols of political protest. Aretxaga interprets this as a highly gendered protest against British colonialism – transferring the issue of menstrual blood, for instance, from the bodies of women onto the body politics of colonialism. The interconnections between bodily pain, symbols of violence and sexual difference were central to this protest. Indeed, Aretxaga (2006) concludes that "political violence performed on and from the body cannot escape the meaning of sexual difference" (p.307). Given that ethnic and political violence is implicated both in the discursive construction of sexual difference as well as ethnic identity, violence against women's bodies in the context of colonialism cannot be assumed to be a mirror image of violence against male bodies. However, Aretxaga's analysis is nevertheless limited by its failure to analyze the relationship between bodily pain, embodied protest and disability within this context. It could be argued that disability is actually central to the connections between pain, flesh, physical vulnerability and "leaky bodies" (to borrow a term

² Fanon's support for electroshock therapy contrasts starkly with accounts written by psychiatric system survivors and their advocates. For a far more critical discussion of "brain damage as miracle therapy", see Whitaker 2003, pp.106- 13.

from Shildrick, 1997). However, Aretxaga's account of the protest is somehow diminished because of the failure to make such connections.

An equally problematic response to the issues of postcolonialism and disability is to marginalize the issues as if they were of concern only to those people who identify both as disabled and members of a colonized group. The flaws with such an additive model of identity have been well established with regard to gender and ethnicity, but nevertheless remain present in some of the literature on disability and postcolonialism. One recent example of such an additive model of identity is the work of La Com (2002), which suggests that disabled people within postcolonial contexts are "doubly colonized" because "the colonized subject who is Other in terms of body and voice is made doubly Other by means of her disability" (p.138). Clearly, more sophisticated approaches to such questions are needed. This paper now highlight some of the efforts that have been made to develop a more complex theorization of the relationship between postcolonialism and disability.

More productive approaches to these issues

It is a truism to say that the historical legacy of colonialism is the poverty of the majority world, which has created large numbers of impairments. Abject poverty, starvation, and war cause impairments; these are undisputed facts. This poverty is a human rights issue, as is the social creation of impairment in this manner, as are the presence of disabling barriers in the social and physical environment (see Stone, 1999; Priestley 2001). However, such a recognition is insufficient for developing a complex understanding of the relationship between disability and postcolonialism. Rather than simply bemoan disability as a symbol of the horrors of imperialism, a far more interesting approach is to unpack the power dynamics which link the two experiences, both in practice and in rhetoric. For instance, an important element of the rhetorical connections between postcolonialism and disability has been the racist discourses about particular populations being associated with contamination and disease--a theme which is particularly evident in the AIDS literature (Farmer, 1993). Likewise, the discourse of AIDS and contagion is laden with gendered messages about reproduction, women's bodies, medical resources, and the role of bodies in an interpersonal and an international context (Lewin, 2006). In this way, postcolonialism intersects with disability and gender in order to construct what has been called "the geography of blame" (Farmer, 1993, p. 191). And yet the position of women, the role of gender more broadly, and the specific intersections of racism and sexism in the lives of black women in the production of such discourses are rarely acknowledged. As Ogundipe-Leslie (2001) comments "the black women's absence is ever central and taken for granted" (p. 135).

Racist themes of contamination (thoroughly interspersed with discourses about the creation of disability) have been attributed to particular ethnic populations over many centuries. Such ideas have actually been a mainstay of anti-Semitism for hundreds of years (Gilman, 1985). Racism and disablism were also combined in the exoticism and spectacle of the freak shows of the early 20th century (Bogdan, 1990). In the mid 20th century, the connections between disability and racism were particularly evident in eugenics, which was premised on a desire to eradicate both racial difference and impairment (Kerr and Shakespeare, 2002). Of course, the eugenic programs of Nazi Germany not only led to the mass genocide of millions of Jews in the Holocaust, they also resulted in the murder and involuntary sterilization of hundreds of thousands of disabled people. Eugenics had a particularly important sexual dimension. Barlow's (2005) study of eugenic ideology suggests that women's sexual behavior was central to the eugenic themes of hygiene, racial vitality, and the production of the "fit" and the "unfit". Barlow argues that such gender dynamics are central, rather than peripheral to colonialism. In both

national and international eugenic ideology, “these scientized, biologized, evolutionized identities of woman and man constitute core elements of colonial modernity” (p.378). Likewise, Larson (1995) has highlighted the interconnections among racism, sexism and eugenics: in the face of racist fears and prejudices which created pressure to protect and purify the Caucasian race, eugenicists implemented marriage restrictions, sexual segregation, compulsory sterilization and immigration restrictions.

