

Chapter II

From Fancy to Fact: Disease, Disability and Literature

II.1 Understanding the Notion of Disease, Disability and impairment

“Disease is an experience of a body, culture, and society that comes to us through the discourse of medicine.”

(Kleinman, Eisenberg, and Good 251)

It is essential to the areas of health care and medicine to have a fundamental understanding of diseases. Disease is understood to be a defection from a condition of health that is indicated by the existence of varied symptoms or atypical conclusions based on scientific diagnostic procedures. Nevertheless, the concept of disease spans beyond the scope of what is known in the medical discipline, and it has prompted a great deal of inquiry into the characteristics, factors that contribute to disease, and the outcomes of disease. A key question in philosophy is whether disease is a purely biological condition or a product of society. In accordance with the naturalistic point of view, disease is a real and objective phenomena that can be explored and understood using scientific examinations. It is possible to argue that disease is brought on by a biological or physical dysfunction in the bodies, and the purpose of the medications that are now accessible is to repair or eliminate these issues and restore the body to a state of well-being. On the other hand, the social constructivist theory claims that the cultural and social components have had an impact in the development of the diseases (Vygotsky). This argument highlights that diseases are not an inherent condition of the body, but rather an umbrella word designated by society for certain conditions. In this context, disease is shaped by many cultural norms, beliefs, and perspectives, in addition to being a biological phenomenon. In certain cultures, mental illness is seen as a

sickness, whilst in others, it is not. It highlights the impact of cultural variations on individual understandings of the term “disease”. Another philosophical inquiry about disease is whether it is necessarily harmful. According to the medical model, illness is an adverse and undesired situation necessitating medical intervention. Some philosophers argue that disease may sometimes be advantageous. Illness can guide an individual in self-management and overcoming health challenges, leading to personal growth and transformation. Additionally, several philosophers have suggested that disease provides societal advantages, including the enhancement of social solidarity and sympathy among those with similar medical conditions. The ethical relevance of disease is one of the most controversial philosophical questions concerning it. This issue arises due to the potential serious moral connotations of disease for both individuals and society at large. For example, an individual with a contagious disease, may have an ethical obligation to implement precautions to prevent the transmission of the disease to others. Similarly, society may have a moral obligation to provide access to resources, such as medical facilities, for individuals with certain conditions. The main question in philosophy is whether disease has intrinsic moral value or whether this value depends on other elements like the damage it causes or the social setting in which it emerges.

“Disability is a socially constructed concept, not a medical one.”

-Deborah A. Stone, *The Disabled State* (1984)

The idea of disability is intricate and multidimensional; different researchers, organisations, and social groups have given it diversified meanings on the basis of different contexts. The simplest definition of disability says that it is a kind of Functional or psychological challenge that limits a one’s ability from actively

participating in the public at large. The philosophical concept of disability, however, deviates from the conventional medical definition and brings queries about the implications and portrayals of disabilities. Whether disability is a societal issue or an individual's fate is one of the most prominent arguments surrounding it. According to the medical paradigm, disability is a personal tragedy that must be remedied or cured. According to this viewpoint, disability is a personal issue brought on by a physical or biological impairment, and the primary objective of medical treatments is to correct or make up for this disability. Still, some advocates contend that disability is a societal issue rather than an individual one. They contend that the barriers that keep persons with disabilities away from actively participating in society and the way society has been structured are the root causes of disability. This point of view emphasises that disabilities should be accommodated and included into society rather than being treated as commodities that ought to be fixed or cured. Another philosophical dilemma surrounding disability is whether it is an inherently negative phenomenon. Within the medical conceptual framework, disability is often seen as an unhealthy condition requiring medical intervention. However, various scholars propose that there are advantages associated with disability as well. Individuals with disabilities develop unique approaches of understanding the environment, suggesting that disabilities may foster creativity and innovation. Disability can contribute to society by promoting inclusivity and diversity. The philosophical discourse focuses on establishing a society that embraces and accommodates all individuals, irrespective of ability, while also addressing the merits and drawbacks of disability. One of the most contentious issues surrounding disability in philosophy is the question of whether it is a medical problem, or an identity given by society. This problem arises because a disability may have a substantial influence on a person's identity, confidence, social status, and interpersonal

relationships. Some people with disabilities consider their disability to be a fundamental component of who they are, influencing their relationships, experiences, and perspective on the world. Inversely, others see disability primarily as a medical concern for treatment. The philosophical discourse is on how society may address the medical requirements of those with disabilities while also acknowledging the many perspectives and emotions prevalent within this population.

“Impairment is not an individual problem, but a social one that requires collective solutions.” (Barnes 472-484)

Impairment denotes any condition that restricts or reduces an individual’s physical or mental competencies. This encompasses a broad spectrum of diseases, ranging from physical impairments such as blindness, paralysis or mental health disorders like depression or anxiety-related disorders. The concept of disability generates philosophical inquiries regarding the genesis of human potential, the relationship between people and their society, and the ethical implications of treating or accommodating impairments. A philosophical obstacle with impairment is the definition of a “normal” or “ideal” person’s physique or psyche. Impairments are often seen as differences from the norm, with healthcare treatments intended for restoring individuals to a “normal” condition. This perspective, as mentioned by multiple theologians, is contentious since it implies the existence of a fixed, objective standard for defining a “normal” man or woman. On the other hand, they argue that individual differences are natural, and it should be acknowledged, asserting that impairments represent only one aspect of this diversity. The relationship between the individual and society presents a significant philosophical dilemma related to impairments. The capacity of an individual to actively participate in societal affairs and to maintain their liberties and rights may be adversely affected by impairments, which can also lead to

significant political and socioeconomic implications. For example, motor impairments may restrict an individual's movement or ability to use shared spaces, whereas mental health challenges can influence their capacity to maintain job duties or get involved in communal activities. The discourse engages with the way society ought to adapt to or address these impairments, alongside the ethical frameworks that should inform such determinations. The principle of personal freedom frequently emerges as a crucial moral consideration in discourses surrounding impairment. Personal freedom and independent thinking signify the entitlement of individuals to determine the course of their own lives and to be regarded as individual entities. From this standpoint, impairments ought not to be perceived as conditions requiring "fixing" or "curing," but instead as an inherent facet of human variation, allowing individuals the independence to decide whether to engage with them or not. This perspective frequently pertains to the Disability Rights Movement, which encourages the rights of individuals with disabilities to receive dignified and respectful treatment, as well as to enjoy equal access to resources and privileges provided to all individuals. A prevailing doctrine that often arises in discussions concerning impairment is the principle of generosity. It basically denotes the duty to act in ways that enhance the welfare of others and to foster their general wellness. From this angle, impairments ought to be regarded as issues that can be tackled or improved upon through health care practices or social policy measures. Nonetheless, the implementation of the principle of welfare encourages inquiries regarding the determination of what defines "good" or "well-being," as well as the challenge of reconciling the prospective advantages of medical procedures with their possible harms or risks.

The exploration of disease, disability, and impairment invites a profound inquiry into the interactions between the individual and the societal framework. This

encompasses not merely personal experiences, but also social dimensions, as it influences the individual's relationships, their roles in society, and perception of identity. In certain instances, disease, disability, and impairment may carry a stigma that results in isolation, consequently fostering social marginalisation or biases. Besides, diseases, disabilities, and impairments can bear significant economic as well as political consequences, influencing the distribution of resources and the dynamics of power within society. The discourse revolves around the complicated balance between an individual's right to autonomy and self-determination and the societal responsibilities and duties that emerge from the realities of disease, disability, and impairment. The discourse surrounding the nature of disease, disability, and impairment whether they are inherent aspects of existence or products of societal constructs invites profound contemplation on their ethical implications and societal consequences. This philosophical inquiry compels individuals to engage in a more nuanced understanding of how disease, disability and impairment influence both personal experiences and the broader social fabric. Through participation in these discussions, individuals can cultivate a deeper and more complicated perception of disease, disability and impairment striving to foster a society that is more equitable and just for everyone.

II.1.1 Definition of Disease

The term “disease” literary means “without ease” (Online Etymology Dictionary). In *Textbook of Preventive and Social Medicine* (2005) K. Park has mentioned the term, “disease” as, “the opposite of health—i.e. any deviation from normal functioning or state of complete physical or mental well-being—since health and disease are mutually exclusive” (Park). The American Heritage Medical Dictionary defines disease as, “An abnormal condition of a part, organ, or system of an organism resulting from various causes, such as infection, inflammation, environmental factors, or genetic defect, and

characterized by an identifiable group of signs, symptoms, or both” (The American Heritage Medical Dictionary). World Health Organization’s definition of disease says, “Disease is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO). According to the definition provided by Merriam Webster dictionary disease is, “A condition of the living animal or plant body or of one of its parts that impairs normal functioning and is typically manifested by distinguishing signs and symptoms” (Merriam Webster dictionary). In addition, Oxford English Dictionary says disease is, “A disorder of structure or function in a human, animal, or plant, especially one that produces specific signs or symptoms or that affects a specific location and is not simply a direct result of physical injury” (Oxford English Dictionary).

literary theorists may not be the professionals within the medical area, still they have contributed the concept of disease based on their interpretations of literature and sociological factors. Literary scholar Susan Sontag has argued that disease is not just a biological phenomenon, but a highly charged and highly symbolic one, shaped by cultural beliefs, social structures, and political forces (Sontag). Literary scholar and philosopher Georges Canguilhem has suggested that disease is a departure from the norms, an anomaly that disrupts the balance of the organism (Canguilhem). Literary historian Rita Charon characterises disease as a life event, a means of experiencing a transformation in one’s physical condition that engenders new insights, vulnerabilities, and prospects for empathy and development (Charon). Literary scholar Priscilla Wald characterises disease as a category of social and cultural significance, shaped by specific historical and ideological settings, and closely linked to the lived experiences and anticipations of individuals, healthcare professionals, and scholars (Wald). Medical definitions of disease have tried to focus on the biological aspects of illness, but the

literary and cultural perspectives mostly emphasise on the social and symbolic representations of diseases.

