Decolonising Eurocentric disability studies: why colonialism matters in the disability and global South debate

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The words 'colonised' and 'colonising' have recently been adopted in global North fields such as disability studies, highlighting notions of colonised bodies by colonising practices, with the implication that some or other 'decolonisation' is required. But these words remain little more than abstract and dehistoricised metaphors in these Eurocentric academic projects. This paper critically maps out some arguments as to why the colonial encounter is not simply a metaphor and cannot be bypassed in any global disability analysis. The paper argues how this historical event transcends the discursive, a violent materiality framing disability as a historical narrative and human condition, while (re)positioning disability as a useful optic through which to examine the dynamics of imperialism. The colonial provides the landscape for understanding contemporary Southern spaces within which disability is constructed and lived – neocolonised spaces hosting what I call *neocolonised bodies*. The paper concludes that *de*colonisation, just like colonialism, is not a metaphor. Instead, it is a continuous violent and political process owned by the global South but open to collaboration, drawing on forms of resistance that have long colonial lineages.

Keywords: colonialism; post/neocolonialism; global South; decolonising disability; global disability studies; poverty

Introduction

Disability in the global South has garnered some attention in recent years, but rarely from within disability studies, a field of thought that retains an indiscriminate focus on the global North, echoing the voices of Northern academics and activists, particularly those in the UK and the US (Grech, 2009). Indeed, the global South, real or imagined, is often invisible or marginalised in the dominant disability discourse and literature (see for example Oliver, 1990). Disabled lives in the Southern context are often simplified and generalised in a dynamic of homogenising, decontextualised and dehistoricised discourse. Instead, concepts and knowledge from the global South, the Southern voice and epistemologies are rarely considered, sustaining an 'academic neo-imperialism' (Alatas, 2003, p. 601), itself traceable to the colonial creation and institution of imperial knowledge as 'the knowledge'.

But while the global South is often marginalised or ignored in disability studies, notions which have more than symbolic significance in the global South are sometimes opportunistically employed. One of these is the 'colonial'. Disability theorists have recently

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referred to the notion of colonised bodies and minds through practices such as medicalisation (see for example Shakespeare, 2000), as well as discourse and theory (Roets & Goodley, 2008). Infusing the colonial within the critique has implied for these theorists a call for decolonisation, whether in the way disability is talked about, researched or intervened in.

While these critical Northern accounts are laudable, the word 'colonial' is often little more than a metaphor for subjugation and domination, a metaphor disassociated from its historical lineages and the discursive and material power that made it one of the most important, destructive and lasting forces in human history. To be clear, metaphors can indeed be productive and performative (see Ricoeur, 1978) and have much use in our understanding of the post/neocolonial condition, including difference, oppression and alienation. But metaphors are limited in scope when, in practice, fields such as disability studies have rarely contemplated the historical event of colonialism, the event that ultimately gave rise to the metaphor and imbues it with meaning, and which is interpreted and lived differently by the colonised and the coloniser. Indeed, the metaphor can easily work 'by subverting the need for conscious reflection' (Betcher, 2004, p. 89).

The disengagement from the global South and the relegation of Southern epistemologies and voices to the peripheries is clear testimony that the word 'colonial' is confined to a Northern view of historical events sifted through a blatantly Northern optic.[1] It is important to note, though, that the disengagement of disability from the colonial is also compounded by a postcolonial studies that flagrantly continues to bypass disability in much of its content, its analysis often limited to gender and race, and where disability simply stands in as a metaphor for postcolonial repression.

The absence of the colonial from Eurocentric disability studies is perhaps unsurprising because the coloniser does not want to recollect colonialism as it challenges his/her own 'civility'. Deconstructing and engaging the colonial is sometimes interpreted as apologising for something the colonialists feel they had nothing to do with. And the colonialist, as recent history reminds us, does not like to apologise. When Great Britain destroys the records of colonial crimes, it is clear that what people are meant to recollect are solely the assumed/distorted benefits and bounties of colonialism found in the aesthetics of colonial art hanging on the walls of its rich art galleries. When the colonised wants to recollect the material colonial (part of his/her political project), perhaps even of ontological decolonisation (see Fanon, 1963), the coloniser is hardly interested. The colonised is perpetually left trying to create not only interest in, but also legitimacy for his/her own narrative. In the opening page of *The Interesting Narrative of the Life of Oloudah Equiano, or Gustavus Vassa, The African, Written by Himself*, Equiano, a former slave, feels compelled to justify his text, and perhaps even downplay his narrative, deeming it perhaps not exciting enough for the colonial reader, but which, he hopes, may still serve some or other emancipatory purpose:

> People generally think those memoirs only worthy to be read or remembered which abound in great or striking events … which in a high degree excite either admiration or pity: all others they consign to contempt and oblivion. It is therefore, I confess, not a little hazardous in a private and obscure individual … especially when I own offer here the history of neither a saint, a hero, nor a tyrant … I am not so foolishly vain as to expect from it either immortality or literary reputation. If it affords any satisfaction to my numerous friends … or in the smallest degree promotes the interests of humanity … and every wish of my heart gratified. Let it therefore be remembered, that, in wishing to avoid censure, I do not aspire to praise. (Equiano (1789/2001), pp. 19–20)

In this paper, I critically engage with the colonial encounter and its connections with disability as I attempt to highlight some arguments as to why and how this encounter transcends the metaphorical, and why engagement with the colonial is critical in any analysis looking at disability in the global South. Through this I hope to support the development of broader theoretical engagements with disability and colonialism in a range of disciplines, especially disability studies, while sustaining efforts at decolonising global disability discourse and practice as a political project of praxis.