The combination of racism and disablism, as well as homophobia, was also apparent in the First World’s response to AIDS, particularly in the accusations and blame directed towards Haitians. AIDS, in its early stages, was commonly associated with what was called “the Four-H Club”: homosexuality, heroin addicts, hemophiliacs, and Haitians. The spurious connections made between Haitian voodoo and the transmission of the AIDS virus, which emerged early in the pandemic before any detailed epidemiological studies had been conducted, remain a powerful symbol of the intersection of discourses of disability and racism and reflect long-standing mythology around exoticism and sexual diseases. The notion that “disease-ridden” Haitians brought AIDS to the First World reproduced long-standing racist conspiracy theories about blackness, animals and sexually transmitted diseases (Farmer, 1993). As Sontag notes, (1989), “there is a link between imagining disease and imagining foreignness” (p.48).

It is true, of course, that particular ethnic populations experience higher rates of certain impairments and diseases than others. The incidence of Tay-Sachs disease, for instance, is approximately a hundred times greater among Ashkenazi Jews than it is among the general population; malignant osteopetrosis is a high-frequency disease among people from Costa Rica; and higher rates of Thalassemia have been found among a number of populations, including South East Asians and Africans (Duster, 2003). However, it would be a mistake to simply note the presence of impairment in particular ethnic populations and to assume a direct unmediated relationship between impairment and disability experiences. Unfortunately, many epidemiological studies of the prevalence of disability in indigenous populations have made precisely this assumption, and have produced reports of disability which are largely inconsistent with the ways in which the populations being studied understand their own experiences (for instance, Thomson and Snow, 1994). In order to understand the social construction of disability in a particular socio-cultural context, it is necessary to examine the specific economic, ideological, institutional, political, military, ethnic, gender and age-related dynamics present in that society. These cannot simply be “read off” a list of the most common impairments in a region. Nevertheless, this has unfortunately been a common mistake – even within disability studies literature. Stone (1999), for instance, simply rattles off a list of impairments in “developing countries” (sic) as if the process of disablement were a natural and direct consequence of the incidence of impairment. The statistics which Stone quotes are undoubtedly powerful – for instance, she notes that over 100 million people have impairments stemming from malnutrition and a quarter of a million children go blind every year due to a lack of Vitamin A. However, Stone seems to assume that a linear connection exists between disability and impairment. This is a deeply problematic assumption from the perspective of many disability scholars. Tremain (2002) for instance has criticized the tendency of such work to assume that impairment is objective, transhistorical and transcultural.

One of the best illustrations of the need for a culturally-specific examination of disability and impairment is O’Neill’s (1996) study of depression in a Native American community. Some Flathead Indian people suggested to O’Neill that between 70% and 80% of their community experienced depression. However, the incidence of depression was not generally connected to accounts of illness. Instead, a sense of suffering was regarded as a marker of maturity and Indian identity. For many people living on the Flathead Reservation, depression is the natural and

esteemed condition of “real Indians”, those who have “disciplined hearts”, and who have used their sadness as a source of compassionate responsibility for others. The idea that most Flathead people are depressed makes sense when their narratives are understood in their cultural context, in which the narrators try to use their stories as a basis for an individual and collective charter for modern Indian life. In such narratives, a strong emphasis is placed on moral development, social relations, history and contemporary American Indian identity. O’Neill interprets loneliness and depression as a part of the political process of individual and collective demoralization and “remoralization” of the Flathead Indian people. Such a nuanced, culturally-specific understanding of depression is impossible under the medical model, which tends to assume that impairments such as mental illness are objective and ahistorical.

Both postcolonialism and disability studies also have a long way to go in exploring the racist creation of disability. For instance, in the United States, healthcare disparities in a range of areas continue to lead to higher morbidity and mortality rates for African Americans and members of other ethnic minorities. There is significant evidence to show that disparities in coronary revascularization procedures are leading to higher mortality rates for African-Americans; there are also significant differences in the patterns of diagnostic tests, treatments and analgesics offered to African-Americans with cancer; African-Americans with HIV receive less antiretroviral therapy, prophylaxis for pneumocystic pneumonia, and protease inhibitors; and African-American patients are 3.6 more likely to receive amputations than whites and 2.4 times more likely to receive bilateral orchietomy - the removal of both testicles due to cancer or fear of cancer (Sherry, 2004). All of these inequities can be investigated more by researchers working on the intersection of disability and postcolonialism.

Another important dimension of the relationship between postcolonialism and disability has been raised by Baynton (2001) whose investigation of immigration debates in America suggests that the absence of disability within ethnic minorities is rhetorically employed as a measure of worthiness to be a citizen. This argument is deeply problematic, particularly when one considers disability as an identity--the second definition offered in the introduction to this paper. In this context, strategic efforts by disabled activists to build disability pride and promote a culture of disability may be directly undermined by the engagement of immigrant groups in the politics of shame and stigma. Baynton’s arguments are similar in some respects to another argument offered by La Com, that colonized people often attempt to become liberated by creating a "new category of *monsters* - the disabled, the deformed, the mad" (p.141). In this context, La Com argues, disabled people are disavowed by both colonizers and colonized people.

