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Critical disability studies at the edge of global development: Why do we need to engage with Southern theory?

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Abstract

This paper examines critical disability studies through the lens of Southern theory—a theoretical perspective on the process of knowledge production in social sciences which embodies intellectual projects from the global South (Connell, 2007). Building on Helen Meekosha’s question on decolonizing disability (2011), I critique the domination of Northern disability studies by proposing an engagement with Southern theory. My argument is three-fold: First, the use of Southern theory enables us to interrogate the domination of Northern epistemologies in Southern contexts; second, this theory unveils how colonialism has continued to manifest itself through the knowledge practices which have made the experiences of disabled people in the global South invisible; and finally, situated within the context of global development, this theory enables critical disability studies to act as a project of decolonization that engages with Indigenous ways of knowing about disability experiences.

Key words

critical disability studies, Southern theory, epistemology, global development, colonialism, imperialism, decolonization

Decolonizing disability studies: An epistemological inquiry

In *Disability the Old and the New*, Tanya Titchkosky (2000) questions dominant conceptualizations of disability within social science disciplines, arguing that "the most authoritative representations of disabled persons arise from medical and/or therapeutic disciplines and the social sciences" (p. 198). Troubled by these narratives of disability as an individual problem framed within the normative ordering of social scientific knowledges, she argues that disability studies aims to disrupt modes of inquiry that position disability as "*types of bodily difference*" (p. 51, original emphasis). As she puts it in *The Question of Access* (Titchkosky, 2011):

I aim to demonstrate that the relations between bodies and social space is much more ambiguous than it first appears. How we actually come to live together in the space where we do is built from yet-to-be examined conceptions of who disabled people are; of what disability means; of when access can and cannot appear as an important issue; and of when access can be questioned and when it cannot. (p. x)

Titchkosky urges us to ask political questions about the meanings and relationships of disability within socio-political realms where some bodies are constructed as able/disabled in particular spaces and times. To disrupt this normative social order, she suggests, we should not assume to already know what disability *is*, because such theoretical certainty would prevent us from re-imagining disability in new and interesting ways (Titchkosky, 2011). Shildrick (2012) argues that critical disability studies cannot be sidelined as solely the concern of those with disabilities; it is also concerned with the normative structures and assumptions of society as a whole. She posits that critical disability studies allows us to rethink social relations between the disabled and non-disabled designations, not just ethically but also ontologically – that is, the relationship between the self and Other.

While disability studies have transcended disciplinary and geographical borders as a site of struggles for justice across social, economic, psychological, cultural, and discursive inquiries (Goodley, 2013), its epistemological foundations have been rooted in Eurocentric perspectives which privilege theory from the global North (Meekosha, 2011). Questions regarding who is doing the work of theorizing, to whom and for whom does the work of theorizing matter, and, whose theory has remained absent, matter to Southern disability theorists. Anita Ghai (2012) challenges the epistemic problems of disability theorizing which emerged from the dominance of Northern theory and epistemology:

As a disability scholar, I have always been uncertain about the merging or separation of 'us' (read 'disabled') and 'them' (read 'able'). In many instances, disability theorists have addressed political issues through the constructions of binary oppositions that not only contain prejudice and bias but also fall into the trap of naively reversing the post-colonial legacy and problematic of oppressed vs. oppressor. (p. 273)

Ghai (2012) challenges "overbearing and sweeping theories" (p. 273) that come from the global North in failing to recognize complex relationships between disabled bodies and minds in relation to their cultural, religious, and medical practices that shape meanings of disability in the Indian context. By merely reversing the relationships between *us* and *them* (the colonizers versus the colonized, non-disabled versus disabled), such theories reproduce the post-colonial legacy. While Ghai is concerned about the methodological/ epistemological problems of Northern disability studies, Grech (2016) is more critical of its lack of engagement with Southern knowledges in the face of geo-political differences between the global North and South. He contends: "There is an almost complete disengagement with Southern epistemologies and Southern disability theorists" in the texts produced by prominent Western disability studies scholars (p. 50). This epistemic exclusion, he argues, has continued to demonstrate "the

dominance of Western knowledge, practices, and institutions, the unfettered control over what counts as knowledge, how it is produced, by whom, and how it should be disseminated" (p. 50).