Historicising the disability narrative: colonialism matters

Starting this section, I shall be stating the obvious: colonialism cannot be ignored because this is probably the only common experience in the complex, fragmented, and heterogeneous Southern spaces, an experience that defines and constructs these spaces. As Islam (2012, p. 163) emphasises, many Southern countries and people were not simply colonised, but were 'essentially constituted in and through colonization'. Colonialism is buried deep in the psyche and embodied collective memory of the coloniser and the colonised, bound to speak about and from their specific locations, within power structures, past and present, their knowledge situated, their narratives often shared. These are the geopolitics of their knowledge (Mignolo, 2008). Disability existed and was constructed, imagined and lived in the colonial, providing the backdrop for and framing the contemporary disability landscape, with the implication that understanding the disability narrative in the global South means (re)positioning it and understanding it as a *global historical narrative*. Furthermore, this implies that it is also possible to examine imperialism through the lens of disability, providing useful avenues for engagements with disability in fields such as postcolonial studies.

The materiality of the colonial

The colonial encounter stretching back to the late 15th century, with the domination of the Atlantic commercial circuit, is indeed far from metaphor or abstraction, and indeed any serious materialist disability offering cannot possibly bypass the colonial encounter, because it is the 'crucial moment in which modernity, coloniality, and capitalism, as we know them today, came together' (Mignolo, 2008, p. 248).[2] Instilling the colonial project was far from harmless, initiating systematic mechanisms of pillaging, brutal violence and oppression (see Martínez Peláez, 2009). Land was appropriated through capture or measures such as land titling introduced for the first time, and food and water, among other things, were imputed a value and became tradeable commodities, reducing their local consumption. This resulted in gross impoverishment, starvation and death. Importantly, livelihoods were transformed as landlessness met the introduction of forced, hazardous, exploitative labour to contribute to the economies of their rulers by all means.

But, as Grosfoguel (2011, p. 5) highlights, what arrived in the Americas was not only labour and resource abstraction but a wider power structure: 'a European/capitalist/military/Christian/patriarchal/white/heterosexual/ableist male', establishing 'simultaneously in time and space several entangled global hierarchies'. Colonialism shifted gender roles, created or intensified patriarchy, while cultural assets, beliefs, knowledge, customs, languages, indigenous communities and traditions were subjected to serious attempts at eradication by producing uniform alienated cultures that the empire could better dominate. This was done through both violent means as well as the Christianising mission of ontological and spiritual indoctrination, domination and purity. The latter relegated native beliefs and religions such

as the Maya *cosmovision* (complex spiritual and world views) to the confines of the supernatural and the incredulous, 'the anomalies peopling the horizon of the Christian imagination' (Betcher, 2004, p. 87). Critically, the colonial 'civilising' mission introduced racial 'Otherness' as the key ideological component for colonialism to function, rule and dominate. Quijano (2000, p. 533) emphasises how the idea of race did not exist before colonisation, was instituted to demarcate the differences between the colonisers and the colonised, and was later expanded to incorporate 'supposed differential biological structures'. Race and racism, therefore, were not only instrumental, but indeed constitutive of the colonial encounter and of capitalist accumulation.

The violence of colonialism: framing and reframing disability

Disabled people, like others, do not exist outside history, and were impacted as part of the colonised. The coloniser changed the natural and human landscape forever, also importing previously unknown diseases such as measles, small pox and the plague, pandemics ravaging and weakening whole populations and a major cause of native depopulation (e.g. among the Amerindians). The poverty, hunger and starvation that followed land appropriation, taxation and violent work conditions were a major cause of illness and disease. The violence of slave labour and colonial corporeal punishments of the 'native' left many with visible impairments, a violence constitutive of the broader colonial project of managing difference, whereby controlling the 'native unreason … could only be addressed by the exercise of unreasonable violence' (Rao & Pierce, 2006, p. 2). As the coloniser encountered the Other, it had to construct the Other, racially, culturally, bodily, and spiritually. As Martínez Peláez (2009, p. 281) stresses in the case of Guatemala, it was colonialism that 'transformed pre-Hispanic natives into Indians … a large class of servile labourers … subject to colonial authority'. But after constructing the Other, the coloniser had to manage and subjugate it, to discipline and civilise him/her as a moral duty and obligation, using all means necessary – 'violated bodies were by definition colonial' (Rao & Pierce, 2006, p. 21). Corporeal means such as violent labour and the whip subjugated but also cleansed the native from his/her evil spirits, legitimising and perpetuating this violence as an enterprise of God, and the coloniser, governed by his omphalos syndrome, believed he was the God inflicting it. Flogging, stretching, breaking of bones, mutilating, dismembering are well documented punishments in historical documents, for example among sugar plantation workers in the Caribbean, with punishments meted out even by courts for petty crimes such as theft (see Clarkson, 1789). Equiano (1789/2001) recounts in intricate detail the 'cruelty of the whites' (p. 41), who 'looked and acted … in so savage a manner' (p. 40), a brutal cruelty he claims 'he had never seen among any people' (p. 42), a cruelty positioning the coloniser as the real uncivilised, a cruelty the empire continues to vehemently try to occlude.