II.1.2 Definition of Disability

The American Heritage Medical Dictionary definition defined disability as, “a physical or mental condition that significantly limits a person’s motor, sensory, or cognitive abilities” (The American Heritage Medical Dictionary). Depending on the scenario and specific medical condition, the medical definition of disability might differ. In general, the medical definition of disability places a strong emphasis on how an individual’s deformity affects their capacity to carry out regular responsibilities as well as participating fully in society. World Health Organization has defined disability as, “an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual in involvement in life situations” (WHO). According to the definition provided by Merriam-Webster dictionary disability is, “a physical, mental, cognitive, or developmental condition that impairs, interferes with, or limits a person’s ability to engage in certain tasks or actions or participate in typical daily activities and interactions” (Merriam-Webster dictionary). Oxford English Dictionary definition says disability is, “a physical or mental condition that limits a person’s movements, senses, or activities” (Oxford English Dictionary).

Disability advocate and academician Tom Shakespeare defines disability as a complicated and debatable phenomenon arising from the connection between an individual’s impairments and the physical and social obstacles that hamper their full and effective engagement in society as a whole (Shakespeare). Rosemarie Garland-

Thomson characterises disability as an intricate phenomenon influenced by social, cultural, political, and economic factors (Garland-Thomson). Disability theorist Tobin Siebers characterises disability as a trait of human existence that signifies a physical or mental deviation from the conventional norm, influencing social norms on the capabilities of the human body (Siebers). Disability rights organisation Disabled People's International (DPI) defines disability as “the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers” (DPI). These definitions do not contradict one another, even though there are ongoing debates and discussions in the academic world and within the community of people with disabilities over which method of conceptualising disability is the most accurate and applicable.

II.1.3 Definition of Impairment

The American Heritage Medical Dictionary has defined impairment as “to cause to weaken, be damaged, or diminish, as in quality” (The American Heritage Medical Dictionary). World Health Organization (WHO) says, “impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function” (World Health Organization). Merriam-Webster dictionary states impairment is “the state of being impaired: as diminished or lacking some usual quality or level of function or performance; being in a less than perfect or whole condition” (Merriam-Webster dictionary). Oxford English Dictionary asserts impairment as “the state or condition of being impaired; a loss or diminution of a function or ability, whether permanent or temporary” (Oxford English Dictionary).

Disability researcher Lennard Davis defines impairment as a physical, cognitive, or sensory deviance from what is normal that may or may not lead to a

disability, contingent upon the surrounding social and environmental circumstances (Davis). Literary researcher Tobin Siebers argues that impairment is a deviance from the culturally determined conventional norm regarding physical or mental capacity (Siebers). Literary scholar Susan Wendell defines impairment as a trait of an individual's body or mind that complicates the performance of specific tasks or the perception of the external environment, relative to the typical experiences of most individuals (Wendell). Literary disability scholar Rosemarie Garland-Thomson also posits that impairment is a deviation from the normative benchmarks of physical or mental capability, which is influenced by social and cultural interpretations and assessments (Garland-Thomson). The notion of impairment may vary according to the cultural and historical background of the discourse.

II.1.4 Differences between Disease, Disability and Impairment

Disability and impairment are terms that are often used interchangeably, but they have different meanings in different contexts. "Impairment refers to a loss or abnormality of psychological, physiological, or anatomical structure or function" (Wood 377). It may manifest as either a transient or enduring condition, potentially influencing one or multiple bodily systems. Instances of impairments encompass auditory deficits, visual impairments, loss of limbs, and immobility. Disability, conversely, denotes the constraints or challenges that arise from impairments. Disability emerges as a construct shaped by the interplay between impairments and the various interpersonal, physical, and psychological barriers present in the world around us. For instance, an individual with a hearing impairment may find it challenging to engage in discussions within noisy settings or in the absence of visual signals, potentially leading to social exclusion and obstacles in obtaining information. The primary distinction between disability and impairment lies in the fact that not every impairment results in a disability, nor is every

disability attributable to an impairment. Certain disabilities, particularly those associated with mental health or neurological diversity, may not stem from a distinct impairment but instead arise from variations of cognitive or behavioural functioning.

Disease and disability represent two separate yet interconnected notions within the realm of general well-being, despite the potential for their intersection. Diseases are defined as identifiable health issues that interfere with bodily or mental operations. Various factors may contribute to its occurrence, including genetic mutations, bacterial infections, wounds, or external factors. Diseases may manifest as acute, indicating a brief duration, or chronic, signifying a prolonged presence, and they can impact various regions of the body or distinct organ systems. Disability denotes a constraint in an individual's capacity to execute specific operations or duties, arising from physical, mental, or neurological disorders. Disabilities may originate from congenital conditions, manifesting at birth, or arise from acquired circumstances that develop over time. Their etiology is complex, encompassing a range of influences including illnesses, injuries, or neurological conditions. In certain instances, a disease may result in a disability, particularly when an individual with a chronic illness encounters physical constraints that hinder their ability to carry out specific tasks. Nonetheless, it is important to recognise that not every disability arises from a disease, nor does every disease result in a disability.

II.1.5 Types of Disabilities

Individuals may experience disabilities that affect diverse areas of functioning such as physical movement, cognition, sensory processing, or emotional regulation. Examples include:

- Physical disabilities are impairments that affect a person's mobility or physical functioning, such as paralysis, amputation, mobility, stamina, dexterity, cerebral palsy, and spinal cord injuries. Examples of physical impairments may include paralysis, amputation, cerebral palsy, muscular dystrophy, and arthritis.
- Sensory disabilities are impairments that affect an individual's sensory functioning, including vision, hearing, taste, smell, and touch. Examples of sensory impairments are blindness, deafness, hearing loss and sensory processing disorders.
- Intellectual disabilities are termed as developmental disabilities that can affect a person's cognitive functioning, including memory, perception, attention, and problem-solving skills. Examples of intellectual disabilities or cognitive impairments are dementia, traumatic brain injury, learning disabilities like down syndrome, autism spectrum disorder, dyslexia, dysgraphia, and dyscalculia.
- Mental health disabilities are conditions that leave impact on individual's emotional functioning, including mood, behaviour, and social skills. Examples of mental health disabilities are depression, personality disorders, anxiety disorders, and schizophrenia.
- Neurological disabilities are conditions that bother the nervous system of an individual, such as multiple sclerosis, parkinson's disease, and epilepsy.
- Disability may arise from chronic illnesses that are generally long-term health issues that affect a human being's daily life, such as diabetes, arthritis, and chronic pain.

II.1.6 Types of Diseases

Some of the most common types of diseases include:

- Pathogenic microorganisms such as viruses, bacteria, fungi, and parasites cause infectious diseases. Examples include influenza, tuberculosis, malaria, and HIV/AIDS.
- Chronic diseases are long-term illnesses that often develop slowly over time and may have multiple causes. Examples include diabetes, heart disease, cancer, and alzheimer's disease.
- Genetic disorders result from inherited genetic mutations or abnormalities passed down through family lines. Conditions such as cystic fibrosis, sickle cell anemia, and Huntington's disease fall under this category.
- Autoimmune disorders occur when the immune system mistakenly targets and damages the body's own healthy cells and tissues. Examples include multiple sclerosis, lupus, and rheumatoid arthritis.
- Degenerative diseases are caused by the gradual deterioration of organs or tissues over time. Examples include osteoarthritis, parkinson's disease, and macular degeneration.
- Nutrition-related diseases are caused by an inadequate or imbalanced diet. Examples include malnutrition, obesity, and vitamin deficiencies.

These represent just a fraction of the many illnesses, diseases, disabilities, and impairments that may arise. A multitude of individuals may have various diseases, disabilities, or a combination thereof that disrupt their everyday functioning. The extent of an individual's impairments and disabilities may vary, as may the effects they have on their life. It is essential to recognise that certain medical conditions can fall in within multiple categories and that significant overlap may exist among distinct disease subtypes.