Building on Meekosha and Shuttleworth (2009), I use the term "critical disability studies" to refer to an understanding of disability and impairment in transnational, national, and local contexts as a way of disrupting monolithic discourses of disability in the global South, while at the same time opening up a platform "to think through, act, resist, relate, communicate, engage with one another against the hybridized forms of oppression and discrimination that so often do not speak singularly of disability" (Goodley, 2013, p. 641). I do so by interrogating the social consequences of colonialism and imperialism on Southern bodies through the concept of "social embodiment" - a "collective, reflexive process [that] generates, at every moment, new historical realities: new embodied possibilities, experiences, limitations and vulnerabilities for the people involved" (Connell, 2011, p. 1371). Reflecting on the challenges of formulating critical disability discourses in the global South, I rhetorically ask: *Why do we need to engage in Southern theory?* and invite disability studies scholars to engage with new questions and debates about disability studies as a discursive domain of knowledge production. I refer to the geopolitical locations of global North/South as a way of understanding the consequences of colonial violence on Southern bodies. Such terms are constantly contested by post-colonial scholars who interrogate the socially constructed spaces embedded within colonial and imperial practices (Connell, 2007). Following Indigenous scholar Linda Tuhiwai Smith, I refer to colonialism as one form of imperialism which has an effect in "realiz[ing] the imperial imagination" about itself and the Other (p. 24).

My argument is three-fold: First, the use of Southern theory (Connell, 2007) enables us to interrogate the domination of Northern epistemologies on Southern histories and contexts by

critically re-examining the politics of global development; second, this theory unveils how colonialism has continued to manifest itself through the knowledge practices which have rendered the experiences of disabled people in the global South invisible; and finally, this theory enables critical disability studies to act as a project of decolonization that engages with Indigenous ways of knowing about disability in transnational contexts.

Southern theory

The term "Southern theory" was originally coined by feminist and post-colonial scholar Rawyne Connell (2007). This theory offers a perspective on the process of knowledge production, circulation, and distribution within specific cultural, historical, and political conditions of the global South. Though not exclusively written for disability studies, Connell (2007) provides a rich theoretical understanding of the social process of knowledge production within different disciplines of social sciences, offering a range of sociological critiques of inclusion and exclusion as situated within the intellectual projects in the global North and South. In response to the hegemony of knowledge production by the global North, she provides an alternative method of interpretation by challenging the epistemological foundations formed within Northern and male dominated social theories.

Critical to Southern theory is the development of intellectual projects which produce knowledge grounded in Southern spaces, histories, and discourses. Connell (2007) argues that these intellectual projects are central for positioning and repositioning knowledge production as a way to challenge the hegemony of knowledge rooted in the global North. She describes the distinction among the intellectual conventions in the global South through three theoretical perspectives:

We can move beyond the limits of metropolitan thinking in several ways. One is

to name and unpack the metropolitan genres of thought in which the global power of the metropole is embedded. This is the project of 'postcolonial studies', the most famous contribution being Said's Orientalism. A second is to value and learn from non-Western forms of knowledge that escaped destruction by the power of the global metropole. This is the project of 'indigenous knowledge', involving debates about the articulation of indigenous and metropolitan knowledge systems. A third is to examine the forms of knowledge that arose in response to the metropole's power, among the intellectuals of colonised societies. This is the project I have called 'southern theory'. It taps into a rich literature produced in the global periphery about the experience of the colonised and the dynamics of neocolonialism and contemporary globalization. (Connell, 2011, p. 1372)