This corporeal violence and its visible manifestations not only managed, but also perpetuated the same racial and other categories of difference, and bodies became the medium upon which these differences were permanently inscribed and displayed. It is at this point that the scarred, unfree body of the colonised slave became a disabled body, and where disability and colonialism fused together as 'the deforming element, disfiguring all that has to do with beauty or morality … the depository of maleficent powers' (Fanon, 1963, p. 32). They came together in the mass known as the 'degenerate', or rather the 'internal enemies' as described by Foucault (1977), incorporating among others, women, the working class, racial others, and disabled people (Razack, 1998, cited in Betcher, 2004).

The resulting impairments from these punishments, the body parts hung in dominant locations and the missing limbs, embodied in full view of others the outcome of transgressive behaviour, and the power of the coloniser to intervene and manage. Importantly, it served to curb resistance, pitching impairment as the ultimate and irreversible punishment. These bodies, now a source of aesthetic and ontological anxieties and tensions, served to regulate the colonised by sending clear messages to others that the coloniser tolerated no dissent, triggering the politics of 'staring' that would navigate into disability futures (see Garland-Thomson, 2002). The disabled body was not only the outward manifestation of the consequences of transgression, but was also a potent panoptic tool of discipline and regimentation, satisfying the coloniser's inspecting gaze (Foucault, 1977) while ensuring docile bodies and minds through the threat of its very existence/ imposition. This process operated at the physical, psychological and ontological levels, the conscious and the unconscious, sustained by colonial obsession and fears of the 'monster' (deformities notorious in tales and stories including biblical ones), encapsulated in the colonised (see Quayson, 2007) journeying into the contemporary visions of freakish, monstrous and leaky disabled bodies engaged with in disability studies (see Cleall, 2015; Quayson, 2007; Shildrick, 2002).

Importantly, the locus of 'freedom' was consistently repositioned within the non-disabled body. The punished body, now disabled, was removed from the violent, yet virtuous labour which kept the body still black, but at least unbroken. This disabled Southern body is never disassociated from race, highlighting the biopolitical dialectic of regimentation. The disabled body took on a different lexicon of meanings, a body now imbued with malice, unruliness and anxiety, an incorrigible body to be removed because it is not civilised; that is, it is no longer productive for the imperial project. But, this was not a helpless disabled body, it was in fact a body saturated with resistance, an unruly body which ultimately had to be regulated because it defied and threatened the functioning and dealings of empire through its very existence. These were perhaps the early roots of the focus on the performative body upon which is inscribed social and cultural meaning (Butler, 1990) and which would later drive much interest into the corporeality of disability (see for example Siebers, 2008), including the notion of the disabled body as a transgressive body (see Davis, 1995).

Critically, colonialism reframed and repositioned disability as a condition replete with signifiers and messages around notions of ideal colonised bodies built around a consciousness of the body, framing the path for contemporary narratives of normativity (Wendell, 1996), normalcy (Davis, 1995) or ableism (see Kumari-Campbell, 2009), sustaining the devaluation of disabled bodies in the broader metanarrative of 'compulsory able-bodiedness' (McRuer, 2006, p. 89). Normativity therefore has strong historical roots and should be framed and analysed in historically and geopolitically referential ways, traceable to what we may call a *colonial normativity*. The trafficking of slaves was an early example of the creation of the 'ideal' colonised body. Imputed a tradeable economic value, slave traders would pay better prices for the stronger 'able' prototype, as well as intellectual and other valued aspects including colour, height, size and facial features (see Kennedy, 2015). These were bodily differences worked around the coloniser's fetish for aestheticising difference. Disabled people were always worth less as productive slaves, and in fact slave traders went to quite some length to even hide their illnesses or impairments, since this would push down their value upon sale (see Equiano (1789/ 2001). Within this economisation of bodies, disability became an additional mark of difference between the colonised, imbuing the body with unprecedented abnormalities,

opening it up as a spectacle of oddities. This encapsulated the coloniser's anxieties, desires, tensions and recourse to fracturing the colonised body, dividing it to control and rule it better, this time by blocking the development of a reactive mass. All were made to work and produce, including disabled people, but some had impairments that were more visible and which impacted upon their ability to work, marking a very early notion of hierarchies of impairments discussed by disability theorists (see Shakespeare, 2006).

But while the body of the colonised was a racially inferior, even inhuman body, it had physical strength and power to labour, and consequently monetary and symbolic value for those who owned it. And it is here that the strong black bodies marked out the physical weakness of the colonising white body, lacking the physical strength to handle the same labour it constructed as virtuous and purifying. This was the moment where the coloniser became the disabled body pitched against the dark body said to have extraordinary strength and tolerance for pain, an ideology propagated also by medical professionals using these bodies as experimental flesh (see Dudley, 2013). But while the black bodies were stronger, they were also believed to lack the intellectual ability, discipline, perseverance and purity of spirit to make their strength productive, sustaining in turn the logic of the white man's burden, and the need to control, again through their bodies. Fuentes y Guzmán in his colonial account, the *Recordación Florida* (written in the late seventeenth century) reflects on the missed potential of the Indians in Guatemala:

