Neoliberal crises of social work in the Global South: Ethnography of individualizing disability and empowerment practice in India

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Abstract

This article examines the World Bank's disability and development projects in rural South India and illuminates neoliberalism's dangers for social work theory and practice in the Global South. Based on a multi-year ethnographic study involving participant observation and interviews with multiple stakeholders, it critically examines the individualized model of empowerment promoted by self-help groups in light of the structural and cultural realities of rural disability. It highlights the dangers of individualization and responsibilization of self-help group interventions and traces how disabled subjectivities are shaped in line with neoliberal governmentality. Foregrounding disability and global south perspectives on neoliberalism – often overlooked in social work scholarship – this article contributes an intersectional and transnational perspective to social work.

Keywords

Development, disability, ethnography, India, neoliberalism, World Bank

Introduction

While conducting fieldwork on the World Bank's disability self-help group (SHG) project in rural South India, I interacted with the Bank's project evaluation team. Reviewing measurement instruments to assess the disability project, I noticed that a section on empowerment outcomes stood out for its unwillingness to account for structural variables. As most of the outcome indicators were individual, I suggested including some social and environmental indicators. The World Bank team was not enthusiastic, responding that their main goal was to 'see the change in the life of the disabled person – empowerment at the individual level'. However, measuring empowerment at

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the 'individual level' seemed inadequate when disability barriers and lack of opportunities were structurally entrenched. By narrowing the level of analysis from structures to individuals, the measurement instrument articulated the neoliberalized empowerment framework of the World Bank. In what follows, I examine how this framework is shaping social work theory and practice in rural South India and beyond, and how it is transforming the social relations and identities of disabled subjects.

This article engages in an interdisciplinary dialogue between critical social work and disability studies to analyze the effects of the World Bank's neoliberalized empowerment framework on disabled people in the Global South. Based on a multi-year ethnographic study, it presents experiences of disabled people as they participate in neoliberal development interventions. Weaving theoretical perspectives on disability, neoliberal governmentality, and empowerment, I show the possibilities that emerge and those that remain closed for disabled people in SHGs, or *sanghams* as they are locally known. Offering opportunities for participation, entrepreneurship, and altruism, *sanghams* provide possibilities for self-empowerment and change in the immediate future. But, in return, *sanghams* ask for the surrender of perceptions (Foucault and Gordon, 1980) by shaping disabled people's labor, affect, and subjectivities in the interest of the market. Through an ethnographic analysis of *sanghams*' community-based rehabilitation (CBR) and Nutritious Food Programs (NFPs), I elucidate interrelated processes of individuation and responsibilization that disabled subjects undergo and resist. *Sanghams* call upon disabled subjects to take responsibility for their own marginality and empowerment, simultaneously individualizing and obscuring systems of poverty and disability. Yet disabled *sangham* members and activists manage to disrupt the neoliberalized empowerment framework by revealing entangled webs of ableism, capitalism, and depoliticization.

Foregrounding the effects of neoliberalism on disability in the Global South – often overlooked in social work scholarship – this article contributes a Southern disability perspective in social work. This intervention is particularly timely as a disability studies perspective has only recently been critically incorporated in social work research and remains primarily understood through medical and service-oriented frameworks (DePoy and Gilson, 2011; Mackelprang and Salsgiver, 2009; Marini et al., 2011), grounded within Global North perspectives. A Southern disability studies perspective offers the possibility of disrupting neoliberal development by showing how capacity and debility are reproduced through an individuated mode of empowerment based on autonomy and entrepreneurship. Disability challenges market-based notions of 'compulsory able-bodiedness' (McRuer, 2010), widening debates around precarity, empowerment, autonomy, and dependency in times of austerity.

Ethnography: Fieldwork and positionality

Ethnographic research for this article took place through fieldwork conducted between 2006 and 2016, including living in the field for 2 years (2006–2008), with a disability *sangham* project of the World Bank in rural areas of Telangana, formerly part of Andhra Pradesh (AP), a state in South India.[1] Through participant observations and interviews with disabled people, their family members, and staff of governmental, non-governmental, and international institutions organizing the SHG project, I examine how neoliberalism is built into the design and process of the project. The research followed Institutional Review Board protocols for confidentiality, informed consent, and cultural sensitivity, and research subjects willingly participated in the research process.

As a member of the disabled community and a woman from India, my positionality vis-a-vis disability and culture facilitated extended engagement with my disabled participants in their day-to-day settings in domestic and public spheres, including SHG meetings and development interventions. This allowed me to observe the possibilities and obstacles they experienced in their

everyday lives, the manner in which they embodied and resisted disablement processes, and the effects of *sangham* participation on their material and subjective lives. It also took them out of the mold of project performativity, the pressure to respond in socially desirable ways fitting the narrative of project empowerment.

This ethnographic process entailed what Geertz (1973) calls 'thick description'. According to Geertz (1973), ethnography as thick description decodes 'frames of interpretation' within which meaning is attributed to behavior. Writing ethnographically by weaving together text, theory, and analysis, this article integrates voices, narratives, and contexts in a 'thick description' of the precarities of embodied disabilities. In doing so, I reveal the contradictions of neoliberal development programs vis-a-vis economy, body, and society in the Global South.