Southern theory illuminates the colonial systems of knowledge from which disability studies have emerged as a field of inquiry (See, for instance, Meekosha, 2011). Specifically, as a social process of knowledge production that reproduces the hegemony of the global North, disability studies from the global North have displayed four key textual moves: first, the claim of universality (disability is universal and can be studied from the same point of view); second, reading from the centre (there is a general disability theory which can be read from the metropole); third, gestures of exclusion (excluding ideas from the periphery as a part of the dialogue on disability); and fourth, grand erasure (erasure of the majority of disability experiences from the foundations of social thought). Theoretical critiques of Northern disability studies can be found in the works of Southern disability studies scholars, such as Meekosha (2011), Meekosha and Soldatic (2011), Ghai (2012), Grech (2015, 2016), Kim (2017), and Puar (2017). These theoretical critiques not only aim to "deindividualiz[e] disability" (Puar, 2017, p. 72) by illuminating its embodiment within the politics of neoliberal state formation (Soldatic & Meekosha, 2012) and global technologies of population management in producing the disabled, colonized subjects (Nguyen, 2015a, b). They also rekindle debates over access to health, education, poverty, debility, and consequently, the differential and uneven precarity of disabled populations in transnational capitalism from the perspectives of Southern scholars and activists.

In response to what Meekosha (2011) calls "the intellectual crisis for disability studies" (p. 250), Southern disability studies illuminate the absence of Southern epistemic foundations in relation to their social, cultural, historical and economic conditions shaping disability and impairment in Southern spaces. As Connell (2007) argues, "debates among the colonised are ignored, the intellectuals among colonised societies are unreferenced, and social process is analysed in an ethnographic time-warp" (p. 44).

As a disability scholar coming from the South, my body is situated *within* and *across* the global North and South geographical borders. My social location is fluid and constantly shifting as I have moved in and out of the global South with my chronic illness. In contrast to the dominant narrative of disability as a misfortune or a symbol of God's punishment in many Vietnamese communities, where I come from, my encounter with recurrent disabling conditions of asthma has positioned me *between* the able-bodied and disability worlds. My cultural understanding of disability has become more fluid and embodied, reflecting what Ben-Moshe and Magaña (2014) observed in that "one is always dis/abled in relation to the context in which one is put" (p. 105). My experience is intersectional and contextual: my middle-class, ethnic majority, (dis)able-bodied social location was redefined with my immigration to Canada as a woman of color in academia, where my experience with inclusion and exclusion in transnational social and political spaces has reminded me to critically interrogate my intellectual positioning within disability studies, recognizing that it has largely emerged from the global North.

In my theoretical engagement with Northern and Southern disability studies, I situate my socio-political position *between* and *across* the intellectual traditions which I have engaged with through my scholarship and activism with disabled women and girls in the global South. To initiate critical dialogues among these traditions is to delve into historical reflections on the

cultural and social productions of disability and impairment globally and locally. I ask: how might disability studies and discourses produce epistemic inequalities through the textual moves of disability studies in the global North to the South as well as through the globalization of the disability rights movement? How can critical disability studies be challenged to enhance reflexivity on the state of knowledge which has privileged particular ways of knowing from the global North?

Critical disability studies from the lens of Southern theory

Let us embark on Southern disability theory through a critical analysis of disability discourses, such as those framed by the World Report on Disability (WHO & World Bank, 2011). As a discursive practice of global development, the discourse of disability in the global South has emerged from development discourses and practices (Grech, 2016), and yet, talks of disability in the global South have been framed by modernist technologies of governance. In 2014, the *Guardian* published an article citing United Kingdom International Development Minister Lynne Featherstone's assertion that, "[d]ata collection must be dramatically improved and standardized." The article quoted the Minister's urging of international development agencies to collect disability statistics, "It's a sad truth that in many developing countries people with disabilities simply don't count" (Jones, 2014, October 23).