> [The Indians] have a great ability to suffer adversity and hard work. Were they endowed with a more passionate spirit, they would doubtless outstrip all the nations of the world through the endurance, great patience, and perseverance they bring to their work … These people are so little inclined to pursue virtue … and have a great propensity for vice, which they turn to with ease. (Fuentes y Guzmán, 1932, cited in Martínez Peláez, 2009, p. 126)

The body in these harsh conditions took on different meanings for the colonised, too, becoming also a site of resistance even through its death. Indeed, evidence highlights how slave suicide, for example in the Dutch colonies, became a form of resistance, consequently framed by the coloniser as a crime against property (see Ward, 2009). Equiano (1789/2001) speaks about the various attempts at liberation from slavery through control over one's body by killing it. The disabling punishments that followed for those who survived became in this instance marks of resistance as well as transgression, with the implication that impairments were not solely marks of subjugation, but also attempts at liberation.

Colonialism not only reframed bodies and disability, it also impacted how disability was to be engaged with, and on occasion 'treated' when met by the coloniser. Indeed, since 'physical, mental and social defects pulled people down … it was therefore necessary … to avoid this pull downwards by maintaining rigid boundaries between those prone to decay and those who were to participate … in the new social order' (Razack, 1998, cited in Betcher, 2004, p. 8). Disabled people were often subjugated and confined in this normalising process, as missionaries and Western medical professionals imported charity and the European specialised institution. These measures, an extension of the civilising mission, repositioned disability in the anxious (and even conflicting) junctures of pathology/disease, spiritual depravity, charitable weakness/vulnerability, bio-psychosocial infection/contagion – bodies instigating the desire/impulse/will to first create anomalies and then to 'remedy' and cure them. It was at this point that the missionary zeal to cure the human spirit and body fused with the medical, making the latter the quasi-religious extension of God, a medical profession that would come to garner extraordinary

regimenting power over disabled bodies, especially in the North (see Oliver, 1990). These measures isolated disabled people, caused extraordinary suffering, and destroyed traditional forms of care within communities as these bodies were examined in isolation, including of their own history. As Dalal (2003, p. 66) explains in the context of colonial India, the missionaries 'viewed disabled people as helpless, suffering humanity in need of the message of the Christ', people with 'no past, no culture and no individuality …'. And it is here that one can see the contradictions with the image of Christ imported by the coloniser, suffering, whose own body is savagely torn apart, much in common with the ravaged body of the colonised, but who, unlike the colonised, is the body of a God, a God who St Augustine (1958) reminds us, was far from 'an imperfectly skilled craftsman'.[3]

The empire dominated, disabled (including through the diseases it imported), then brought in charity and medicalisation not only to 'heal' and correct but above all to learn about itself and develop its practices (medical as well as those of domination), by experimenting on the body of the colonised. Fanon (1963, p. 200) notes how colonialism attracted a host of international psychiatrists 'to the difficulties that arise when seeking to "cure" a native properly … to make him thoroughly a part of a social background of the colonial type'. This met the eighteenth-century medicalisation, with its growing fetish for measurement and standardisation. How the colonialist engaged with disability was a reflection of how it was understood and 'treated' by the colonialist in his own country. Paradoxically, disability was perhaps what linked the coloniser and the colonised, a condition that transcended raciality, shared across the human species and spaces – a whiteness inflected with the presence of the racialised Other. But while disability connected coloniser and colonised, the colonised disabled Other remained a racially devalued life whose treatment demanded regimentation and control. Ultimately not all disabled bodies are the same when these impairments are located in different geopolitical, cultural and racial bodies. Race was the foundation and dynamic through which Southern disability was understood, but also intervened in by the global North, framing how the Southern disabled subject met and has come to know 'intervention' over the course of his/her own historical development. This remains present in memory, and manifest in colonial institutions which in some places still exist. Disabled bodies became the laboratory for experimentation and testing of new medical approaches that violated bodies, and were also sources of impairment. Dudley (2013, p. 2) highlights how enslaved black women on plantations were used as subjects of research and intervention on vaginal fistulas aimed at correcting the 'lost bodily integrity' of these women 'expected to have children and to engage sexually as conditions of their bondage'. These experiments and vaginal surgeries were predicated on the belief that blacks had a higher tolerance for pain, 'a space where ideology made contact with the human body' (p. 9); experiments which, Dudley observes were closely eugenic in scope.

But, there is also much to learn about how the colonised perceived, engaged with and 'treated' disability, even before the colonial encounter, if disability is to be not only positioned historically, but also historically owned by the colonised. This usefully opens the space for an analysis of pre-colonial disability. Disability has existed and has been understood and constructed for centuries by people on their own account, within and through specific (but dynamic) spatial, temporal, cultural, ideological and cosmological contexts. Equiano (1789/2001, p. 25) recollects his own people, the Igbo, before being kidnapped, people he describes as ones of 'hardiness, intelligence, integrity … zeal … healthiness … vigour and activity'. These were, he claims, people unfamiliar with 'deformity … of shape' (p. 25). Equiano goes on to state how difference was antithetical

