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Physically Challenged: Coping with Life Effectively

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Abstract: The Preamble to the Convention on the Rights of Persons with Disabilities states that “Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.” Again it emphasizes that “Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Disability should be considered as an important issue by the Government so that this essential public health problem can be tackled in the community. The services

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should cover all types of disabled who need rehabilitation services and it should be part of mainstream development in the community. One of the biggest challenges is providing rehabilitation services to the unreached persons with disabilities living in rural areas and small towns. Efforts have to remain focussed on the prevention of disability and rehabilitation in our country; and, particularly in lower income countries, disabled people have to rely largely on informal systems for support. Disability should not be an obstacle to success.

Keywords: Sudha Chandran, Impairments, Rehabilitation, Malnutrition, Nuclear disasters, Psychological trauma, Bibliotherapy

“The only thing worse than being blind is having sight but no vision.” Helen Keller

Miss Sudha Chandran was born in Kannur, Kerala to a Tamil family. She began learning classical dance at the age of 3 and by the time she was 15 she had already performed several major events. Then suddenly life took a different turn. She narrates, “I was travelling from Trichy by bus, when we met with a major accident that left me with a fracture and some cuts – I was probably the least injured there. However, because of the heavy influx of patients, I was attended to by a couple of interns who forgot to attend to the cut on my right ankle and went ahead to wrap it up. This resulted in my foot getting gangrene and because of the fear of it spreading throughout my body, my parents had to take the difficult decision of amputating my right foot. I was shattered because it was only then that I realized just how passionate I felt about dancing. I began to learn how to walk again and it took me 4 months to even walk straight. Once I got the Jaipur leg, it took me three years of physiotherapy to recover and feel normal again. I remember people would come home and say things like, ‘it’s

so sad your dreams can't come true' or 'we wish you could dance' when I decided to re-learn what I had known my entire life – to dance.”¹

After a slow and painful process she learnt that her life was being fulfilled. She realized that she was ready for the performance. Her first performance after her accident was a grant success and the show was completely sold out. She danced with ease and received a standing ovation. It was after that show, that she received so much respect from the media, got an offer to act in a film based on her life, *Mayuri*, and received all of the opportunities that she has today. She understood that what her grandmother said was true: God was with her. Though she didn't see it then, he was with her all along and that's the irony of life that an accident so fatal, can still be a blessing in disguise.²

1. What is Disability or Physical Challenge?

As defined by the World Health Organization Disability “is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.”³

The Convention on the Rights of Persons with Disabilities (2006), the first legally binding disability specific human rights convention, adopted by the United Nations gives two descriptions of disability. The Preamble to the Convention states that “Disability results from the

interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.” Again it emphasizes that “Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Both the expressions reflect a shift from a medical model to social model of disability.⁴

2. Disability: Census

The WHO estimated that more than six hundred million people across the globe live with disabilities of various types due to chronic diseases, injuries, violence, infectious diseases, malnutrition, and other causes related to poverty. People with disabilities are subject to multiple deprivations with limited access to basic services, including education, employment, rehabilitation facilities etc. Widespread social stigma plays a major role in hindering their normal social and economic life. To work towards an inclusive, barrier free society through raising awareness and policy actions, there is a need to have comprehensive reliable statistics on people with disability and their socio-economic conditions. According to CRIN (Child Rights International Network) over 150 million children worldwide have a disability. 50% of these children with a hearing impairment and 60% of those with an intellectual impairment are sexually abused. There are many medical professionals who kill children with disabilities and justify them as mercy killings. 90% of the children with disabilities will not even survive beyond the age of twenty. Children with disabilities face discrimination not only in services but also in the justice system as they are often not considered credible witnesses.⁵ This is the general scenario we find in the world today.