Why count disability? And what exactly is counted? The politics of 'counting' disability in the current practices of international development reflects what Titchkosky (2003) calls "technologies of constituting citizens with disabilities" (p. 517)—the use of governmental practices operating through policies and laws, as well as through the micro-practices of institutions which exercise bio-power (Foucault, 1991). This governmentality operates through the rationalities of counting, which have gone from the need to tackle the invisibility of disabled

people in the global South, the inclusion of disabled people into economic development, and the sustainable development endeavor that seeks to "leave no one behind" (Department of International Development, 2015). For example, the objective of the *Report on World Social Situation 2016* (United Nations, 2016) is to examine "the patterns of social exclusion and consideration of whether development processes have been inclusive" (p. 1), and yet, these rationalities imply, it seems to me, that disabled people in the global South will remain invisible if policymakers and international development agencies do not implement development policies correctly. Thus, as the argument goes, we need a 'right' method of collecting disability statistics.

The Washington Group on Disability Statistics (WG), then, offers the 'right' strategy of "governing embodiment" (Titchkosky, 2003, p. 507) by its politics of mapping disability globally in areas such as child functioning, inclusive education, mental health, environmental factors and participation (Department of International Development, 2015). In the domain of child functioning, for example, the WG partners with UNICEF to identify areas of difficulty for a disabled child using the International Classification of Functioning, Disability and Health (ICF)ⁱ mapped in line with a psycho-social approach to child development. For example, the Module on Child Functioning (The Washington Group/UNICEF Module on Child Functioning, 2016) asks parents such questions as "Does [the child's name] wear glasses?; When wearing glasses, does [the child's name] have difficulty seeing?; And, compared with children of the same age, does [the child's name] have difficulty walking?" This monitoring approach makes disability matter in a way that leaves the epistemological and ideological problems of functioning unquestioned. Specifically, the dominance of the modernist approach to child development, in juxtaposition with a bio-politics of disability in global development, reflects the dimensions to which Western Enlightenment has been institutionalized as a technology of

governing disabled childhoods. Its technologies and discourses aim to manage the 'problems' assumed to be associated with the disabled populations, such that 'inclusion' can only be made possible when the 'excludable' populations have been identified, diagnosed, calculated, and managed properly (See also Nguyen, 2015a). As Titchkosky puts it, "[d]isabled people are made to matter as excluded and marginalized and this is what disability comes to mean" (p. 518).

The problem with this bio-political approach is that by counting disability as a problem of individual functioning, this approach to global development has individualized disability as something that needs to be overcome, while at the same time masking forms of power and exclusion which produce impairments in transnational contexts. These technologies of governance are associated with colonized ways of constructing bodies from the global South as disabled through the use of statistics, rationalities, and managerial modes of surveillance, as well as through what Puar (2017) calls "the politics of debilitation—a tactical practice deployed in order to create and precaritize populations and maintain them as such" (p. 73). As Puar (2017) argues, this bio-political approach situates disability with risk, prognosis, statistical probability, allowing for aspects of disability management to operate through neo-liberal and neo-imperialist ideologies of development.

This politics of 'counting' disability in global development discourses has illuminated how we have come to know about disability by the dominance of functionalist discourses of disability, defined as difficulty in performing daily activities. Titchkosky and Aubrecht (2015) argue that this public health policy has been embedded within the colonality of power—the use of "governing processes that objectify human life as a problem in need of Western control and also make humans into economic units viable for Western profit" (p. 3). At the same time, Western regimes have failed to acknowledge alternative forms of knowledge which have been practiced

in local contexts, as well as the dimensions of inclusion and exclusion which operate through the local practices. Dian Million (2013) offers a useful account for engaging with what she calls "healing cultures" (p. 162)—an alternative structure of Indigenous governance which opposes neo-liberal capitalism in favour of practices which enable self-governance among Indigenous populations. Through discourses of global development, public policy reinforces ableist and essentialist ideologies constructing impairments as an individualist problem while ignoring the historical conditions that construct such impairments. This grand narrative is reflected in texts produced by Northern scholars who conduct research about the global South.