Neoliberalism and social work: Overview of literature and conceptual framework

Although neoliberalism has had widespread consequences, it has had specific effects for social work practice (Hasenfeld and Garrow, 2012). The retrenchment of government-funded social services has expanded the use of unpaid care work within both governmental and non-governmental welfare and social work organizations (Baines, 2004), in part as a cost-cutting measure (Garrett, 2009), justified through neoliberal ideologies of 'self-help' and market efficiency (Pollack, 2010; Zaviršek and Herath, 2010). Although illustrative, much of the literature exploring neoliberalism's effects on social work come from the Global North – contexts in which there *was* a welfare state to either roll back or reconstruct through forms of individualization, bureaucratization, efficiency calculation, and responsibilization (Baines et al., 2009; Woolford and Nelund, 2013). In contrast, the effects of neoliberalism on social work in the Global South have been underexplored (Harrison and Melville, 2010; Spolander et al., 2014; Chaudhry 2015). The literature that exists on the effects of neoliberalism on social work in the Global South emphasizes how postcolonial states are differentially impacted by state retrenchment, as structural adjustment programs intersect with the legacies of colonial administration, deepening inequalities of global capitalism (Jönsson, 2017; Midgley, 2010: 10). This article contributes to the scant literature on neoliberalism and social work in the Global South by exploring the co-optation of unpaid care work by disability-oriented *sangham* projects of the World Bank in rural South India.

As neoliberalism depoliticizes poverty, structural marginality, and disability by treating them as individual-level problems with technological solutions (Ferguson and Lavalette, 2006), it depoliticizes social work *practice* by guiding social work organizations away from macro-level determinants of welfare toward micro-level interventions (Garrett, 2009). As my fieldwork shows, these means include requiring individuals to become highly enmeshed in complex service delivery procedures and program efficacy assessments that divert attention from structural causes of poverty and disability. The extent to which neoliberalism has been successful in reorienting social work practice around the individual and away from a critique of unequal distributions of power, reinforces existing institutional arrangements while ameliorating their worst effects for marginalized people (Reisch, 2013). As neoliberalism pressures the field of social work to focus exclusively on transforming the individual, social work's commitment to *social* justice is undermined. And as the field of social work is transformed, so too are its clients, who are increasingly called upon to become self-directed, responsible, efficient, rational, and independent participants in the newly privatized realm of social services (Abramovitz and Zelnick, 2015; Woolford and Nelund, 2013).

In the wake of critiques of social welfare provision that showed how traditional 'charity' models of social work, especially in the Global North, were patronizing (Ehrenreich, 1985; Waaldijk, 2011), the discipline of social work has become committed to the idea of 'empowering' recipients

through client-centered clinical practices emphasizing clients' capacities, autonomy, and right to manage their own lives (Simon, 1994). This is in line with the empowerment theory of social work, which conceives of empowerment as multi-systemic phenomena of change at personal, inter-personal, and structural levels, across socio-economic and political domains (Gutiérrez et al., 1998; Kabeer, 1999). However, social work's emphasis on empowerment is susceptible to neoliberalism's paradigmatic depoliticizing moves: individualization and market-re-orientation. Under neoliberalism, 'empowering' clients means helping them develop into 'entrepreneurial selves' (Freeman, 2014) who can efficiently and autonomously capitalize upon and commodify their (in) capacities for the market (Fritsch, 2013; Titchkosky, 2003). Moreover, as postcolonial critics of liberal humanism have argued, 'empowerment' discourses – and the 'capacities' approach on which they are based – rely on Western ideals of *individual* freedom, thus shifting attention away from both *structural* inequality and political practices of *collective* political struggle (Hickel, 2014). This article further contributes to this critique of empowerment from a Global South perspective, showing how the emphasis on autonomy, independence, and empowerment further embeds disabled *sangham* members in structures of debility as they take on not only their own self-improvement, but the burdens of collective improvement and unremunerated care work.

Finally, my critique of empowerment draws on Foucault's (1982) analytic framework of 'neoliberal governmentality', which explains the role of neoliberalism in changing governing techniques of power. Neoliberal governmentality refers to the phenomenon by which neoliberalism de-centers power, producing a new form of 'bio-power' in which people are called upon to self-govern, thus freeing the state of responsibility (Dean, 2010; Rose, 2005). I conceptualize SHGs as instruments of bio-power that reduce the developmental role of the state by promoting individualization and responsibilization.

Setting the context

Andhra Pradesh (AP) has been hailed as a pioneer in implementing neoliberal reforms in India (Cross, 2010; Taylor, 2011). With funding from the World Bank, AP adopted structural adjustment programs that reduced social spending by promoting participatory development, decentralization, and grassroots empowerment policies (Sharma, 2008). Within this schema, entrepreneurship and social capital are thought to facilitate the participation in markets, which moves people out of poverty (Dollar and Kraay, 2001; Putnam, 2001). One such program, launched under these reforms in 2003, was the Andhra Pradesh Rural Poverty Reduction Project (APRPRP).