3. Disability in India

While estimates vary, at the turn of the new millennium about 21 million people in India were found to have disability as per the official statistics. These included persons with visual, hearing, speech and mental disabilities, who constituted about 2 percent of the population. However, some sources claim that the magnitude in actuality is more with at least 5 per cent of population suffering from one disability or other and the official statistics accounting for only the most severe ones. By and large, people with disability are further disabled through unequal treatment and denial of basic rights by the broader society. The voiceless disabled people are inseparable part of India's growing population of marginal, weaker and vulnerable sections of society. The roles and responsibilities of the Government of India are clearly identified in laws but there is a need to study the gap between the law and the practice.⁶

Children with disabilities in India mainly come under the purview of the Ministry of Social Justice and Empowerment. Some of the issues are dealt with by the health ministry. As no single ministry has been assigned the protection of these children there are varying data about occurrence of disability amongst children. In India 1.67% of the 0 – 19 age group of the population has a disability. 35.29% of all people living with disabilities are children. Other estimates say that India has 12 million children living with disabilities. Only 1% of children with disabilities have access to school and one third of these disabilities are preventable. Under-nutrition is a severe problem with children who suffer from cerebral palsy. In India 80% of children with disabilities will not survive past age forty. What we do not realize is that many of these

disabilities in children are preventable if the mothers are looked after well before giving birth and after giving birth.

4. Causes of Disability in India

Some of the main causes of disability in children are: there are some women who have been disabled since birth. Some women become disabled suddenly, because of various reasons, including giving birth. In fact some babies form differently inside the womb and this can lead to disability both in the mother and the child. What is to be understood is that many disabilities in babies are caused by harmful conditions of the mothers' situations. If these women are given enough nutritious food and can get good health care, particularly during the time of childbirth, then many disabilities may be prevented. One major factor we cannot forget is that disabled people have convincingly argued that disability is itself a social, not a natural category.⁷

a. Poverty and Malnutrition

In the Third-World countries poverty is one of the biggest causes of disability. Poor people are exposed to very vulnerable situations and they are forced to live and work in unsafe environments with poor sanitation and crowded living conditions. Moreover they have little access to education, clean water, or enough good food. Such difficult situations can lead to diseases such as tuberculosis and polio that can cause severe disabilities and such diseases are transmitted from one person to another easily. Many babies in India die in their infancy or may be born with disabilities because of poverty. The reason for such deaths or disability may be because the mother did not get enough food to eat when she was pregnant. It is also possible she did not get enough food to eat when she was a girl. This grim reality of India is known all over the world; often girl children are less cared for in their childhood. As a result, she remains weak all her life and can later cause

difficulty during childbirth, especially if she does not receive good health care. If a baby does not get enough good food to eat, there are possibilities that she or he may become blind or have trouble learning or understanding.⁸

b. War and Nuclear Problems

In many parts of the world there are wars, conflicts and rivalry which cause disabilities like deafness, blindness and losing their limbs, as well as death. Many of these victims are women and children. No doubt in saying that their mental health is also badly affected by the violence. War also destroys homes, schools, health centres, and means of livelihood and the tragic effect of this is increased disability, poverty, and disease. Nuclear disasters (radiation) have also resulted in many forms of disability. Though many precautions are taken dangers are very serious. Such incidents cause widespread destruction and death from exposure to radiation. The people who survived nuclear tragedies and bombing attacks have suffered mainly from cancers, either tumours in various parts of the body, especially in the thyroid gland or leukaemia (cancer of the blood), all of which bring early death. Wherever the nuclear incidents happened, there has also been an increase in the number of children born with learning difficulties, such as Down syndrome.⁹

c. Poor Health Care and Illness

Many disabilities can be prevented if good health care is provided. Difficult labour and birth can cause a baby to be born with a disability such as cerebral palsy. When there are no trained people to take care of pregnant women there can be risks of such disabilities. Some medicines and drugs taken during pregnancy can cause disability in the baby. Some other difficulties in the villages are, vaccines are not

available, or people who are poor or live far from cities cannot afford them, or there is not enough medicine for everyone. For example if a woman gets German measles (rubella) during the first 3 months of pregnancy, it is possible that her child may be born deaf. Sometimes even medicines and injections cause diseases instead of healing. It is known all over the world that here is a worldwide epidemic of unnecessary injections and each year these unnecessary injections sicken, kill, or disable millions of persons, especially children. Unclean needles or syringes also can cause infection and can pass the germs that cause serious diseases such as HIV/AIDS or hepatitis. Unclean injections are also a common cause of infection that can lead to paralysis or spinal cord injury or death.¹⁰

d. Other Causes of Disability

There are many other reasons for disabilities, especially mental disabilities. In India, there are many children who are trafficked, abused and sexually exploited and they are at risk for psychological effects as well as physical retardation. Other forms of violence against children can also lead to disabilities, such as corporal punishment in schools, children living on the streets, and purposefully created disabilities for begging. Almost all these children come from poor families.