Speaking of disability in 'developing countries,' Nora Groce and her colleagues in the United Kingdom (2011) argue, we need to "understand the implications of the disability–poverty nexus not just at the individual level, but also at the household and community level" (p. 124). They acknowledge a lack of 'conceptual clarity' and 'robust statistics' in collecting and analyzing disability data, which makes it difficult to explain the roots of poverty in the global South. Interestingly, however, with the exception of one brief discussion on the apartheid in South Africa, there are no other places in the text where the authors critically engaged with the impact of colonialism and imperialism in causing structural violence, disablement, poverty and inequality for disabled people in the global South. Assuming that there is *a* history out there, and that this history has had no direct relationship with the global distribution of poverty and exclusion of the disabled, the disability–poverty nexus fails to acknowledge the impact of colonialism and global capitalism in shaping the experiences of millions of disabled people in the global South through the intersection among disability and other forms of identities.

In another discussion on the current situation of mental health outside of the 'First World,' Bartlett (2010) discusses why rights-based legalism has had little meaning for disabled people living with mental health conditions in the Third World. He offers a critique of the disconnect between the legal frameworks of human rights, which come from the global North, and the reality of psychiatric patients in South Africa and Eastern Europe, arguing that "the question is how to make the law relevant at the local level" (p. 412).

Making law culturally and locally relevant represents a global development approach, such that disability policies and laws made in the global North can adapt these approaches in their own contexts; however, modern laws are themselves systems of power that reinforce colonial practices and ideologies. The historical formulations of Anglo-American laws have been associated with the historical processes of colonization that reinforced unequal power relations between the colonial territories and their populations (Darian-Smith, 2010). Interestingly, while Bartlett is careful in his investigation of the cultural and historical implications of mental health in formerly colonial countries and regions and the historical conditions in which psychiatric patients were treated, this text describes "the rest of the world" through impoverished situations of mental health facilities as evidence of the challenges facing psychiatric patients in the global South.

Reading this text, then, readers from the global North may envision stark differences between mental health services in the First and Third Worlds, where the disabled 'patients' in the Third World become more visible to the First World by the lack of government funding, and not by their experiences and voices. For example, Zambia has one psychiatrist for roughly 12 million people, Kenya has only one psychiatric nurse in the entire country, and there were no psychiatrists in Malawi or Angola. These dire situations are framed as African states' failure to

invest proper funding in mental health services; and yet, the histories of imperialism, where these states were disabled because of colonial practices of exploitation and violence on disabled bodies and minds, are absent from this text.

The act of counting disabled bodies and access to disability services, I argue, may represent a global effort towards more 'inclusive' development, and yet, these institutional campaigns have remained silent on the historical consequences of colonialism. The 'evidence' cited by Bartlett (2010) demonstrates the shortage of mental health services for psychiatric patients, thus acting as a valid critique of human rights violations against these patients from a human rights perspective. However, the treatment of psychiatric patients, historically, has been associated with practices which constituted the *native* subjects as inferior to their European counterpart (Monnais, 2009). Thus, while I am not suggesting that the modern systems of medicine should not provide services for psychiatric patients, I argue that it is important to tackle the power relations which have been instituted within colonial practices of medicine, where patients have been exploited causing trauma and violence on their bodies and minds.

Historically, colonial regimes in the global South constructed identifiable forms of violence, including the killing and incarceration of people known as 'lepers,' 'lunatics,' 'feeble-minded,' and 'insane.' Fear of disabled people, perceived as a dangerous population who may spread contamination and sexually transmitted diseases, was part of the political impetus for institutionalizing incarceration in the South African apartheid regime (Swartz & Bantjes, 2016). Like those in the colonial America, disabled bodies in the global South were also contained through systems of enslavement, incarceration, and exclusion; reinforcing material practices which construct Southern bodies as disabled in transnational colonial historiesⁱⁱ. Yet, as Kennedy and Newton (2016) remind us, the histories of colonialism have manifested different patterns of

exploitation and racialization with distinct legacies of disablement across colonial and post-colonial contexts. It is important, then, to locate specific discursive and material consequences of colonialism on Southern bodies in relation to the potential for such stories to be reframed as a way of 'speaking back' to the dominance of Northern discourses.