II.2 Defining and Understanding the Terms “normal” and “abnormal”

According to the definition of Oxford Advanced Learner's Dictionary meaning of the term "norm" is "a situation or a pattern of behaviour that is usual or expected" and meaning of the term "normal" is "typical, usual, or ordinary; what you expect" (Oxford Advanced Learner's Dictionary). In literary perspective, "norm" refers to a generally accepted standard or rule for behaviour or belief within a particular society or culture. It can also refer to the way things are typically done or the usual expectations within a particular genre, style, or period of literature. Norms may be explicit or tacit and may be enforced by social pressure, legislation, or other mechanisms. Regarding the usage of the term "normal" Lennard J. Davis said, "the word normal as constituting, conforming to, not deviating or different form, the common type or standard, regular usual only enters the English language around 1840" (Davis 3). Further, he mentioned, "the word norm in the modern sense has only been in use since around 1855, and normality and normalcy appeared in 1849 and 1857, respectively" (Davis 4). In literature, "normality" denotes the condition of being considered typical or traditional as part of a specific society or civilisation. In this context, "normality" becomes a benchmark to emphasise characters or events that are "abnormal" or deviant, or it may be contested or inverted to examine the boundaries of cultural or social conventions. The medical understanding of "normality" is based on an approach that characterises "normal" as having no sign of impairment or deviation from an established standard of mental or bodily competence. Disability studies challenge this framework for stigmatising disability and perpetuating the concept of ableism. Disability studies perceive "normality" as a socially constructed notion. In this context, "normality" is frequently regarded as an ableist ideology that prioritises specific abilities while marginalising individuals who do not conform to established criteria. This idea highlights the discriminating characteristics of "normality" and its effects on

individuals with disabilities. Disability studies emphasises that the notion of “normality” frequently functions as a mechanism for the exclusion and marginalisation of individuals with disabilities. It reinforces the idea that individuals with disabilities are “abnormal” or “deviant” in connection with societal norms. In disability studies, “normality” is perceived as a tool of oppression that perpetuates inequality of power and reinforces social classes. The quest for “normality” may result in the marginalisation and discrimination of individuals with disabilities. Disability studies examine the concept of “normality” as an established and divisive conception. It underscores the necessity to reconceptualise “normality” to encompass diversity, confront ableism, and advance inclusiveness and equitable treatment for individuals with disabilities. The terms “norm” and “normality” are intricate concepts in literary analysis, with interpretations and connotations that can differ based on the circumstances and personal perspective of the audience or critic.

Oxford Advanced Learner’s Dictionary defines the term “abnormal” as “different from what is usual or expected, especially in a way that worries somebody or is harmful or not wanted” (Oxford Advanced Learner’s Dictionary). The definition of “abnormal” is very inconsistent influenced by various social, cultural, and historical precedents. Generally, “abnormality” denotes actions, attitudes, or feelings that diverge from the established standards or conventions of a certain group or community. Examples of behaviours deemed ‘abnormal’ in certain circumstances include excessive alcohol consumption or drug usage, self-injury, hostility or violence towards others, and participation in illicit behaviours. Likewise, certain ideas or feelings, such as suicidal ideation, paranoia, or severe anxiety, may be seen as “abnormal” by society. It is another thing to take into consideration that the definition of “abnormal” may evolve throughout time and vary across various cultures or communities. Homosexuality was once

classified as a mental condition in some nations, but it is now widely recognised as a normal variant of human sexuality in many regions globally. What is deemed aberrant in one culture or period may be embraced or esteemed in another. This comprehension undermines the concept of a universal criterion for “abnormality”. Also, mental health disorders formerly stigmatised and misinterpreted, such as depression and anxiety, are now acknowledged as prevalent and manageable problems. Disability studies attack the idea of “abnormality”, highlighting the need to abandon the perception of “abnormality” as a bad or undesirable condition. By adopting this viewpoint, disability studies confront the marginalisation and devaluation of those designated as “abnormal”. Disability studies critically analyse the idea of “abnormality”, focusing on contesting pathologising viewpoints, deconstructing stigmas, and fostering a more inclusive comprehension of human variation. The emphasis is on transforming social attitudes and frameworks in order to create a more equitable and inclusive environment for those with disabilities.

II.2.1 What Constitutes the Notion of Normality

Lennard J. Davis in the paper titled “Constructing Normalcy; The Bell Curve, the Novel, and the Invention of the Disabled Body in the Nineteenth Century”, has mentioned, “the ‘problem’ is not the person with disabilities; the problem is the way that normalcy is constructed to create the ‘problem’ of the disabled person” (p.3). Grasping the components of “norm” is essential for understanding society at large, its foundations and processes. Norms are shaped by cultural elements, including customs and history, practices, and beliefs, which differ across civilisations. The concept of norms evolves throughout time in response to political, cultural, scientific and technological progress, according to the changing requirements of society. In a broader community, various subcultures and alternative cultures may establish unique

standards that diverge from conventional norms. Norms are conveyed via major agents including family members, religious beliefs, schooling, and companions. Norms are maintained by official means (regulation, agencies) and informal processes (peer pressure, societal criticism). Both positive and adverse restrictions (rewards or penalties) facilitate compliance with standards and preserve the social fabric. Norms dictate certain behaviours, duties, and criteria according to people's sexual orientation, hence reinforcing stereotypes concerning gender. Norms may perpetuate uneven power relations between genders, exacerbating gender disparities and prejudices. Societal changes and lobbying have progressively challenged conventional gender conventions, advancing gender equality. Norms promote social cohesiveness by establishing a common framework that directs conduct and enables seamless social interactions. Norms foster social equilibrium by creating foreseeable behavioral patterns, so enhancing social harmony and tranquillity. Norms may both assimilate people into society and exclude those who diverge from established norms, so establishing boundaries within societies. Norms constitute the fundamental framework of the social order, influencing conduct and preserving society structure. They are shaped by cultural and historical backgrounds, conveyed via procedures of socialisation, and reinforced by social control systems. The interplay between gender conventions, difference, and the connection between standards and social order underscores the intricacies of expectations from society. By comprehending the elements of norms, people may manoeuvre societal relationships, contest oppressive standards, and foster constructive modifications to society. Therefore, societies must critically assess their standards to ensure harmony with ideals.

II.3 Theorising Disability

Disability theory is intellectually stimulating and enlightening theoretical framework that provides an alternative viewpoint on disability and how it functions within society. It has garnered favourable reception from both academics and proponents within the disability community. Disability theory is a critical examination of the interpretations and representations of disability across numerous contexts. It has contested the conventional medical model of disability, which emphasises on the individual's limitations, and instead promotes a social model that acknowledges disability as a consequence of society's inability to accept diversity. Disability theory is an academic discipline that examines the social and cultural dimensions of disability. It analyses the methods by which society produces and reacts to disability, aiming to question and transform prevailing cultural perceptions of disability. Rather than seeing disability as a natural attribute of an individual, disability theory emphasises its emergence through social and cultural contexts. At the core of disability theory, is the notion that disability transcends a mere medical concern, instead representing a social problem that impacts the lives of those with impairments in several dimensions. Disability theory analyses the impact of economic, social, cultural, and political issues on the lives of individuals with disabilities and the societal perceptions and treatment they receive. Disability theory emphasises the significance of disability identity and culture, as well as the necessity for enhanced participation and exposure of those with disabilities in society. It confronts ableist views and assumptions, advocating for the full inclusion and involvement of those with disabilities in all societal facets. Disability theory aims to establish a more equitable and welcoming society that acknowledges the worth and variety of all persons, irrespective of their abilities.

There are several key theorists who have contributed to the development of disability theory such as:

Michel Foucault, a French philosopher and social thinker, did not expressly prioritise disability studies in his works. Nonetheless, his concepts and theories have significantly influenced disability studies and have been adopted by researchers and thinkers in related fields. Foucault's theories about authority, knowledge, discourse, and the formation of societal identities are especially pertinent to the study of disabilities. Foucault's notion of power is essential for recognising disability as a product of culture and society. He contended that power functions via agencies and discourses, influencing and regulating people. His analysis of discipline and punishment, exemplified in a book titled *Discipline and Punish: The Birth of the Prison* (1975), is applicable to the institutionalisation and regulation of persons with disabilities. Foucault's examination of biopolitics investigates the mechanisms of power in the governance and control of populations. His concepts of governmentality, articulated in "The Birth of Biopolitics: Michel Foucault's Lecture at the Collège de France on Neo-Liberal Governmentality," have been used in disability studies to analyse the governance and management of bodies with deformity by state mechanisms and technology. Foucault's analysis of the formation of normalcy and abnormality is pertinent to disability theory. In "Abnormal: Lectures at the Collège de France," he examines the formation and enforcement of norms, resulting in the rejection and marginalisation of persons who deviate from these standards. This viewpoint has been used to comprehend how disability is seen as odd and stigmatised in society. Michel Foucault's evolutionary methodologies provide instruments for examining the historical evolution and social fabrication of disability. Scholars have used Foucault's methodologies to analyse the creation of certain discourses, practices, and institutions, therefore tracing the establishment of disability as a category of society and contesting essentialist perspectives.

Tom Shakespeare is one of the leading academics and researchers in the subject of disability studies. He has significantly advanced disability activism, legislation, and philosophy. Shakespeare's writings have emphasised the social model of disability and have shown the way cultural and social dynamics have shaped disability. Shakespeare has explored the connections between sexuality and disability in his *The Sexual Politics of Disability* (1996), which he authored together with Kath Gillespie-Sells. His work has erased myths and presumptions about the sexuality of those with disabilities and emphasises how crucial it is to acknowledge and uphold their sexual liberties. In addition, the book examines issues including partnerships, rights related to reproduction, and how societal beliefs affect the sexual lives of those with disabilities. One of Shakespeare's best-known books is *Disability Rights and Wrongs* (2006), which offers a thorough and thoughtful review of the historical events, successes, and difficulties of the disability rights movement. Shakespeare looked at several models of disability, and offers criticism of the social and medical models, and promotes a community-relational perspective on disability. In addition to highlighting the need of encouraging inclusiveness and autonomy for those with disabilities in all facets of society, Shakespeare's work underscores the necessity of acknowledging disability as something that is socially constructed. Shakespeare has been actively involved in disability activism and policy making in addition to his scholarly endeavours. To advance disability rights and social inclusion, he has collaborated with governments, non-governmental groups, and international organisations. His knowledge has been crucial in creating national and international disability guidelines and policies.