Disability in India is not properly dealt with as a serious issue of a rights perspective. Teachers are not trained and schools do not have the infrastructure to deal with children with disabilities. There are not enough well equipped hospitals to take care of such cases. There is not enough data on the number of children living with disabilities to allow the government to provide the necessary services. Naturally it becomes a problem to deal with disability.

5. Some Authors on Disability

In India a lot of literature has pointed to the importance of the concept of karma in attitudes to disability, with disability

perceived either as punishment for misdeeds in the past lives or the wrongdoings of their parents. Many authors have related this to divine justice. In our day to day life people with disabilities are perceived as somehow inauspicious. This has led to considerable social marginalization of people with disabilities in India. Literature plays a powerful role in society purporting truths and values, reflective of the time in which it was created. Literature is particularly important and influential as a cultural force because of its commonplace presentation. Lacking the sensationalism of other media formats this type of text provides more fully developed and readily accepted versions of reality. It is known that fiction plays an important place in the communication of values and ideas and in the sharing of common culture and unspoken tradition. Some authors say that stories, lore, myths, legends, jokes, and proverbs act as cultural authorities passing on moral lessons, values, and understanding of right and wrong, and good and bad in a less filtered manner than provided by other historical mediums. With this ability to influence, literature becomes a powerful force.

Literary study of disabilities has relevance in our society as it can help physically or mentally impaired people to come into the mainstream society and at least partially establish their equality and enhance their self-esteem. It is worth pursuing for further research to have a better understanding of the lives of people with disability and generating not sympathy but empathy for the people with disability.

a. Anita Desai (born 1937)

One of the famous Indian novelists, Anita Desai, addresses female psychological trauma at the sites of colonial and postcolonial clashes. Her preoccupation is with the modern Indian woman's psyche, and the isolation of the physically ill and the psychiatrically othered. It is depicted in some of her novels such as, *Voices in the City* (1965), *Clear Light of Day* (1980) and *Fire on the Mountain* (1977). There are endless connotations of psychiatric disabilities as symbolic of national fissures, cultural crises, states of corruption, internal strife, and ethnic violence. The social framing and ideological work of disabled characters in *Clear Light of Day* and inclusion of a disability perspective in post-colonial and feminist critiques can enrich our understanding of the dialectic between colonizers and colonized and refigure our consideration of hybridity.¹¹

In her novel *Clear Light of Day*, Anita Desai portrays Indian women as marginalized characters facing challenges and burdens imposed by a patriarchal society. They resemble colonial subjects whose lives are fractured. Among the female characters Bim, Tara, their mother and Aunt Mira are subordinated by a male-dominant culture which underestimates female subjectivity. It is important to note how these women manage their precarious situation and stand up to a society controlled by men. They really have to struggle in different ways to assert their existence. As these women are unable to improve their circumstances, their attempts to be active members in society force them to hybridize their identity. Accordingly, they employ the oppressors' language and culture in order merely to cope with and to adjust themselves for survival.

b. Rohinton Mistry (born 1952)

In his award-winning novel, *Family Matters* (2002), Nariman Vakreel, an aging professor living in Bombay, becomes the object of both pity and derision by his family when he becomes bedridden following a fall. His recovery time was significantly prolonged because of Parkinson's and osteoporosis. Thus Nariman becomes a source of contention to his children who argue intensely over who should assume care giving responsibilities. It is interesting to note that he sympathizes with their reluctance to take care of him and asks 'can caring and concern be made compulsory?' At the same time, when Nariman temporarily moves in with his daughter and her family, he contributes to the well-being of his grandchildren by providing them with love and support when their parents quarrel, teaching them about their Parsi heritage, and encouraging family harmony in general. Mistry aptly puts the frustration of such people: Like trapped animals struggling to break free. What a curse was damned Parkinson's disease, as cruel as torture.¹²