to hegemonic beauty and how this was noticed and framed as deformed: 'I remember while in Africa to have seen three negro children, who were tawny, and another quite white, who were universally regarded by myself, and the natives in general, as far as related to their complexions, as deformed' (p. 25). On the other hand, Livingston (2006) reports how historically in Botswana, impairments such as reduced mobility and blindness were not regarded as disabilities, but were instead considered 'normal' and even expected, linked to increased spiritual insight and other abilities. Martínez Peláez (2009, p. 124) recounts the incident told by Fuentes y Guzmán in *Recordación Florida* of Friar Marcos Ruiz, who, while on his parish round in the indigenous mountains found his congregation 'worshiping a young Indian man, who was mute and extremely simple-minded', standing before the altar, dressed as a Catholic priest, and to who the congregation were making offerings. The friar's attempts at capturing the disabled man, Fuentes y Guzmán writes, were met by great aggression from the community, such that the friar only narrowly escaped death. Disability has not only been constructed historically, it has also been locally engaged with for centuries, far before the colonial invasion. Miles (1994), for example, documents healing therapies and self-organised groups in many African countries spanning some 4000 years. There remains much need for engagement with disability in the global South through close readings of historical texts, not only to learn about disability historically, but to reframe the Southern space and subject as one of agency, including humanity, and that it is within this space and agency that discourses need to be shaped and perhaps 'solutions' sought. Indeed, a global history of disability remains yet to be written.

Renegotiating the 'civilising' mission: on to disabled neocolonised bodies

Colonialism matters because it is not simply a historical event that has come and gone but, as history itself has shown us, it is an event that continues to provide the ideological-cultural and material foundations for continuing domination. Indeed, decolonisation in much of the global South did not mean the end of empires but, as Grosfoguel (2011, p. 13) puts it, simply moving from a period of 'global colonialism' to the current period of 'global coloniality' or rather, the neocolonial. In settler colonies, the coloniser never even left, making the notion of a *post*colonial condition even more problematic (see also Soldatic, 2015). Dirlik (1994, p. 339) in fact concedes how the concept of the 'postcolonial is applicable not to all of the postcolonial period, but only to that period after colonialism when, among other things, a forgetting of its effects has begun to set in'.

The colonial obsession with difference ascribed identity accommodating a range of neocolonial binaries, hierarchical and power-loaded (e.g. civilised/uncivilised; North/South; developed/underdeveloped; first world/third world), differences that similarly to colonial times, are also inscribed on the body. These serve to pitch bodies and minds against each other as forcibly different articulations of nervous geopolitical asymmetries accrued over time, unremittingly legitimised by history. Blatant or subliminal messages (e.g. in movies and social media) are insidious in Othering, devaluing the Southern space and subject, which remain savage and uncivilised, representing 'not only the absence of values, but also the negation of values' (Fanon 1963, p. 130). This discourse of Othering has been pervasive in that propagated by global North academics and organisations (see for example Barron & Ncube, 2010), telling us in European languages how disabled people in these dark Southern spaces are hidden, killed, and neglected by their families and communities. These are the victims of strange spiritual beliefs in lands that had seen

no intervention before the colonisers' saving hand and institution, the latter identifiable in and through '*their* civilizational status' (Rao & Pierce, 2006, p. 14, italics in original).[4]

Derrida's (1976) work on deconstruction importantly highlights how the framework of binaries embodies a dualism where one (global North; civilised; coloniser) needs the Other (global South; uncivilised; colonised) for its own existence. In a similar fashion, the disabled body is needed to construct the normative, normal, idealized, non-disabled body and space, and for the latter to understand itself. Indeed, the discourse that demeans the Southern space and subject is critical because it deflects attention and even occults the ill-treatment, oppression and subjugation of disabled people in the global North, while perpetually (re)constructing the latter as infinitely more 'civilised', 'caring', 'developed', 'human' – and indeed with civilised/civilising baggage to prove it. Indeed, stories of abuse, neglect, violence, and hate speech and hate crimes are regularly reported.[5] In spite of this, it would be far from common for anyone to claim that in Europe (or the UK), disabled people are killed or neglected – the coloniser is rarely faced with his own uncivilised disposition and behaviour (even historically). On the other hand, when such discourse is transposed to the global South, it becomes not only palatable, but in fact, *expected*.

Importantly, these representations and discourse open the space, an ethical justification even, for another civilising intervention – of correction, also from themselves, for their own good, 'saving the other from its own barbarianisms' (Grosfoguel, 2011, p. 24). It is here that, as Betcher (2004) argues, the metaphor of 'disablement' is re(enacted) to capture these populations who remain engrossed in the space of the 'degenerate' and 'deficient', soliciting an emotional response triggering their salvation through their neocolonisation. And in this process, the 'development' sector creates the reason for its very existence, a multi-million pound industry of development agencies, humanitarian and other organisations set for what Ashis Nandy (1988, cited in Betcher, 2004, p. 90) called the 'second wave of colonialism'; a 'development' which, as in colonial times, remains confined to the Southern space on its own turf. Indeed, despite the rhetoric of 'global citizenship', the coloniser does not want the colonised in his own country. And when it does, it is only in small numbers, and importantly those with desired bodies for production who can filter through, maintaining the colonial obsession with corporeal characteristics constructing a colonised subject, not quite disabled, but nevertheless non-normative, not quite 'culturally suited for citizenship' (Molina, 2006, p. 27). American immigration policy needed to maintain the colonial difference, and disability, Molina (2006) argues, remained instrumental in formulating the image of the undesirable/unwanted, a body, which though good for labouring, was more likely to be saturated with disease, unruliness and transgressions of all forms, a body that had to be carefully screened, examined and monitored.[6] But this 'neo-racism', as Balibar (1991, p. 21) sustains, extends beyond biology to incorporate 'the insurmountability of cultural differences … their belonging to historical "cultures"'. But the neocolonised mass is again fragmented. Disabled people remain less than attractive migrants in countries such as Australia (Soldatic & Fiske, 2009), embroiled in a dynamic whereby 'the discourses of race and disability reinforce one another' (Molina, 2006, p. 33). These meet other dynamics of exclusion, notoriously citizenship in an age of reinforced national fortresses. This means that despite the fanfare of human rights instruments, including the UN Convention on the Rights of Persons with Disabilities (UNCRPD), disabled asylum seekers are unable to claim their rights when these are ultimately predicated on what Pisani (2012, p. 185) calls the 'citizenship assumption'.