The notion of the "normative" or "able-bodied" individual, as well as the mechanisms by which this established norm is created and preserved, have been the subject of, in the works of well-known theorist Rosemarie Garland-Thomson. She has

also written on the necessity to question prevailing cultural perspectives on disability and the significance of disability visibility and inclusion in popular culture. Garland-Thomson's 1997 book *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* explores how disability has been portrayed in American society, emphasising the aesthetic and cultural representations that influence how we see disabilities. She examines how deformed bodies subvert conventional ideas of things that are beautiful, belongingness, and subjectivity and demonstrates how disability has traditionally been used as a metaphor for social and cultural disparities. Garland-Thomson examines the historical and cultural facets of the "freak show" phenomena and its intersections with disability and the human body in her well-known edited work *Freakery: Cultural Spectacles of the Extraordinary Body* (1996). The book explores the intricate relationships between representation, power, and performance while offering important insights into how disability is constructed as a source of amusement and intellectual curiosity. Co-edited by Sharon L. Snyder and Brenda Jo Brueggemann, Rosemarie's second book, *Disability Studies: Enabling the Humanities* (2002), compiles articles that explore the function of disability studies in the field of humanities and its influence on other academic disciplines. *Staring: How We Look* (2009) this compilation of writings by Thomson explores the importance of gazing, especially in regard to disability and other types of variation. He looks at how our understandings of gender, ethnicity, disability, and other societal categories are influenced by the gaze. Garland-Thomson examines the power relationships between seeing and being gazed at, especially in regard to bodies with deformity, via an analysis of visual culture, photography, and the medium of art. Thomson's 2010 book *Re-presenting Disability: Activism and Agency in the Museum*, co-edited with Elizabeth Brewer, examines

disability advocacy and its representation in museums by looking at how disability is portrayed and how people with disabilities might regain autonomy in these settings.

Lennard Davis has produced a great deal on the cultural significance of disabilities and how it has been portrayed in mainstream media, including works of art and literature. The political and social aspects of disability, such as sense of self, prejudice, and fairness in society, have also been covered in his writings. *Bending Over Backwards: Disability, Dismodernism, and Other Difficult Positions*, Davis's work from the year 2002, examines the relationship between the philosophy of postmodernism and disabilities. According to Davis, disability calls into question the established ideas about identity, embodiment, and the distinctions separating what is "normal" from what is "abnormal." He looks at how people with disabilities are portrayed in literary texts, movies, and visual arts, therefore, offers a "dismodernist" viewpoint that challenges dichotomous dichotomies. Key works from the discipline of disability studies are collected in his landmark collection *The Disability Studies Reader* (2006). The work gives an extensive description of cultural viewpoints, advocacy, and disability theory where disability identities, social theories of disability, disability and intersectionality, and disability in mainstream culture are among the subjects covered in the articles written by a variety of academics and disability activists. *Enabling Acts: The Hidden Story of How the Americans with Disabilities Act Gave the Largest US Minority its Rights* (2015) in this book, Davis examines the process of legislating, historical background, and societal effects of the Americans with Disabilities Act (ADA). He offers a critical evaluation of the act's strengths and weaknesses, looking at how it has affected social integration and rights for those with disabilities in the US. Davis's research often refutes ableist presumptions and provides significant perspectives into the complexity of disability identities and encounters. Through his

curation and promotion of academic work that promotes disability theories and inquiries social norms and biases, he has significantly shaped the area. His research draws attention to the impact of cultural and social environments on those living with impairments and questions conventional ideas of disability, therefore, promotes an in-depth comprehension of disability narratives. Davis has made significant contributions to academic research, policy debates, and disability rights and inclusion campaigning.

Susan Wendell was an author and theorist who gained notoriety for her groundbreaking contributions to feminist philosophy and disability theology. The relationship between disability and other types of oppression, especially sexism, has been the subject of her work. She has mentioned that the topic of disability is often ignored in feminist discourse and advocated for a more inclusive strategy that takes into account the variety of female perspectives. In the field of disability philosophy, her book *The Rejected Body: Feminist Philosophical Reflections on Disability* (1996) is regarded as a seminal work. Wendell analyses the connection between the prevailing cultural view of the female bodies and the concept of disability. She advocates for a more inclusive view of bodies and existence and has contested the notion that disability is just a medical condition. Wendell has examined the lives of people with chronic diseases in her work “Unhealthy Disabled: Treating Chronic diseases as Disabilities” (2001). She contends that chronic disease ought to be seen as a kind of impairment and urges a change in cultural and medical perspectives to better help and accommodate those who suffer from chronic illnesses. Wendell’s article “Toward a Feminist Theory of Disability” (2008) examines the means of how gender and disability interact by combining feminist theory with disability studies. She has argued for a more open and multidimensional view of oppression and contested the presumptions and prejudices found in both areas. Susan Wendell’s writings have greatly influenced feminist theory,

disability studies, and the general perception of being disabled as a cultural and political problem. Her thoughts still have an impact on conversations about social justice, embodiment, and disability.

II.3.1 Critical Disability Theory

Critical disability theory is a subsection of disability theory that analyses the intersections of disability with many systems of subjugation, including ableism, discrimination based on heterosexism, racial prejudice and class discrimination. It seeks to reveal and confront the power relations and societal inequalities that lead to the exclusion of those with disabilities. Critical disability theory acknowledges that disability is not just an individual practical experience, but also a political and social phenomenon influenced by overarching systems of domination. It underscores the significance of equitable treatment and the need of addressing the fundamental causes of disability disparity, rather than only seeing disability as a medical concern. A major component of critical disability theory is the notion of intersectionality, which takes into account that people with disabilities encounter various kinds of mistreatment and prejudice depending on their sexuality, sexual orientation, ethnic background, socioeconomic status, and other personal identity. Critical disability theory aims at creating more inclusive and equitable strategies for disability advocacy and activism by comprehending the intricate interconnections of these identities. An essential component of critical disability theory is the concept of disability identity and cultural background. It acknowledges that individuals with disabilities possess a distinct cultural identity and historiography, and that disability pride and empowerment are essential elements of disability advocacy. Critical disability theory promotes the comprehensive inclusion and engagement of individuals with disabilities in all societal domains, including education, work, and political involvement. Consequently, critical

disability theory serves as a vital framework for comprehending the social and political aspects of disability, as well as for promoting enhanced inclusion and social equity for those with disabilities.

There are several theorists and philosophers those who have contributed to the development of critical disability theory, few are as follows:

Tobin Siebers, a prominent theorist in the realm of critical disability studies, has scrutinised social as well as cultural frameworks surrounding disability, interrogated ableist conventions, and championed the cause of equal opportunity and accessibility. In “The Subject and Other Subjects: On Ethical, Aesthetic, and Political Identity” (1999), Siebers presents multifaceted examination that extends beyond the only one theme of disabilities. *Disability Theory* (2008), Siebers’ seminal work, offers a comprehensive examination of the evolution of theory of disabilities as an independent field of scholarly inquiry. Siebers delves into the multifaceted social, cultural, and historical aspects of disability, scrutinising the intersections between disability and various other identities. In *Disability Aesthetics* (2010), Siebers delves into the aesthetics surrounding disability, questioning traditional concepts of beauty and normality. He investigates the portrayal of disability across various mediums, including literary works, art, and pop culture. Siebers advocates for a deeper and more nuanced comprehension of appearance that recognises disability as a significant and worthy topic of imaginative investigation. The collection titled *Disability, Literature, and Society: Essays, Stories, and Images* (2017), published in Tobin’s memory by Nirmala Erevelles and Katie Ellis, showcases Siebers’ multifaceted approach to the field of disability studies through a rich tapestry of pieces of writing, narratives, and visual representations. The volume encompasses thorough examinations of literary compositions that interact with the theme of disability, personal accounts of experiences

with disability, and artistic depictions of disability. Through this varied array of materials, Siebers examines various cultural as well communal aspects of disability, emphasising the significance of inclusive portrayal and narrative construction. The article “Disability in Theory: From Social Constructionism to the New Realism of the Body” published in 2001 offers profound insights into theories of disability and the shifting perceptions of disability as both a social construct and a lived experience. He interacts with diverse conceptual structures and critically examines social constructionist techniques, presenting innovative viewpoints on physicality and embodied experience. His writings persist in exerting a significant influence on discussion surrounding disability and its intricate connections with various forms of personal identity as well as power dynamics.

Alison Kafer is another name in the field of critical disability theory, who has articulated the significance of disability identity and culture, emphasising the necessity for disability activists to acknowledge and honour the nature of their identities. In the notable work titled *Feminist, Queer, Crip* (2013), Kafer explores the intricate points of intersection of disability, feminist ideology, and queer theory. She has tried to examine the conventional notions of representations, sexual orientation, and identity, therefore has advocated for the integration of unique disability experiences into feminist and queer discussions. Through her scholarship, Alison Kafer advances the discourse surrounding critical disability theory, interrogating ableist conventions and championing greater inclusion and fair viewpoints.

Melinda Hall is another prominent theorist recognised for her contributions to critical disability theory. Hall’s research has been on the convergence of disability with bioethics and clinical ethics. She has contended that conventional bioethical perspectives usually exclude the points of view and perspectives of those with

disabilities, therefore proposing for an even more universal bioethical strategy that considers the range of disability identities. Melinda Hall has edited together *Feminist Disability Studies* (2011) with Kim Q. Hall. The book has tried to examine the convergence of feminist thought and disability studies, emphasising the hardships and viewpoints of women with disabilities. It also included writings that analyse subjects such as the right to reproduction, physicality, sexual orientation, social justice, and the societal establishment of disability. The collection has offered more critical perspective on the intricate interplay between people with disabilities and their gender.