c. Chellappa & Pitchamurthi

Chelleppa's *The Lame Child* and Pitchamurthi's *The Blind Girl* are rather typical of the disabled short story genre. Chellappa illustrates the desperate efforts of lame six-year-old Gnanam to discover some way to be included in the neighbourhood children's hide-and-seek games, against their fear of his 'ugly' and 'dangerous' feet. One girl briefly risks some involvement. Others follow, with continuing doubts. Gnanam rejoices to find a 'stationary' role that he can play, and which the others are happy for him to take; but disaster soon follows. Pitchamurthi has a more subtle, negotiatory play between a house owner, a

tenant, and a disabled child. The house owner wishes to relieve himself of the care of the twelve-year-old orphan blind girl (whom he had inadvertently acquired through the death of a former tenant), by sending her to an orphanage; or if that failed, to a Christian missionary, though the latter idea was unpalatable. The tenant is trying to give notice of quitting his room. Neither listens to what the other is saying. The blind girl approaches unnoticed, and apologises for being a nuisance and burden. Two men connected with the orphanage turn up, and written notes are exchanged, signed and witnessed, for handover of the girl. She hears her fate being sealed, learns that her two skirts and one torn blouse have been packed, and that she must leave immediately with a stranger from North India. Does he speak Tamil? At last, she bends to pick up her little bundle, and two tears are seen hitting the floor. A moment of illumination. The men unexpectedly discover that they have hearts.¹³

6. Remedies: Bibliotherapy for Disabilities

If teachers are to effectively use children's literature on disabilities to teach empathy, acceptance, and understanding of diversity, then it stands to reason that there should be instructional activities that are part of their professional teacher preparation program that provide insights into the effectiveness of the literature and the use of bibliotherapy (an expressive therapy that involves the reading of specific texts with the purpose of healing. It uses an individual's relationship to the content of books and poetry and other written words as therapy¹⁴) in their classrooms. One such activity is a review of children's and young adult literature that addresses issues associated with disabilities. Teacher candidates in this course are at the beginning of their professional programme and as such may have had limited experiences with disabilities. They

have to gradually learn the art of dealing with the situation properly.

We need to consider some of the following criteria when reviewing books on disability: Promotes empathy not pity; Depicts acceptance not ridicule; Emphasizes success rather than, or in addition, to failure; Promotes positive images of persons with disabilities or illness; Assists children in gaining accurate understanding of the disability or illness; Demonstrates respect for persons with disabilities or illness, Promotes attitude of “one of us” not “one of them”; Uses language which stresses person first, disability second philosophy; Describes the disability or person with disabilities or illness as realistic (i.e., not subhuman or superhuman.); Illustrates characters in a realistic manner.¹⁵

7. Constitutional Rights of the Disabled

When we deal with the topic of disability, we should be also aware of the constitutional provisions that are available in a country. The Preamble of the Charter of the United Nations affirms the dignity and worth of every human being and gives primary importance to the promotion of social justice. Persons with disabilities are, de-facto, entitled to all the fundamental rights upheld by the Charter. Article 25 of the Universal Declaration states that each person has, the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in the circumstances beyond his control. The United Nations declared, 1981 the International Year of Disabled Persons, and adopted the World Programme of Action concerning Disabled Persons (1982). The UN also declared the decade (1983-1992) as a

decade of Disabled Persons. Since then, the attention towards the disabled people and the need to promote their welfare came into the forefront. The Asia Pacific Region was the first to follow up with a regional Decade of Disabled Persons in 1993 since approximately 400 million of the world's 600 million disabled people live in the region.¹⁶

The Right to Education Act (amendment) Bill passed in the Rajya Sabha to widen the beneficiary net for children with disabilities is a retrogressive step since it defeats the very purpose of the Act, which is to promote social inclusion in elementary schools. The amendment is in contradiction of the United Nations Convention on the Rights of Persons with Disabilities and the recent Supreme Court judgment (April 2012) on RTE, since it seems to suggest that home-based education may be the best option for children with 'severe disability.'¹⁷