From the 36-year civil war and genocide in Guatemala instigated by the CIA to the war in Iraq, and the other 'interventions' premised on 'democratising' and instilling 'human rights' at all costs, these dynamics not only re-vivify but perpetuate colonial paradigms and assaults. And indeed, as in colonial times, much of this domination remains premised on racial Othering, operative in and through the body. Neoliberal globalisation and the economic policies, ideologies and unequal trade relationships imposed through Structural Adjustment Programmes (SAPs) embody the neocolonial (see Grech, 2011). Neoliberalism completes the total commodification of Southern bodies and minds initiated by the colonial encounter, the bodies to be exploited and violated, because there are few or no repercussions, bodies that have no right to claim over themselves.[7] Neoliberalism perpetuates the colonial notion of 'ideal bodies', docile ones predicated on a normalised able-bodiedness driven by productive output and measurable indicators. Disabled people are again (re)constructed as those who are not integrated in the market economy, part of the problem, who need to be corrected or removed, as disability continually falls outside the normative remits of utility, economic growth, and development indicators. If there is any action to be taken, it is always about enhancing productivity, reducing costliness or the burden of their existence. And it is here that international organisations such as the World Health Organization (WHO) and toolkits such as Community Based Rehabilitation (CBR) garner immense power in creating and perpetuating discourse that (re)creates and supports this narrative, while providing the basis for corrective practices (see Titchkosky & Aubrecht, 2015).

The broader implication of the 'coloniality of power' (Quijano, 2000) is that decolonisation will remain perpetually incomplete unless the racial, ethnic, sexual, cultural, economic, gendered and many other power disparities introduced by the colonial encounter are shifted. Positioning disability within this neocolonial Southern space means that disabled people, like others, are therefore best repositioned as *neocolonised bodies* – the bodies positioned at the anxious intersections of the economic, cultural, political and racial; the epistemological, discursive and ontological; and the local and the global. This calls for an interdisciplinary and neocolonial disability analysis.

The Southern space is historical too: disability in context

Colonialism is critical in any global analysis because the Southern space is the space within and through which disability is constructed, lived and talked about, and this space can only be understood in reference to its own history, that which gave it its discursive, material and ontological existence. Martínez Peláez (2009, pp. 274, 280) reflects on his own country, Guatemala: '… colonial reality is our everyday reality … colonial reality remains the pivotal frame of reference'. The disproportionate poverty that often characterises the Southern space, and which draws attention to the condition of disabled people, is not only a result of history, but can only be grasped historically, because this poverty has a long lineage of pillaging and rape. The continued violence and repression under new regimes in countries such as Guatemala, often taken as a given natural trait of these brutal spaces and people, can only ever be understood through the colonial history fusing culture, raciality, power and violence.[8] Similarly gender-based violence and hierarchies (which are said to impact heavily on disabled women) need to be traced to the colonial encounter that redefined gender and family, impinging heavily on women's freedom through various means, including the shifting of productive roles, sexual abuse and violence.

Spaces and lives that are hybrid can also rarely be detached from colonial historicity, because mixture was a critical component of the colonial, challenging essentialisms and claims of authenticity and authoritarianism. It is in this inter-dependent relationship (the coloniser/colonised contact) that dominating colonial discourses which are purportedly unitary are in practice fractured and multiple, giving rise to a hybridised or mixed culture, the interstices of which permit us to move beyond the dualism and binaries of the essentialised notion of a fixed, pure and authentic culture and body. And critically, it permanently fixes the coloniser in the psyche, body and space of those it colonised and vice versa. The complex *mestizaje* (literally racial mixture) in Latin America, which would give rise to a complex and striated caste system, is symbolic of these hybrid but unequal fusions, mapping out contemporary social, economic and cultural landscapes, still framed within racial relations. Hybrid languages and beliefs (e.g. the Maya blending of traditional Maya and Christian beliefs) are also witness of colonial fusions, but also of a resistance to colonial indoctrination, a resistance which, Latin American theorists argue, is often rendered invisible by a postcolonial critique that lacks a focus on agency and lived subjectivities (see Moraña, Dussel, & Jáuregui, 2008). Religion still matters and is spreading in many countries of the global South as a source of identity, identification and resistance (including to neocolonisation), constructing much of the human condition, including disability, challenging profoundly the confines and Eurocentrism of secular disciplines such as disability studies (see Grech, 2011).