There are, of course, major differences between the experiences of disability and the experience of postcolonialism which cannot simply be ignored. These also need to be incorporated into the discussions. As Shakespeare (1996) has noted, the vast majority of people in postcolonial contexts share ethnic identities with their family members, whereas the vast majority of disabled people are the only members of their families who have that identity, and they therefore lack role models within the family. The patterns of support and socialization for each group may therefore be significantly different. Researchers need to investigate such issues empirically.

At the level of theory, there are also significant differences between postcolonialism and disability studies. It seems that some postcolonial literature has a far more nuanced approach to identity issues than is evident within disability studies. For instance, a great deal of disability studies still reproduces the disabled/nondisabled divide (for example, Hughes, 2002; Barnes and Mercer, 2003; Longmore, 2003 and Tregaskis, 2004). However, postcolonial literature suggests such a binary and essentialist approach to identity is conceptually flawed, inconsistent and has undesirable moral and political consequences (see Smith, 1998 and Donaldson, 1992). This work

would seem to suggest that in the same way that a black/white divide is theoretically inadequate for conceptualizing ethnicity, the disabled/non-disabled divide is also deeply problematic and conceptually limited. People often position themselves somewhere in-between or outside these binary categories, and this positioning is fluid and contextually dependent. Their ambiguities and contradictions may lead to hybrid identities, ambivalences, and forms of domination and resistance existing beyond the binary.

The issue of power, agency and resistance is indeed one which postcolonial authors such as Bhabha (1994) have examined far more carefully than disability scholars. Bhabha's examination of subtle forms of resistance, such as the displacement, distortion, dislocation and ambivalence generated by the process of colonial domination is far more complex than the simple models of unilateral "oppression" which can be found in many disability studies texts (eg. Charlton, 2000; Priestley, 1999; Imrie, 1996). Rather than look for overt signs of protest and conflict around issues of "oppression", the implication of Bhabha's work is to study carefully the production of hybridity, mimicry, and "sly civility" as forms of ambivalence generated by dominating discourses of hierarchy, marginalization and normalization. Postcolonial scholars use such concepts in order to identify the nation as the symbol of the problematic boundaries of modernity – but disability studies may also find such a complex, and subtle, approach to power far more fruitful than to dismiss both the political effectiveness and the psychologically affective elements of dominant discourses. In exploring the cultural and political issues associated with the liminality of the nation-state, Bhabha stresses that it is important to identify those in-between moments that initiate new sites of identity, new collaborations, and new conflicts over identity. Again, this sophisticated approach to forms of domination and alterity is markedly different from the approach of disability scholars, who tend to favor simplistic models of oppression and uncritically regard minority discourse as signs of political strength and unity, rather than ambivalence (for instance, Charlton 2000).

Although the discipline of disability studies can undoubtedly learn a great deal from the postcolonial literature on identity, it may have its own lessons to teach on the issue of embodiment. For instance, while there is a tendency within critical race theory to emphasize the socially constructed nature of our responses to human variation, both the biological and the social dimensions of embodiment receive a great deal of attention within disability studies. As Williams (2003) has argued, a sophisticated understanding of embodiment is absolutely necessary. Such an understanding should not conflate the epistemological and ontological nature of biology, but should also recognize that biology enables as well as constrains. It also needs to acknowledge the dynamic and developmental nature of biology--and to recognize that biology can expose social inequalities and oppression, rather than simply legitimate them. This is an issue which postcolonialism could certainly engage with in more detail.

Conclusion

This paper has attempted to illustrate the problematic approaches towards the intersection of disability and postcolonialism that underpins a great deal of the literature. It has stressed that disability should not be treated as a metaphor for postcolonialism, and that postcolonialism should not be treated as a metaphor for disability. Each experience may share some similarities, but they are also quite distinct. The paper has concluded by identifying more promising ways of unpacking this complex relationship. It has highlighted the rhetorical connections between disability and postcolonialism in racist and sexist discourses of contamination and disease, and has stressed the importance of further research into the racist creation of disability. The paper has also emphasized the importance of examining the interconnections of sexism, racism and

disablism in postcolonialism and in the study of disability. It has highlighted the need for disability studies to examine the subtle forms of resistance that can be theorized in more complex ways than a simple model of unilateral oppression would suggest. Likewise, the paper has stressed the need for more attention to the issue of embodiment within postcolonial literature. All of these suggested changes would create a more theoretically rigorous approach to both the study of postcolonialism and disability.

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