Rethinking disability and impairment in Southern disability theory

Southern theory introduces the concept of social embodiment to interrogate the social processes and consequences of colonialism and imperialism. Its methodological inquiry can be effectively applied in empirical research. For example, as a result of globalization and intensified political conflict globally, millions of children and families have been displaced, abducted, sexually abused, and tortured. In the 1990s, for instance, two million children died as a result of armed conflict, and as many as three times more were seriously injured or permanently disabled (Hicks, 2001).

The material consequences of socio-political conflict on disabled bodies can be documented within the transnational refugee crisis currently taking place in Myanmar, where hundreds of thousands of Rohingya people have been forced to migrate to the Bangladesh border. Historically known as the kingdom of Arakan, the modern state of Rakhine was home to the largest Muslim-majority in Myanmar. This state has been replete with poverty and religious conflict between Muslims and Buddhists. In 1784, the Rohingya were forced to flee their homes when the Burmese King conquered the kingdom, creating a false perception that they are outsiders of the state (Ramzy, 2017). The causal relationships between conflict, violence, and impairments are evidenced by narratives of dis-citizenship and forced displacement which have impaired displaced bodies. For example, a United Nations' report notes that "the army or Rakhine villagers locked an entire family, including elderly and disabled people, inside a house

and set it on fire, killing them all" (OHCHR, 2017, p. 16). The lack of immediate medical aid to those injured as a result of attacks may result in lifelong impairments for victims who lost their limbs or eyesight (OHCHR, 2017).

The root cause of imperialism in perpetuating war in the global South is manifested in the transnational capitalist practices from Southern territories. Ramzy (2017) observes this through his accusation of their complicity for Myanmar's "hidden treasure" -- that of the oil industry:

Massive deposits of oil that have remained untapped due to decades of western boycotts of the junta government are now available to the highest bidder. It is a big oil bonanza... Shell, ENI, Total, Chevron and many others are investing large sums to exploit the country's natural resources, while the Chinese—who dominated Burma's economy for many years—are being slowly pushed out. (Ramzy, 2017, Countercurrents.org)

The historical and political implications of Western imperialism on the materiality of disability, while situated and embodied, can be observed in the struggles of Southern bodies. Jabir Puar offered an insightful perspective on the cultural production of disability and debilitation in transnational capitalism through her work, the *Right to Maim* (Puar, 2017). Writing in the context of transnational protests against colonial and imperialist occupations of the West Bank on Palestinian land, which intensified forms of violence on black and trans bodies, this work analyzes the bio-politics of disability and debilitation by investigating imperialist ideologies that produce effects on disabled and debilitated bodies in the global South as accident or misfortune, on the one hand, and the proliferation of debilitation reinforced through imperialist war, on the other. Interestingly, while Puar's critique of the U.S. imperialist ideology has drawn on its "war machine" (p. 89) which rationalizes the production of debilitation in the global South, her attempt to illustrate the relational aspects of disability rights in the metropole and the bio-politics of debilitation in the global South is worth further exploring. Her

critique of the rights-based approach has been monolithic as it is based on the nationalist ideology of the state, thus failing to engage with the grassroots, community-organized practices of disability rights in the global South (Nguyen et al., 2015; Rioux, Pinto, & Parekh, 2015).

In light of the social productions of disabled bodies through transnational capitalism across the global North and South, I propose that a critical reading of Southern theory can disrupt normative thinking about disability and impairment by unveiling how imperialism has exercised force through colonial systems of exploitation. These systems produced impaired bodies through multiple forms of oppression that have been historically constituted in transnational contexts. Erevelles (2014) argues, in the case of black bodies becoming disabled due to brutal violence in colonial America, that impairment is not biological or natural; rather, it is produced in a historical, social, and economic context where the embodiment of disability and blackness is displayed and transformed. She argues that the expansion of transnational capitalism is responsible for the production of impairment on the black body, such that it becomes impossible to imagine the sovereign subject in modern nation-states. As she argues, "it is in this 'becoming' disabled that the black body is at the height of profitability for the slave matters and it is the historical, social, economic, and social context of this "becoming" that I foreground" (p. 86).