Few of the contemporary modes and manifestations of domination (which also have implications for disabled people) can be understood without comprehending the material colonial origins. This includes the present concentrations of wealth and land in the hands of a few oligarchies in Latin America traceable to the *latifundio*[9] system in colonial times and the post-independence scramble for the best public land by the elite, to use them for export purposes. This land and wealth concentration has been intensified by development agencies such as USAID and the World Bank, encouraging/imposing the development of export-oriented and non-traditional agriculture through large estates (e.g. coffee planta-tions), contributing to displacement and loss of livelihoods.[10]

The geographical location of some indigenous people is also traceable to the *pueblos de indios* (communities of Indians) instituted by the Spanish, a system of land assignment to pay tribute to the Crown through their produce (e.g. cacao) and to labour on the *haciendas* (estates) owned by the Spanish. Distant rural areas, in colonial times, were those the indigenous fled to, to escape from bonded labour and religious indoctrination. In neocolonial times they provided refuge from tyrannical governments. While these areas today host some of the poorest disabled people, repositioned in this way, they also symbolise a space of resistance and shelter, perhaps evident in the untitled land many continue to occupy (with few or no amenities but paying no rent and with access to natural resources such as firewood and water), entering and exiting 'modernity' without being bound to urbanity or fixed commerce.

The colonial bodies of exploitation, of slave labour or *repartimiento* (draft quota labour) and *mandamiento*[11] are perpetually incarnated in the racialised, inferior or (at best) exoticised bodies of the indigenous in 'a fractured Guatemalan nation that exalts historically remote Maya figures while marginalizing the living Maya' (Otzoy, 2011, p. 51). These remain the bodies of forced labour by the *ladino* elite oligarchies, the internal colonisers now controlling oppressive governments. Fanon (1963, p. 37) does not spare much in describing the elite: 'we find intact in them the manners and forms of thought picked up during their association with the colonialist … Spoilt children of

yesterday's colonialism and of today's national governments, they organise the loot of whatever national resources exist'. As in colonial times, this forced labour and the potential to pay taxes is the only thing that gives these indigenous bodies some value and maintains an interest in keeping the bare minimum alive. Disabled bodies are all too easily replaceable by the seemingly unending flow of healthy, non-disabled bodies, pitched against each other in the bid to survive the harshest poverty. These internal colonisers also impact access to resources and wealth, racial divisions, the ability to organise, policies and services, and issues of representation, all of which affect disabled people. Ghai (2002, p. 93) even questions the leaders of the disability movement in India, the 'middle-class urban men … of an "elite"' background, whose 'fight for "disability rights" is borrowed from their Western counterparts without any clear analysis of the inherent biases', 'reminding us perhaps of the fact that speaking from the same location of the oppressed does not mean subalternisation, identification with and knowledge of the realities, needs and demands of the Other, and/or the ability to think like the Other, and act on his/her behalf'.

It is not only the Southern context and the colonised that are known through history, but also the global North, because colonialism changed the landscape of the colonised, as well as that of the coloniser, forever. From the geopolitical power harnessed by the global North, to its economic prowess (premised on centuries of pillaging), to notions of cultural and ideological superiority/authority, and the dominance of Northern institutions (e.g. biomedical and technical) and knowledge, the colonial encounter cannot slip out of sight. Eurocentrism firmly positioned Europe and later the West at the epicentre of development and its knowledge, cosmology, institutions and practices emblematic of progress and modernity, the reference point against which all other cultures were and are still evaluated (and on the basis of which, often excluded). Colonialism matters because as researchers, academics and practitioners, this history frames, positions and legitimises us, our epistemologies and disciplines (e.g. disability studies), methods, practices and the universalising knowledge we produce, including that pillaged from the global South, but eternally unacknowledged. It also sustains the structures (global North universities and organisations) to maintain this epistemic and material superiority and the exportation/imposition of its 'knowledge', methods (e.g. the social model of disability) and practice to an undeveloped South space historically (re)constructed ontologically as *perpetually deficient*.[12] Overall, colonialism is far from a metaphor and can be hardly ignored because it affects how the one constructed as Other interprets and responds to this global North 'knowledge' and its accounts, and if these make any sense at all to them, because *they* know the researcher's gaze and knowledge on different terms, the history of ethnography far from benign.

Conclusion: decolonisation is not a metaphor: it is violent and owned by the colonised

In this paper I have attempted to show that colonialism is imbued with a material historicity that has not only constructed and framed the Southern space and subject (including the disabled subject), but which is also critical in understanding the contemporary neocolonial terrain. Saturated with this materiality, colonialism and its legacies do sustain the rallying call for a decolonising process as we imagine new futures. But decolonisation, like colonialism, is not simply a fashionable metaphor. Instead, it 'is a historical process' that can only be understood through 'the movements which give it

historical form and content', a process in 'need of a complete calling in question of the colonial situation' (Fanon, 1963, p. 28). Decolonisation, therefore, is only comprehensible in its own historical terms.

Decolonisation and the process of 'decolonising' are not simply discursive rhetoric, far from a smooth process, and also continuous, because they remain forever incomplete. Instead, decolonisation is a political and violent 'programme of complete disorder' (Fanon, 1963, p. 27) because colonialism is ultimately 'violence in its natural state' (p. 48). We need to transcend what Martínez Peláez (2009, p. 156) calls 'bourgeois social thinking', projects of abstraction, including the sometimes critically playful projects such as Critical Disability Studies. Abstract projects are not averse to hierarchies, and may constitute a gross offence to disabled people preoccupied with very material poverty and oppression, for whom decolonisation is about freedom of their land, labour, religion, knowledge and bodies, all of which are historically referential. Recollecting colonialism is about ensuring that these violations and subjugations are not maintained (including epistemically), while contemporaneously fixing decolonisation as an obstinate project of political and cultural praxis.