Sunaura Taylor is an artist, author, and activist recognised for her contributions to critical disability theory and advocacy for disability rights. Although she has not authored any works explicitly centered on disability studies, she has enriched the discipline via her pieces of writing and artworks that examine the interrelated aspects of disability. Taylor's research has generally concentrated on the convergence of disability, the rights of animals, and ecology. She contends that discriminatory mindsets and opinions facilitate the mistreatment and harassment of both animals and those with disabilities. In *Beasts of Burden: Animal and Disability Liberation* (2017), Taylor examines the interrelations between disability and the exploitation of animals. Utilising her own experiences with disability and disability activism, she scrutinises the prejudiced and ethnocentric notions that underpin the abuse and oppression of both people with disabilities and other beings. Taylor has questioned the concept of "normal" and advocates for a more equitable and empathic environment that honours the freedoms and worth of all individuals. Sunaura Taylor produced various written pieces that connect with critical disability theory and disability studies, besides to her writings as well as artwork.

Rosemarie Garland-Thomson besides her contributions to disability theory in general, she thoroughly investigated the confluence of disability with several other types of discrimination. She has asserted that disability is frequently ignored in discourses about racism, sexual orientation, and gender, therefore, advocating for a more integrated methodology in disability representation. Garland-Thomson's article, "Misfits: A Feminist Materialist Disability Concept" published in 2011 has examined the significance of seeing disability as a cultural as well as social design, highlighting the urgency to confront prejudiced beliefs and promote fairness for those with disabilities.

These academics have contributed to disability theory and critical disability theory, and their unique perspectives have enriched disability research, and their work continues to shape disability advocacy, representation, and its cultural and socioeconomic aspects. Disability theories have influenced writing in English where the scholars have used disability theories to several literary works to gain an understanding of how disability is depicted and generated within writing and how works of literature may question and subvert mainstream perceptions around disabilities. Literature on disability has been studied extensively such as, in the gothic genre, novel, and tragic literary works. They also studied how disability intersects with sexual orientation, racism, and class in works of literature. Literature about disability identity and culture has been extensively studied. Disability impacts literary characters' individual experiences, interactions, and sense of self, according to the perspectives of several scholars. Disability theories have also helped literary form and style in research. Academics have studied how figurative language, imagery, and narrative style could represent disability. They also have tried to investigate how literary form, and style

might challenge prejudiced assumptions. Disability theories have improved literary works in English by providing new insights on disability in literature.

II.3.2 Models of Theorising Disability

Religious Model/ Traditional Model: According to the religious model of disability, a person's impairment is a test of devotion or a punishment from something greater. It has an origin in religion and is often connected to orthodox and traditional associations of religion. According to this perspective, the disability is the consequence of the sins made by the person with the impairment or their parents. Another proposition is that those who accept their impairment, continue to worship, and serve their god will be rewarded in the future and then there is another idea where disability is often seen as a test of faith. As Henderson and Bryan explained the religious model of disability:

[S]ome people, if not many, believe that some disabilities are the result of lack of adherence to social morality and religious proclamations that warn against engaging in certain behavior. To further explain this model, some beliefs are based upon the assumption that some disabilities are the result of punishment from an all-powerful entity. Furthermore, the belief is that the punishment is for an act or acts of transgression against prevailing moral and/ or religious edicts. (Henderson and Bryan 7).

People with disabilities may experience oppression, exclusion, and discrimination within their religious groups as a result of the religious model of disability. In addition to being excluded from religious rites and activities, people with disabilities may experience feelings of shame or regret over their disabilities. It is important to remember, nevertheless, that not every religious community accepts the religious model of disability. Numerous religious institutions acknowledge the value of accessibility

and assistance for persons with disabilities and their families, and they have welcoming and accommodating policies for those with disabilities.

Tragedy Model: Tom Shakespeare writes that the “individual tragedy model portrays disabled people as passive victims, defined by what they lack” (Shakespeare 217). According to the tragedy model of disability, being disabled is a tragic and regrettable situation that is linked to misery, mourning, and vulnerability. Supporting the medical aspects of disability, the constraints, problems and challenges that people with disabilities encounter on daily basis, that are highlighted by the tragedy model. Instead of showing people with disabilities as autonomous, agency-driven individuals, this model frequently depicts them as defenceless objects of their illness (Shakespeare). The tragedy model’s detractors contend that it ignores the social and political facets of disability and can perpetuate unfavourable views and preconceived notions about people with disabilities. Further, they have claimed that the tragedy model minimised the significance of social and cultural elements in influencing the experiences of people with disabilities (Oliver).

Medical Model: The medical model of disability represents a conventional perspective that perceives disability primarily as a medical condition or an individual misfortune. The emphasis lies on the physical or mental impairment that underlies the disability, with the objective of overcoming or recovering the individual to achieve a state of “normalcy” or as near to it as feasible (Shakespeare). This model frames disability as a medical issue inherent to the person, with the solution lying in clinical diagnosis and treatment, aiming to reinstate the individual to their “normal” level of living. This methodology frequently overlooks the environmental and social variables that influence disability, potentially resulting in an insufficient emphasis on the individual’s standard of existence and health in general. Advocates associated with disability rights

have critiqued the medical model of disabilities, asserting that it is overly restrictive and overlooks the ecological and social obstacles that hinder the full participation of individuals with disabilities in society as a whole. Even if it faces criticisms, the medical model of disability continues to be popular across various domains of medical treatment, encompassing evaluation, therapy, and investigation.

Charity Model: The charity model of disability views individuals with impairments as subjects of sympathy or charity, rather than as complete and fellow citizens in society. This approach also perceives disability as a personal issue or problem that needs charitable consideration, rather than a societal concern demanding institutional reformation. The charity model emphasises on the fact that individuals with disabilities are reliant on people without disabilities for help, rather than being active participants capable of societal contribution if provided the necessary chances (Oliver and Barnes). According to this, individuals with disabilities are often marginalised in making choices and seen as merely recipients of charity or helping hands, rather than as rights-bearing citizens. The charity model of disability further stresses the necessity for people who are not disabled to aid those with disabilities by charity contributions, helping others, or other kinds of supports (Goodley). Advocates of the charity model contend that it exacerbates the power disparity between people with disability and non-disabled individuals and sustains the notion that those with disabilities are lesser or less competent than those who do not have disabilities. They contend that an approach based on rights prioritising full participation, mobility, and equal treatment is a more efficacious method for overcoming the obstacles encountered by those with disabilities and fostering social transformation. The charity model of disability has faced much criticism from the advocates of disability rights movement and is often seen as obsolete and detrimental. Yet, several aspects of the charity model endure in contemporary

culture, especially in the terminology and perspectives used to characterise individuals with disabilities and their specific needs.

Rights Model: The rights model of disability prioritises disability as an issue of human rights and underlines the legal and policy structures necessary for protecting and advancing the rights of those with disabilities. The rights model is founded on the principles of the Universal Declaration of Human Rights, 1948, which asserts that “all human beings are born free and equal in rights and dignity.” This model of disability points out the human rights of individuals with disabilities and the need of guaranteeing their equal rights and opportunities across all domains of life. This framework recognises that disability extends beyond individual or medical issues, viewing it as a societal concern influenced by collective attitudes, beliefs, and behaviours. The rights model asserts that individuals with disabilities possess the same liberties and rights as those without impairments, including access to education, work, medical care and involvement into politics. They must not face discrimination due to their physical limitations and should get the necessary assistance and financial support to maximise their quality of living. The rights model of disability is often linked to the United Nations Convention on the Rights of Persons with Disabilities in 2008 (UNCRPD), a global human rights agreement aimed at ensuring the protection and equal treatment of individuals with disabilities worldwide. The convention acknowledges individuals with disabilities as citizens with rights and delineates the obligations of governments and society to guarantee their full and equitable participation in society at large.

Cultural Model: Tom Shakespeare advocated for more focus on cultural depictions of those with disabilities post-1990s. In 2006, Snyder and Mitchell introduced the “cultural model of disability,” providing a framework for multidisciplinary collaboration on disability both inside and outside the discipline of cultural studies. The

societal model perceives disability as a typical and inherent variance in human behaviour that is shaped by social norms. This approach highlights the significance of cultural setting in influencing one's understanding of disability and underscores the need for cultural awareness as well as comprehension when connecting with individuals with disabilities from varied backgrounds. The cultural model of disability recognises the need for recognition and appreciation of this variety while ensuring that individuals with disabilities have access to culturally appropriate amenities and assistance. Critics of the cultural model contend that cultural considerations may be used to rationalise prejudice or mistreatment of those with disabilities, especially in countries where disability is considered abnormal or misrepresented. Notwithstanding all these criticisms, the cultural model of disability has significantly enhanced awareness and understanding of the cultural aspects of disability, as well as the need for culturally attuned approaches to rehabilitation and advocacy.

Radical Model: According to the radical model, disability is not only a personal physical problem but also a political as well as social one. This approach promotes drastic social change to solve these problems and asserts that systematic oppression and prejudice play a part in the development and continuing existence of disability. According to the radical model, disability results from an environment that is set up to favour those who are physically capable while excluding or restricting those who have impairments (Shakespeare). According to this paradigm, disability is an ideological construction that is produced and perpetuated by discriminatory attitudes, laws, and procedures rather than a naturally inherent human tendency (Goodley). In order to deal with the underlying causes of disability inequality and prejudice, the radical model of disability emphasises the need of change in society and legislative action. This might include supporting inclusive and accessible policies and practices in all spheres of

society, opposing ableist beliefs and prejudices, and advocating for the policies related to the rights of people with disability (Barnes and Mercer). This radical model's detractors contend that it sometimes ignores the medical aspects of disability as well as the perspectives of those who have it. They contend that individuals with disabilities, who need medical attention and support, may suffer damage from some of the revolutionary viewpoints connected with the radical model, such as the disapproval of therapeutic procedures. Notwithstanding these objections, the radical model of disability has contributed to a greater knowledge and awareness of the structural problems that underlie injustice and prejudice against people with disabilities.