The very notion of what constitutes 'severe disability' is a contested term and the assumption that 'certain children' may be best educated at home rather than schools, defeats the very premise of inclusive education that espouses the belief that every child, including those with differing abilities have an entitlement to study with their peers and not be excluded from mainstream education. Even if we were to presume that certain parents 'choose' home-based education for say their child who has severe medical complications with impairment, how would the state governments find the human resources to make home-based education a reality? Currently, there are 415 institutions, which are recognised by Rehabilitation Council of India (RCI) to run rehabilitation councils, and the total number of registered rehabilitation professionals in the country are approximately 35,000, with special educators included in this figure.¹⁸

8. Challenges and Opportunities

The major challenge includes understanding the concept of disability and acceptance of CBR (Community Based Rehabilitation) as a valid intervention. Hospital-based rehabilitation services will lead to mystification of knowledge with social isolation and low efficiency of services which will benefit fewer disabled. Prioritization of resources like finance, human power, and materials will be another important issue to be considered. Poor planning and management of CBR with lack of inter-sectoral coordination lead to poor functioning of the services to disabled. Non-availability of evidence-based facts, lack of co-ordination between the Government and NGOs, the absence of a coherent community level strategy, limited competence and capacity of decentralizing services, limited models of good practices are the other lacunas in the system. Disability should be considered as an important issue by the Government so that this important public health problem can be tackled in the community. The services should cover all types of disabled who need rehabilitation services and it should be part of mainstream development in the community.¹⁹

A multi-sectoral approach including social integration interventions, health, education, and vocational programmes are important issues related to rehabilitation services. Primary health care system must play a major role both as a provider and supporter, and should engage with initiatives such as early identification of impairments and providing basic interventions, referrals to specialized services such as physical, occupational, and speech therapies, prosthetics and orthotics, and corrective surgeries. The educational sector should be more inclusive by adopting newer techniques with respect to content of

the curriculum, methods of teaching and ensuring that classrooms, facilities, and educational materials more accessible. Children with multiple or severe disabilities who might require extensive additional support may access education through the use of innovative methods best suited to their context. Collaboration with the employment and labour sectors is essential to ensure that both youth and adults with disabilities have access to training and work opportunities at the community level. Productive and decent work in a conducive environment is essential for the social and economic integration of individual persons with disability (PWDs).²⁰

Monitoring and Evaluation in the service delivery should be strengthened with information dissemination related to impact on disabled, community mobilization, an opportunity for education, an opportunity for work, transfer skills to the community level, program activities, and involvement of disabled people. Research with respect to services, fund allocation, cost-effectiveness, human power, training, and technical aid of disabled people should be strengthened. One of the biggest challenges is providing rehabilitation services to the unreached persons with disabilities living in rural areas and small towns.

Happy in Life: There are examples of several disabled people who have succeeded in life because they have tried to learn as much as possible about their disability. While obsessing over negative medical information is counterproductive, it is important to understand what they are facing. There is no use comparing oneself to others (or to the past self). They do not discourage themselves by comparing where they are today to where they were pre-disability. The healthy way to judge the progress is by comparing where they are today to where they were yesterday. Stress is hard on the body and can make many symptoms worse, so it is important to find ways to manage the stress, such as practicing relaxation techniques, carving out a

healthy work-life balance, and learning healthier coping strategies. By the personal effort, organization of self and exercise these people have succeeded in coping with their disability courageously. They are polite and stay calm particularly with strangers. They do not complain if others do not notice them and show much concern for them. They have managed to establish wider and stronger social network and friends. Many of these people have realized that they could be happy even in a “broken body”. Though some of them could not walk, hear or see as others do, they could find their life happy and meaningful for them. The real life stories of many people who lived before them inspire them because they have set good and motivating examples for others. It does not mean that they have not mourned the losses, but they have moved on in life bravely. They focussed on what you could do and what they could hope to do in the future. This attitude of looking hopefully to the future is a motivating factor. There is no use dwelling on what they can no longer do.