Kim (2017) observes the transnational aspects of Western imperialism, arguing that "the testimony of the American medical authority on the barbarism in Asian history exemplifies the West's erasure of its own violence, eugenic sterilization, and segregation of people with Hansen's disease" (p. 192). In her profound critiques of the politics of cure in modern Korea, Kim (2017) demonstrates how complex consequences of imperialist ideologies have shaped what modern Koreans have thought about disability through what she calls "curative violence" (p. 24). She reminds us that theory can be used in transnational spaces as a knowledge practice which

produces colonial violence on Southern bodies through the imperialist ideology of helping suffering bodies (See also Jarman, 2005). As conflict, forced displacement, rape, violence, discrimination, and exclusion have been intensified in global spaces, it becomes impossible for critical disability studies to read theory from a distance, or remain ignorant of, and disconnected from, Southern bodies whose realities have testified to forms of violence and disablement which have roots in imperialism. As Soldatic and Grech (2014) ask: How can we theorize, mobilize and organize a politics of impairment that does not undermine a progressive politics of disability?

Reclaiming the politics of disability

The question regarding who produces theory is important. Southern theory offers a useful critique of the ways neo-liberal and neo-colonial discourses of development have gestured towards exclusion by embodying theories and perspectives from below. It resists colonial domination by engaging with alternative forms of knowledge produced through former colonial spaces. In my work in Vietnam, my research team and I engaged with the stories of women and girls with disabilities. Following Indigenous scholar Linda Tuhiwai Smith (1999), we asked: Whose research is it? Whose interest does it serve? Who will benefit from it? How can the research team engage in Southern stories and epistemologies while being located as insiders and outsiders of Southern spaces?

These questions challenged us to critically interrogate forms of knowledge traditionally produced through colonial practices, where researchers construct knowledge about the colonized bodies through ethnographic fieldwork which objectified the Other. Having participants construct their narratives of inclusion and exclusion through reflecting on memories of childhood, disability, and schooling was one way to reconstruct knowledges which counter bio-medical understanding on disability in the context of socio-economic reform in Vietnam

(Nguyen, 2015a). During our fieldwork in A Luoi district, a central province in Vietnam, we invited participants to share their disability experiences, acknowledging that our learning about their communities was limited by the lack of experience with Indigenous languages, ethnicities, socio-economic backgrounds, and disabilities. This moment of engaging with Indigenous cultures and values through the participants' experiences with disability enabled us to learn from their voices and narratives, in so doing opening up new ways of mutual learning and engagement which refuse to apply Northern epistemologies on participants' ways of seeing.

We recognized that the participants' histories, cultures, and everyday encounters with others shaped their experiences with disability very distinctively, reflecting what Ghai (2012) observed: "The disabled body (or mind) exists in the realms of ambiguity, lingering somewhere between life and death – a constant reminder of the other side of *normative* life" (p. 283).

Participants shared very different experiences: some were affected by Agent Orange due to their parents' exposure to it during the war, causing impairments in entire families. For others, living with poverty was a major condition of their childhood experiences. Reflecting on her painful experiences with discrimination in school, one woman with disabilities said: "During my primary education, what I remember the most was when I first attended school, I felt really nervous and shy among my classmates. They laughed at me because of my disability. I also wanted to be like other friends, to walk normally, to speak normally, to see normally. But God gave me this body, I didn't know how to do" (A Luoi, fieldwork 2017).

One could interpret the participant's desire to "walk normally" and "speak normally" as embedded within *normate* culture (Titchkosky, 2011), which stands in contrast to a human rights and social justice approach in its endeavor to desire disability differently. However, Tuck and Yang (2012) argue that decolonization is not the same as other social justice approaches because

it requires us to problematize the ways in which research has been historically codified within colonial structures. As they argue, decolonization must be centered on an Indigenous framework that works to dismantle settler colonial relations imposed by colonial institutions. This means that we must recognize disability studies, which is integral to the colonial and neo-colonial systems of thought, has continued to shape our knowledge about disability in the global South through colonizing practices and discourses.