Identity Model: According to the identity model, disability is a basic component of one's culture, community, and sense of self. This model has emphasised on the significance of acknowledging and appreciating individuals with disabilities as part of a unique social group, complete with its own culture, history, and identity (Linton; Kafer). Within the framework of the identity model, disability is regarded as a constructive and validating component of both one's social and personal identity, rather than as a detrimental or condemning designation (Siebers). This model talks about the importance of acknowledging and valuing the range of abilities inherent among individuals with disabilities, while advocating for recognition and a voice across all facets of society. In addition, the identity model of disability highlights the significance of self-determination and the entitlement of individuals with disabilities to articulate their own identities and experiences (Clare). This encompasses the process of reclaiming and redefining the adverse perceptions and labels linked to disability, while advocating for a more positive and affirming portrayal of individuals with disabilities across media, arts, and culture (Mitchell and Snyder).

Political Model: The political model of disability presents a viewpoint that interprets disability as a manifestation of social inequality, fundamentally embedded in cultural stereotypes and frameworks that marginalise individuals with disabilities, hindering their engagement in societal activities (Oliver and Barnes). It acknowledges the fact that disability emerging as a political matter that necessitates both political and socioeconomic engagement for effective resolution. This model positions individuals with disabilities as pivotal agents of transformation, fostering their active engagement in the political arena to champion their liberties and instigate societal progress (Charlton). The political model of disability acknowledges the significance of collaborative effort and emphasises the necessity for individuals with disabilities to unite in camaraderie to realise their objectives. The political model of disability is frequently linked to the Disability Rights Movement and has resulted in notable progress in disability rights legislation and policies, including the Americans with Disabilities Act of 1990 (ADA) in the United States and the Disability Discrimination Act 1995 (DDA) in the United Kingdom. Nonetheless, considerable effort remains necessary to guarantee that individuals with disabilities attain comprehensive and equitable access to every facet of society, ensuring that political and social frameworks are entirely inclusive of this demographic.

Economical Model: According to the economic model of disability, people with disabilities bear a financial cost on both themselves and society at large. This approach highlights the financial consequences of disability, such as the price of medical treatment, technological aids and modifications, in addition to the reduced income and productivity of individuals with disabilities and their families. According to the economic model, financial resources and evaluation of costs and benefits may be used to solve the issue of disability. This could involve the process of encouraging people

with disabilities to have greater accessibility to schools and job opportunities, offering monetary rewards to companies that hire workers with disabilities, and funding the invention of technological aids and healthcare services (Bickenbach et al.). The economic model's detractors claim that it ignores the political and social implications of disability while overlooking the unique experiences of those with disabilities. The findings additionally suggest that the economic model may often foster negative ideas and beliefs about persons with disabilities being burdens on others. Considering these critiques, the economic model of disability has been successful in recognising the monetary impact of disability and the need of laws and initiatives that support better financial possibilities and participation for individuals with disabilities (Mitra).

Gap Model: The gap model predicts that a group of people will have illnesses or impairments that will restrict part of their functioning skills at some point in their lives. According to the gap model of disability, there is a “gap” that exists between the capabilities of individuals with disabilities and the societal and physical surroundings wherever they reside. This paradigm acknowledges that societal restrictions and constraints have an impact on disability, which is something that is social. As per this model, the physical and social obstacles that keep away persons with disabilities from fully engaging in society, restrict their talents and potential rather than their disabilities. Structures that are inaccessible, transit, and public areas are a few examples of these obstacles, as are prejudiced beliefs and actions in the workplace, in the classroom, and in the medical field. To remove the gap between the possibilities and skills of individuals with disabilities, the gap model of disability highlights and showcases the need of identifying and then eliminating these obstacles. Assuring accessibility in every sphere and accommodations, encouraging inclusive workplace environment and

educational techniques, and combating cultural attitudes and prejudices around disabilities are a few examples of how this can be done.

Minority Model: According to the minority model, it's critical to acknowledge individuals with disabilities as belonging to a minority group having unique personal identities, traditions, and perspectives. According to the minority model, prejudicial mindsets and actions in society are what lead to and perpetuate disability as a social phenomenon. This model places a strong emphasis on the requirement to combat disability discrimination and advance greater equality and acceptance in all spheres of society, such as medical care, work, and academia. Building alliances and showing empathy with other excluded communities is essential according to the minority model of disability. This may consist of promoting improvements in society and politics that benefits everyone who is marginalised and acknowledging the interconnected nature of disability with various kinds of exploitation. The minority model's detractors contend that disability is not always an established identity and that some people with disabilities may choose not to be mainly identified by their disability or might not associate significantly with the community of people with disabilities.

Social Model: The genesis of the social model in Britain during the 1970s continue to exert a profound influence on the examination of disability as understood within that framework. The Fundamental Principles of Disability (UPIAS, 1976), a seminal document launched by the Union of the Physically Impaired Against Segregation, provided the foundational framework for its discourse. The social model was subsequently derived from the systematic application of Marxist sociology's coherent framework. This model posits that disability arises from the interplay between an individual's limitation and the societal and natural barriers that hinder their complete engagement in society. This encompasses obstacles such as buildings that are not easily

accessible, insufficient transit, and a lack of understanding, alongside prejudicial mindsets and behaviours within the realms of jobs, schooling, and medical treatments. The social model of disability underscores the imperative to dismantle these obstacles and foster an inclusive environment that enables individuals with disabilities to engage comprehensively in all facets of life. This encompasses the assurance of being accessible and accommodations, the promotion of inclusive educational and employment practices, and the challenge of societal views and preconceived notions regarding disability. This approach positions individuals with disabilities as authorities on their individual circumstances, promoting their active engagement in fighting for their liberties and being involved with the decisions that are made which influence their lives. The social model of disability has played a pivotal role in the Disability Rights Movement, facilitating substantial progress in legislation and policies pertaining to disability rights globally, exemplified by the United Nations Convention on the Rights of Persons with Disabilities in 2008. One of the primary and persistent challenges of the social model is its delayed recognition of all facets of disability intrinsically linked to it. Consequently, it has been critiqued as politically ineffective or indifferent to the Marxist theoretical framework. Nonetheless, considerable effort remains necessary to comprehensively realise the social model establishes a genuinely welcoming atmosphere for individuals with disabilities. Michael Oliver has played a pivotal role in influencing the conversation surrounding disability and the social model, interrogating conventional viewpoints, and championing the rights and inclusion of individuals with disabilities. Michael Oliver, a distinguished contributor to the advancement and advocacy of the social model of disability, has penned numerous important texts on the theme of disability. His book *Social Work with Disabled People* (1983) delves into the firsthand narratives of individuals with disabilities in the realm of communal work and

promotes a transition from a medical model to a social model perspective in comprehending and assisting those with disabilities. In this seminal work, *The Politics of Disablement* (1990), Oliver offers a critical analysis of the political, economic, and social dimensions that lead to the exclusion and excluded status of individuals with disabilities. He emphasises the importance of initiatives advocating for equality of individuals with disabilities and critically examines the dominant perceptions surrounding disability. Another work called *Understanding Disability: From Theory to Practice* (1996) offers an in-depth examination of the social model of disability, exploring its ramifications for policy, implementation, and investigation. Oliver engaged in a thorough examination of the philosophical basis of the social model, and he investigated its actual implementations across many different scenarios. “Defining Impairment and Disability: Issues at Stake” a chapter in a book *Disability and Equality Law* (2017) edited by Peter Blanck, Oliver has tried to examine the notion of disability through the lens of the social model. Oliver analyses the conceptualisation of impairment as well as disability and its ramifications for the personal identities as well as experiences of individuals with disabilities. In *The New Politics of Disablement* (2012), Oliver has elaborated on previous discourses surrounding disability governance and political action, offering a contemporary examination of issues related to disability and assessing the advancements achieved in the realm of rights for persons with disabilities. He further examined the complexities and obstacles encountered by disability movements.

Ecological Model: The intricate and ever-changing link between people with impairments and their surroundings is highlighted by the ecological model of disability. This paradigm acknowledges that psychological, cultural, and the surroundings may also contribute to the concept of disability, in addition to an individual’s impairment or

illness. The importance of identifying and resolving the obstacles and difficulties that individuals with disabilities encounter on every single day such as difficulties in obtaining assistance from society, employment, higher education, and treatment is emphasised by this paradigm. Enhancing better integration and access in all facets of society such as the physical setting, public transportation networks, technological advances in communication, and various cultural and social practices is crucial, according to the ecological model of disability. This might include creating appropriate spaces and constructions, offering the commentary and sign language interpretation, and encouraging disability involvement and inclusion in all spheres of community.

The Limitations of Models: The categories mentioned above comprise a common categorisation for the area of disabilities. The social model, minority model, gap model, political model, rights model, and ecological model are theoretical poles that varied researchers and activists work with. These models serve as guiding principles that guide regulations, legislation, and disability rights. The social model has developed into a political-ideological standard by which innovations and representations can be evaluated. Despite undergoing considerable theoretical development, these frameworks continue to fall short in effectively explaining disability and the lived realities of those with impairments. Still, the recent development of ideologies regarding disability is greatly influenced by these frameworks.