Conclusion

Efforts have to remain focussed on prevention of disability and rehabilitation in our country; and, particularly in lower income countries, disabled people have to rely largely on informal systems for support. The detrimental effects of broadly applied institutionalization policies are recognized, and there is an emphasis on integrating the disabled into existing programs, appropriate technology, self-reliant schemes, and participatory approaches, including community based rehabilitation (CBR). Increased public effort is needed, particularly in strengthening prevention measures, i.e., promoting

maternal and child health care, and primary health care, including immunization programs, but also in making information on prevention, treatment, and rehabilitation more widely available.²¹

“Disability need not be an obstacle to success,” Stephen Hawking wrote in the first ever world disability report back in 2011. As one of the most influential scientists of modern times, the wheelchair-bound physicist is certainly proof of that. Mexico’s most famous artist was born with *spina bifida*, a condition that can cause defects in the spinal cord. At six, she contracted polio, which left one leg much thinner than the other. In spite of these challenges, she was an active child, but at 18, a bus accident left her with serious injuries. It was while recovering from the accident that Frida discovered her love of painting. She would go on to be one of the most famous Surrealists in the world. All that has to be done is, being out there to strive to succeed in order to live life the way you want to and never let anyone tell you that you cannot do something because of your disability.

So Helen Keller is right in saying: “Science may have found a cure for most evils; but it has found no remedy for the apathy of human beings!”

¹ Sudha Chandran’s story about her accident will leave you inspired, <http://blogs.timesofindia.indiatimes.com/everything-social/sudha-chandrans-story-about-her-accident-will-leave-you-inspired/> accessed on 26.03.2016.

Cyril Desbruslais: My acquaintance with Cyril goes back to 1984, when I was doing my philosophy in JDV and residing at DNC. I had the opportunity to be in the same community for two years. We related closely to each other, as he was friendly with students and youth. His involvement in the social ministry regularly was something that inspired most of us.

Moreover, he motivated the youth to be committed to the poor and marginalized of society. Every year he used to conduct a good theme based play and raise fund for a social cause. I feel very sad to know that he had a stroke and then he could not become as energetic as he used to be earlier. May God bless him to regain his full energy and health.

² Ibid.

³ Disability in India – A Statistical Profile, available from http://mo.spi.nic.in/Mospi_New/upload/disability_india_statistical_profile_17mar11.htm, accessed on 08.05.2016.

⁴ Ibid.

⁵ Disability, available from <http://crinarchive.org/themes/ViewTheme.asp?id=5>, accessed on 03.04.2016.

⁶ Disability in India – A Statistical Profile.

⁷ Eva Kitty, Disability, Equality Dignity and Care, in *Concilium*, (London: SCM Press, 2003), 2, 105.

⁸ Cf. Nilika Mehrotra, Disability, Gender & State Policy: Exploring Margins, (Jaipur: Rawat Publications, 2013), 187-90.

⁹ Causes of disability, available from http://en.hesperian.org/hhg/A_Health_Handbook_for_Women_with_Disabilities:Causes_of_disability, accessed on 25.05.2016.

¹⁰ Cf. Nilika Mehrotra, Disability, Gender & State Policy: Exploring Margins.

¹¹ Glimpses of Disability in the Literature and Cultures of East Asia, South Asia, the Middle East & Africa, available from, http://www.independentliving.org/docs7/miles200807.html#south_asia, accessed on 23.05.2016.

¹² Ibid.

¹³ Bisgaard, Daniel J., Social Conscience in Sanskrit Literature, available from, <http://ijellh.com/representation-disabilities-indian-english-fiction-viewpoint/>,

accessed on 09.05.2016.

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- ¹⁴ Bibliotherapy, available from <https://en.wikipedia.org/wiki/Bibliotherapy>, accessed on 10.05.2016.
- ¹⁵ Joan K. Blaska, Ph.D., Children's Literature That Includes Characters With Disabilities or Illnesses, in *Disability Studies Quarterly*, (Winter 2004), Volume 24, No. 1.
- ¹⁶ Cf. Nilika Mehrotra, Disability, Gender & State Policy: Exploring Margins.
- ¹⁷ Renu Singh, Rights of children with disabilities, in *The Times of India*, 30.04.2012.
- ¹⁸ Ibid.
- ¹⁹ Cf. Dr. P. Prayer Elmo Raj, Disability, Theology and Mission, in *CSI Life*, Vol XIII/Issue 8, August 2015, 10-12.
- ²⁰ Cf. Nilika Mehrotra, Disability, Gender & State Policy: Exploring Margins.
- ²¹ Cf. Eva Kitty, Disability, Equality Dignity and Care, 105-115.