As a process, decolonisation is historically referential because there has always been resistance, even in colonial times, by a Southern subject imbued with agency and memory. For example, in colonial Guatemala the Maya often refused to learn Spanish, maintaining to today more than 20 indigenous languages. Martínez Peláez (2009) also goes on to note how what was interpreted by the coloniser as 'Indian laziness' in Guatemala, was in fact a form of resistance to slave labour alongside other mechanisms, including the strategic use of silence. And so there is resistance in contemporary times, one building upon the lessons of history as identities, standpoints, geopolitics and other aspects are questioned and renegotiated. Otzoy (2011), for example, documents how a new version of the 'Invasion Dance' in 1992 (re-enacted in Guatemala to remember the conquest and resistance) replaced the word 'gentlemen' (referring to the Spanish) with 'foreigners', while many terms in the script were rewritten using the Maya alphabet.

One cannot decolonise, though, without prioritising and supporting Southern voices, demands, epistemologies and practices, and Southern projects of decolonisation on their own terms because, and here I reiterate Santos (2009), what may be considered counter-hegemonic or decolonising in one part of the world may be considered hegemonic in another. We need to decolonise our own practices, our own epistemologies and also our disability studies to prioritise epistemic, experiential, cosmological and practical insights and perspectives from subaltern global South spaces, usefully aligning with the call for 'crip experiences and epistemologies' in disability studies in the bid to provide access to 'alternative ways of being' (McRuer, 2006, p. 42). Justice, as Nancy Fraser (1997, p. 5) reminds us, ultimately 'requires *both* redistribution *and* recognition' (italics in original).

Finally, decolonising needs debates and alliances, including between global North and global South, because historically coloniser and colonised have been caught in a long dialectic relationship, including of resistance. It is ultimately in these hybrid alliances and contexts that we may paradoxically start to challenge the colonial discourse of Othering and difference, to make fusions productive and, most importantly, non-oppressive, without ever losing focus of the project of eradicating neocolonisation as a historical project transcending spatial and temporal boundaries.

Notes

1. This is perhaps most evident in the Eurocentric materialist view of universal history limited to pre-capitalism/capitalism, with nothing before or in between (see for example Barnes, 2009).
2. While materialist accounts in disability studies brush over the subject with an attack on what they call 'free market economics' (see for example Barnes, 2009), it is hard to miss the extreme Eurocentric, ultra simplistic and limited relevance of this narrative when applied to the global South, not least on account of its view of capitalism as a European project, internally fabricated, and only then spread to the world's 'backward' peripheries, bypassing the invasion, domination and subordination, as well as the racism attending to the rise of capitalism.
3. Within this narrative of a perfect God, disabled people are also children of God who are in need of protection but also redemption and have to be watched over by others, the stronger and more virtuous ones, in the name of God.
4. This discourse is not dissimilar to that propagated by Western feminists in the 1970s, and which often enraged their Southern counterparts (see Mohanty, 1998).
5. In April 2013, a local paper, *Manchester Evening News*, reported how a disabled man was held and dragged along the road by a driving car and then brutally hit with baseball bats, simply for touching a car.
6. The 1882 Immigration Act legalised the exclusion of any immigrant considered to be a 'convict, lunatic, idiot, or any person unable to take care of himself of herself without becoming a public charge' (Molina, 2006, p. 24). The ideal fit body was the ideal labourer in colonial times, but the ideal fit body now also became a prerequisite for citizenship, accompanied by a plethora of medical screening and biased IQ tests, meant to bar entry.
7. Cheaper medical trials and less restrictive measures even after decolonisation have continued the use of the bodies of Southern subjects as experimental flesh. Examples are many, including the infection of Guatemalans with sexually transmitted diseases in the 1940s, or even more recent clinical drug trials in countries such as India.
8. Indeed, tactics such as scorched earth, torture and brutal mass murder (e.g. burning victims alive) such as those documented in the Guatemalan genocide in the 1980s were already practised, in more or less the same fashion, in colonial times and documented with much pride by the ruthless Spanish conquistador Pedro de Alvarado.
9. This was a system aimed at concentrating large market-oriented estates in the hands of a few elites, a system that left peasants and indigenous people with small plots or landless.
10. Instead the small *milpas* (parcels of subsistence land) cultivated by the indigenous poor are often too small to cater for their food needs and haunted by a myriad of problems including lack of irrigation, poor land quality (e.g. soil erosion) and absent property rights.
11. Instituted post-independence, this system of forced labour served to ensure continuous labour availability for the coffee plantations.
12. The disengagement from Southern disability epistemologies and work (especially those not written in the dominant English language, the lingua franca of the world) in the global North disability studies and the exportation of global North toolkits (e.g. the social model of disability) are emblematic (see for example Oliver, 1990). This exclusion not only retains the exclusivity and dominance of Western writings, but it subjugates Southern knowledge and voice, the latter consistently devalued as 'particularistic and, thus, unable to achieve universality' (Grosfoguel, 2011, p. 5).

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