II.4 Enlightenment Philosophy as Roots of Alternative Discourses

The era of the Enlightenment represented a profound intellectual revolution that arose in Europe in the middle of the 18th century, a period marked by considerable political, social, and economic transformation. The period was defined by an emphasis on rational thought, empirical evidence, personal freedom, and dismissal of established powers and irrational beliefs. It had questioned conventional assumptions, paganism,

and spirituality, doctrines, promoting an environment of rigorous examination. This disposition of inquiry and evaluation persists in influencing contemporary scientific and scholarly discussions. The Enlightenment represented a significant period of profound transformation in both thought and society, leaving a lasting influence on the evolution of current Western philosophy. The Enlightenment underscored the importance of rational thought and empirical research in comprehending the complexities of our surroundings. It fostered analytical reasoning and the utilisation of empirical approaches across various domains of existence for humans, encompassing governance, spirituality, and societal matters. This transformation in perspective established the groundwork for subsequent advancements in science and technology. This methodical approach was extended to various domains of inquiry, including literary works, political science, economics, and rules of conduct. Philosophers of the Enlightenment posited that rational thought could be harnessed to enhance human communities and address contemporary problems.

The Renaissance, which started in Italy in the fourteenth century and extended across Europe, is where the Enlightenment had its start. The Renaissance established humanistic principles that ultimately became the heart of the Enlightenment's ideology and signified a resurgence of interest in traditional education, literary works, and artistic endeavours. The scientific awakening of the sixteenth and seventeenth centuries, when academics started to challenge conventional wisdom and place a greater emphasis on reasoning and evidence from observation, is also linked to the origins of the Age of Enlightenment. Significant advances in sciences such as astronomy, biological processes, and healthcare were made possible by the Enlightenment, which also promoted a culture of inquiry into science. Leading proponents of the revolution known as the Scientific Revolution, including Francis Bacon, Isaac Newton, and Galileo

Galilee, questioned the conventional wisdom and pushed the notion that knowledge might be gained by conducting experiments and observing different phenomena.

The socioeconomic and political shifts of the era, including the formation of national governments and the creation of a working class, also had an impact on Enlightenment ideology. Enlightenment intellectuals promoted the rule of law, acceptance of religion, and freedom of speech while contesting the established power of the Catholic Church and monarchy. By promoting democratic styles of administration, the Enlightenment rejected the monarchical and aristocratic structures that were in place during that point. Concepts like the social compact, democratic rule, and the agreement of the governed became more prevalent. Enlightenment principles had an impact on the American and French Revolutions, which resulted in the creation of democratic nations and in challenging established notion of power in politics.

The fundamental concept of the Enlightenment was that of faith in the advancement of humanity. Philosophers of the Enlightenment advocated for the inherent rights and self-worth of every person. They contended that every person inherently possesses rights, including life, liberty, and possessions, which ought to be safeguarded by governmental structures. The evolution of contemporary notions regarding rights for humans and personal liberties has been significantly shaped by these notions, as reflected in fundamental declarations like the United States Declaration of Independence and the French Declaration of the Rights of Man and Citizen. Philosophers of the Enlightenment held a positive view regarding humanity's capacity to enhance their circumstances by means of the application of logic and the pursuit of their understanding. The Enlightenment philosophy underscored the significance of academic achievement to enhance societal progress. Philosophers of the Enlightenment posited that knowledge could lead people towards enlightenment,

thereby enhancing their comprehension of the globe around them. This resulted in the creation of public educational systems and the dissemination of educational information to a wider section of society. Prominent Enlightenment thinkers include René Descartes, John Locke, Voltaire, Jean-Jacques Rousseau, Immanuel Kant, Adam Smith, among others. The works and ideas shared by these thinkers are not directly linked with disability; still these ideas can be applied for the inclusion of the people with disabilities.

René Descartes (1596-1650), a distinguished thinker and mathematical analyst of the seventeenth century, is well-known for his assertion, “Cogito, ergo sum” which means “I think, therefore I am” (Descartes, *Discourse on the Method*). His works of art predominantly explored the realms of metaphysical thought, epistemological philosophy and philosophical theories of mind. Yet, his concepts and logical structure shaped subsequent intellectuals and played a significant role in the wider cultural atmosphere of the Enlightenment. Descartes is renowned for his theory of mental and physical dualism, which asserts a distinction regarding the mind (*res cogitans*) and the body (*res extensa*). This notion implies that disabilities are fundamentally rooted in the realm of the body, separated from the domains of mental processes or perception (Descartes, *Meditations on First Philosophy*, Meditation II and VI). Descartes’ dualism has faced criticism for its potential to undermine the lived experiences and authority of people with disabilities. Descartes underscored the significance of reason as well as rational thought as the bedrock for the pursuit of understanding. Descartes’ focus on the capabilities of human thought underscores the idea that individuals with disabilities possess the potential for rational engagement and comprehension. While his works may not provide explicit insights or discussions regarding disability and its significance

within the framework of Enlightenment philosophy, his philosophical ideas have nonetheless exerted a significant influence on our understanding of disabilities.

John Locke (1632-1704), a distinguished philosopher of the Enlightenment, posited that human beings possess inherent rights that are fundamental, including life, freedom, and ownership of property, and asserted that it is the duty of the government to safeguard these liberties. In *An Essay Concerning Human Understanding* (1689), Locke explores the essence of individual cognition and the development of skills. Although the topic of disability is not explicitly discussed here, Locke's focus on the tabula rasa (blank slate) theory of developmental psychology implies that individuals with disabilities ought to be regarded as having the ability of both knowledge acquisition and learning, although potentially necessitating alternative approaches or alterations. *Two Treatises of Government*, published in 1689 Locke's political studies dealt with the foundations of political position of power, the significance of human rights, and the concept of social contracts, which can be interpreted to safeguard natural rights and uphold the equal status for the people with impairments. *Some Thoughts Concerning Education* (1693) Locke's work on education promotes a specific method, underscoring the significance of modifying pedagogical strategies to align with the distinctive requirements and capabilities of each learner, thereby endorsing inclusive methods of instruction for students with disabilities. His focus on the inherent liberties as well as equal value of individuals established a foundation for acknowledging advancement in humanity, which has enriched the wider philosophical environment by advocating for the equal opportunity and acceptance of people who have impairments.

Voltaire (1694-1778) was a prominent French thinker whose masterpiece *Treatise on Tolerance* (1763), delved into the significance of tolerance for religion. In certain works, by Voltaire, there are few references to disabilities that may not correspond with

the modern opinions. Although the central theme of his work does not revolve around disability, his work advocated for an understanding and equitable treatment of individuals possessing diverse beliefs and capabilities. The discourse underscored the imperative to honour the liberties as well as dignity of everyone, regardless of their distinctions, a principle that can be equally applicable to those with disabilities.

Jean-Jacques Rousseau's (1712-1778) concepts centred around a theory of social agreement and the collective will of the populace. In *Emile, or On Education* (1762), Rousseau delved into the philosophy of education, positing that it ought to recognise and nurture the distinct attributes of every child, a perspective that can be seen as encompassing children with disabilities. In *The Social Contract* (1762), Rousseau explored the notion of equal treatment and the establishment of a society which is just. Although Rousseau's works might not be related to the notion of disability, but he talked about equality among all individuals within the framework of the social contract implies that those with disabilities ought to be regarded as equal participants in society, deserving of equal accessibility and privileges. Within Rousseau's private writings along with written communication, one can find sporadic mentions of individuals who experience disabilities. For example, in a correspondence addressed to Madame de Francueil in 1761, he references a person with an impairment and articulates his compassion for their plight. The examples provided illustrated Rousseau's empathy and dedication to the welfare of individuals with disabilities. Rousseau's works predominantly engaged with overarching logical and ideological concepts, rather than looking into the analyses of disability. Yet his focus on equal treatment, empathy, and individualism may be seen as a subconscious endorsement of possibilities for those with disabilities to maximise their capabilities, thereby encouraging their active participation and contributions to the community.

The German theorist Immanuel Kant (1724-1804) articulated an approach that underscored the significance of evidence and the principle of moral independence. His reputation comes from his contributions to philosophy, epistemological philosophy, rules of conduct, and aesthetics. Kant's legitimate structure articulated in his seminal texts *Groundwork of the Metaphysics of Morals* (1785) and *Critique of Practical Reason* (1788), which are based on the notion of moral sovereignty and the categorical obligation. Kant said that ethical gestures should be directed by logical principles that hold universal significance for all sensible entities. In this context, he thought that the intrinsic dignity and value of everyone, highlighting the cognitive abilities that set humans apart from other species of life. Still, certain academics raised objections towards Kant's restrictive position regarding people who have disabilities. Kant said that the essence of human worth lies in ethical autonomy and the capacity for logical decision-making. As a result, he claimed that individuals who were devoid of logical thought, including those with significant cognitive impairments, did not embody complete human morality. This ideology illustrated the dominant ableist sentiments and prejudices of that era, frequently abandoning those with disabilities. Kant's perspectives on disability were not thoroughly explored or clearly expressed through his writings. Hence, any analysis of his works upon disability demands a thorough examination of the wider philosophical and historical background. In modern discourses surrounding disability, thinkers and academics engage with various principles of ethics and viewpoints that stand for equality, inclusion, and the acknowledgment of the privileges and equality inherent to all individuals, irrespective of their abilities or disabilities.