To understand disability differently means to challenge these forms of power and their modes of interpretations embedded within Northern epistemologies, and to create spaces for Southern voices to 'speak back.' The participants not only drew pictures related to their traditional lifestyles, their land, relationships, and spaces for community gatherings, they also talked about their pictures as a way of building collective engagement with others. One participant shared her feelings after participating in a two-day workshop: "I had never been participating in a program like this. I had never taken photographs but today I have done it. Thanks for helping us understand society and being able to integrate into the community ... Today, we want to say: 'Take care of children with disabilities more!'" (A Luoi, fieldwork 2017). A girl with a visual impairment who had dropped out of school said of her ability to speak for herself: "I have never been able to speak up my voice all the previous times, I have been suffering... but in the last two days, I have spoken up all the things that I have not talked about before" (A Luoi, fieldwork 2017).

We must acknowledge our privileged position, recognizing that research, including our own, can become a product of neo-liberal and neo-imperialist ideologies, which objectify disabled bodies and homogenize their difference and agency. Therefore, by means of referring to this experience, I do not wish to use research as a way of celebrating our experiences, but rather,

to affirm that engagement with disability as a form of social embodiment is a reflexive practice which informs us of the ways our research practices have worked to construct social meanings of disability and impairment. It reminds us to resist the colonial legacy of objectifying and exploiting Southern bodies by engaging with their disability experiences as a way of disrupting their silences and invisibility.

Critical encounters

Theorizing, Grech (2016) argues, "is not a matter of abstraction, but one of necessary reflection of informed, contextualised, responsible and responsive practice" (p. 11). In this article, I have argued that theorizing disability from a Northern perspective comes from a privileged position that only considers the Northern context, and yet, this approach has been deployed as if it were universally applicable. In contrast to the four textual moves of Northern theory, Southern theory reminds us that not only *how*, but also *where, when, and why* we read disability is critical. This decolonizing practice poses these foundational questions as political acts that help postcolonial studies and disability studies "to rewrite the relationship between the margin and the centre by deconstructing the colonialist and imperialist ideologies as well as ableist hegemony" (Ghai, 2012, p. 284).

In this politics of reading and writing, I argue for a re-theorizing of disability from the periphery—an act of meaning-making that repositions the power relations between disabled people and non-disabled people; between disabled people and their communities; and between the global North and South. This knowledge process offers a new way of theorizing disability in relation to the political arrangements structuring inclusion and exclusion by reminding us of the ways colonial and neo-colonial ideologies have continued to inform our interpretation of the Other in transnational contexts through researching, writing, and publishing. It requires scholars

to challenge our privileges as knowledge producers about disability from the position of the colonizer to begin re-theorizing disability from the standpoint of the colonized.

This is not a new proposal, but, I argue, it would be useful for us to reconsider how disability can disrupt traditional social relations that have been portrayed as truth within transnational spaces and temporality. Our intellectual work produces particular meanings, discourses, representations, and social relations. It produces new forms of knowledge, power, and subjectivities through the trajectories of global development. Instead of taking 'global development' or 'disability studies' for granted, I propose that we begin asking new and challenging questions about forms of colonialism, neo-colonialism, and neo-liberalism reproduced through our knowledge practices, writing, and theorizing about disability in and beyond the academy (Nguyen, 2017). Such inquiries can enable us to understand problems articulated by disability communities in the global South as a way of reframing critical disability studies in transnational contexts.

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ⁱ Available at <https://data.unicef.org/resources/module-child-functioning/>

ⁱⁱ See, for instance, the history of incarceration in the colonial America (Ben-Moshe, Chapman, & Carey, 2014), slave trade in the Caribbean (Kennedy & Newton, 2016), curative practices in modern Korea (Kim, 2017), and institutional containment of disabled patients in post-colonial Vietnam (Nguyen, 2015a).