Adam Smith (1723-1790) is a Scottish economist and thinker who is considered to be the progenitor of modern economics. In his famous work *The Theory of Moral*

Sentiments (1759), Smith talked about the essence of human ethical conduct and examines the significance of sympathies in interpersonal relationships. Disability might not be the central theme of his work, still Smith explored the ways in which individuals with disabilities might invoke empathy from those around them. He said that empathy could foster a deeper comprehension and empathy for individuals with disabilities, thereby enhancing social connections and collaboration. His “Lectures on Jurisprudence” (1762-1763), which was presented at the University of Glasgow, encompassed a broad spectrum of subjects pertaining to the law, the courts, and societal structures. Although disability studies have not been explicitly investigated, Smith referred to the notion of “natural inequalities” that existed among people in general. He recognised the existence of mental and physical deviations among individuals, which might encompass disabilities, and focused on the necessity for communities to extend assistance and encouragement to those who are less equipped to serve financially. Smith’s most celebrated work, *The Wealth of Nations* (1776), served as a foundational text in economics, wherein Smith’s analysis of labour and the distribution of labour subtly engages with matters pertaining to disability. He underscored the significance of creating avenues for individuals to engage in meaningful work aligned with their capabilities, which may involve making provisions for people who have disabilities whenever feasible.

Therefore, it can be said that the focus on logic and the potential of human independence during the Enlightenment period took an active part in the gradual progression of rights for those with disabilities. The Enlightenment had developed an increasing awareness regarding the comfort and over all well-being of everyone. Humanitarian movement that came around 18th and 19th centuries, was shaped by Enlightenment thoughts, with the objective of enhancing the circumstances of those

who were excluded from society. The Enlightenment marked an essential era characterised by profound progress in investigation into science and health-related issues. With the advancement of medical knowledge regarding disabilities, there was a progressive transition from interpreting disabilities as forms of a curse or punishment by God to recognising them as natural variation within the spectrum of human cultural diversity. This transformation in understanding contested conventional stigmas and established a foundation for the forthcoming acknowledgment of the fundamental liberties alongside equality of individuals with disabilities. The emphasis during the Enlightenment on autonomy, freedom, and equal treatment established a foundational basis for contemporary legal and political systems, which would ultimately encompass individuals with impairments. The notable progresses in rights for people with disabilities unfolded over the following centuries, shaped by the transformation of different cultural, societal, and political forces. The acknowledgment of disability rights as a unique domain of interest intensified in the twentieth century, driven by the Disability Rights Movement and a range of worldwide efforts. Although the Enlightenment faced criticism and its concepts were not universally accepted, its impact is undeniably significant. It questioned established authority, advocated for personal rights and liberties, and facilitated the development of contemporary, democratic societies grounded in rational thought and evidence-based decisions. The foundational ideas and ethical frameworks established during the Enlightenment persist in influencing individuals' perceptions of the globe as well as guiding discussions on matters such as human rights and governmental responsibilities. Although the Enlightenment did not explicitly focus on the civil rights of individuals with impairments its principles of rationality, justice, and respect for others played a

significant role in the eventual acknowledgment and progression of disability rights in the following decades.

II.5 Alternative Discourses and its Impact on Traditional Modes of Imaginings

The examination of discourses generally fosters an understanding of the intricate frameworks of knowledge and authority, which elucidate the processes through which the concept of disability is constructed in society. Discourses embody what is regarded as meaningful while looking at something. The advent of disability theories has served as a catalyst for the exploration of new domains of inquiry, facilitating the construction of innovative knowledge structures regarding the lives of people and transforming, restructuring, or challenging conventional models of understanding. The literary works of Goffmann and Zola, followed by the ideas of Stiker, revealed the foundational elements of discourse-centred disability studies emerging from the mid-century social theories. It can be observed that a compelling expansion of disability studies as a multifaceted interdisciplinary pursuit. Academics within the social and humanities sciences, across both the USA and the UK, have begun to engage in research centred on the discourses surrounding disability. This engagement manifests both explicitly, and implicitly, through literary works, anthropological, or cultural studies, as seen in the collection of research *Disability Discourse* (1999) by Corker and French. Discourse analysis has served as a valuable method for exploring the various frameworks of disability theory and elucidating their influence on societal perceptions and representations of disability in various platforms. By means of an intensive investigation of vocabulary, accounts, and dynamics of power across various models of disability, valuable insights can be gained into how people think of disability and the possible consequences of these perspectives.

The exploration of different discourses within the medical model scrutinises the terminologies employed in health care discussions regarding individuals with disabilities, including labels such as “patients,” “sufferers,” or “invalids.” It further explored the implications of these terms in perpetuating the exclusion and prejudice of those with disabilities. Discourse analysis has served as a tool to examine the vocabulary utilised within social model discourses, aiming to criticise prevailing perspectives and promote rights and the acceptance of individuals with disabilities. The discussion here delves into the linguistic constructs that points out the influence of communal frameworks, conventions, and perspectives in the formation of disabling circumstances. This can involve a critical analysis of concepts such as “barriers,” “exclusion,” “oppression,” and “discrimination” to highlight the societal mechanisms that contribute to the disempowerment of human beings. It generates a more thorough understanding of disability, incorporating concepts such as “diversity,” “identity,” “intersectionality,” and “social construction.” The study of discourses surrounding the social model has probed into its efforts to elevate the opinions of individuals with disabilities, while simultaneously contesting the prevailing narratives that frequently exclude and overlook their perspectives. It further tries or attempts to explore the terminologies employed to position individuals with disabilities as authorities on what they have experienced, utilising phrases such as “lived experience,” “advocacy,” and “representation.” Discourse analysis of the rights model interrogates authoritarian or charity-oriented narratives that frame individuals with disabilities as mere beneficiaries of assistance or empathy. This examination looks into the linguistic constructs that underscore autonomy, self-governance, and the capacity of individuals with disabilities to exercise power in determining the course of their own existences. It encompasses concepts such as “autonomy,” “empowerment,” “self-advocacy,” and “independent

living.” The discussion on this model through discourse analysis engages with intersectionality and it generates a comprehensive understanding of disability rights. It can analyse the terminology employed to recognise and confront the various manifestations of prejudice and exclusion experienced by individuals with disabilities, which includes concepts such as “intersectionality,” “inclusive feminism,” and “social justice.” Discourse analysis on cultural model interrogates the prevailing narratives that demonise and discriminate against disabilities. The analysis explores into the terminologies that underscores disability as a fundamental aspect of individual sense of self, including phrases such as “disability pride,” “disabled community,” “disabled culture,” and “neurodiversity.” The examination of this model through discourse analysis also considers the portrayal of disability across a variety of fields including media, the arts, and literary works. The discussion encompasses the terminology employed to promote more precise, considerate, and equitable portrayals of disability, incorporating phrases such as “disability in media,” “disability visibility,” “crip culture,” and “disability portrayal critique.” Discourse analysis within the realm of critical disability theory engages with the intersectionality by scrutinising the languages employed to articulate the interrelated networks of inequality, including phrases such as “intersectional oppression,” “multiple marginalisation,” “disabled people of colour,” and “queer disability.” This examination reflects the ways in which disability theory critically acknowledges and confronts the interconnected systems of repression. It further explores the terminologies employed to express the objectives and methodologies of critical disability theory, covering phrases such as “disability rights,” “disability activism,” “inclusive policy,” “accessibility as a right,” and “decolonising disability.” This review of discourse can uncover the rhetorical tactics utilised to

galvanise a community effort, enhance consciousness, and promote changes in the system.

The interaction between disability and enlightenment philosophy is complicated, as the concepts of this period not only facilitated in the formation of disability as an individual trait but also objected to conventional perspectives on disability. The philosophy of the Enlightenment significantly influenced contemporary discourses of disability in the eighteenth century. It gave rise to the social, cultural and, rights model of disability, critical disability theory, neurodiversity movement, and others, which are being now regarded as alternative frameworks that question conventional perceptions surrounding disabilities. These methodologies examine the societal and political frameworks that sustain discrimination and eliminate people with disabilities. The examination of these methodologies underscores the significance of prioritising the lived experiences and viewpoints shared by people with disabilities in both academic study and activism, while also encouraging transformative improvements in order in order to promote a society with greater equity and inclusion.

Alternative ideas linked to Enlightenment philosophy highlighted logic, reasoning, and the significance of theoretical research, resulting in the classification and the medicalisation of disability. Historically, the conceptualisation of disability has often framed it as an issue necessitating recovery or remedy via methods from science, resulting in the establishment of different organisations and methodologies focused on medical care and monitoring of individuals with disabilities. In contrast, certain thinkers of the Enlightenment opposed conventional ideas about disability as a form of punishment or obligations, supporting the rights and equality of individuals with disabilities. The French thinker Denis Diderot had explored the skills of individuals with visual impairment, opposing the idea that being visually impaired inherently

signified a deficiency in cognitive ability or talent. Alternative discourses centred around Enlightenment philosophy have influenced the evolution of the concept of humanity, which has served as an essential structure for advocacy in the realm of rights for those with disabilities. The notion that every individual possesses inherent liberties and rights, irrespective of their capabilities, serves as a formidable instrument in the fight against injustice and the advancement of societal integration for individuals with disabilities. As a result, alternative approaches have not only played a significant role in the evolution of disability as a concept but have also rejected the conventional perceptions of disability, establishing a foundation for advocacy in the realm of rights for those with disabilities. It points to the valuable advantages and distinctive viewpoints that individuals who have disabilities contribute to society as a whole advocating for recognition and assistance instead of seeking to “cure” or “fix” those distinctions. The alternative methodologies for reconceptualising and comprehending disability can build a more equitable, broad, and universal point of view that interrogates standard medical conceptual frameworks.

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