APRPRP is the single largest poverty-reduction project financed by the World Bank in South Asia (World Bank, 2015). Aiming to reduce poverty and empower marginalized communities, the project is built around SHGs, which are village-based groups, federated at the block and district levels to form federations or community-based organizations (CBOs). The extensive scale of the project is evident from the population being organized in *sanghams* – approximately 17 million in AP (Suran, 2014). Although *sanghams* were primarily organized to provide microfinance to poor rural women, they have expanded to integrate other marginalized communities, including people with disabilities, and have gone beyond the original goal of microfinance to encompass other development activities.

Although government-funded, *sanghams* are regarded as 'people's institutions' or self-governing entities. *Sanghams* operate through people's voluntary participation. Under neoliberal state retrenchment, people's institutions, such as CBOs, are substituting formal government institutions. In what follows, I explore the shift away from a state-led welfare model to a neoliberal self-help model founded upon people's institutions. I demonstrate how neoliberalism co-opts the empowerment ethos of 'people's institutions' to extract the 'voluntary' labor of *sangham* members within an

increasingly bureaucratized structure. I highlight the dangers of neoliberalism's individualization and privatization of disability and development interventions.

SHGs as modalities of individualizing empowerment

The project reached and organized disabled individuals through SHGs that had representatives reporting to the larger disability federation. The *sangham* project was structured around a three-tier Indian rural administrative system: from village, to blocks, to districts. This tiered group structure provided basic needs and economic possibilities to people with different disabilities through micro-credit. They also sought to provide disabled people with the self-confidence that they needed to succeed in society. To this end, *sanghams* integrated CBR, helped people access treatment and government entitlements, and taught them to become more productive. Participation in local *sanghams* was meant to generate more participation, as members were being trained at the local level to participate in the larger federation. Thus, participation served as a vanishing horizon of rewards.

Disabled *sangham* and *samakhiya* (federation) leaders were expected to take care of the needs of fellow *sangham* members. These needs were narrowly defined in medical and material terms. The practice of 'fixing agendas' in the groups helped to define needs. These agendas were similar across groups, as they were framed by the project itself. Leaders' time and energy were spent in pragmatics of implementing the project: that is, traveling to meetings, trying to get services for group members, disseminating information, and disciplining beneficiaries. Leaders carried out the labor – be it affective or administrative – to keep the *sangham* running efficiently. Upon asking how group members helped each other, one disabled woman *sangham* leader explained that

> [i]f we have a problem, we will have an agenda. What problem everyone is facing in *sangham*, we talk. For example, we help members in moving around (mobility and accompanying). One person needs *tablets* (epilepsy medication) every month, we talk about that, and help him get medicines. That boy, Ravi needs *hearing aids*, we will get it through the sangham. Severely malnutrition disabled children are there, we are giving them *milk and egg* for a month. Every day, Rs. 2 milk and Rs. 2.5 egg. For this, we get the money from *sangham* … First we give them (the kids – egg and milk), then we write down the bills in *sangham*, from whom we bought eggs, we get the signature from them only. We take bills, and on 21st of every month, we take it to federation meeting, and settle the bills there.

Sanghams brought visibility to disability issues in the village, provided emotional support, and helped disabled members access basic material and medical needs. *Sanghams* opened up opportunities for individual-level empowerment by helping members address individual disability issues on a case-by-case basis. However, individual-level interventions were inadequate, given that disability in villages was a form of social suffering (Das et al., 2001). Disability was a structural experience, accentuated by lack of resources, infrastructure, transportation, sanitation, water, education, and health care (Erb and Harriss-White, 2002). Although disability is a development issue, through the *sanghams* it was primarily addressed through medical, rehabilitative, and correctional frameworks (Chaudhry, 2016).

Juxtaposing individualized, medical interventions with the structural reality of disablement process in villages, contradictions within the individualizing 'empowerment' model become evident. The disconnect between the personal and structural was built into the neoliberalized empowerment framework of the World Bank project, in its philosophy, interventions, and evaluation strategy. The main goal of the project, as shown in its project evaluation instruments, was to measure change in the 'life of the disabled person'. Structural changes and contingencies in the disablement process – household income, rural infrastructure, health care provisions, inclusion in village development programs, attitudinal barriers, and other intersectional realities – remained absent from program evaluation.

The individuated mode of empowerment espoused by the *sanghams* reified the 'individualism of liberalism' (Brown, 1995). Obfuscating the socially constructed nature of disability and development, the project reproduced normative notions of body, embodiment, and society. On the one hand, individuation catered to the normalizing ethics of ableism under capitalism; on the other hand, it fed into an affective attachment to the neoliberal imagination of universally accessible development. In rural India and elsewhere, neoliberalism is restructuring how beneficiaries are expected to interact with service providers. Just as neoliberal policies pressure social service agencies to embrace accountable and individualizing models of service, so too are service users encouraged to adapt themselves to the demands of neoliberalism (Baines, 2004; Gray et al., 2015; Pollack, 2010).

Accordingly, the institutions organizing *sanghams* expected members to assume responsibility and become active in shaping their destinies. Disabled people were made to believe that through self-help they could alter their material and affective realities without the help of the state. When asked what they did when their group could not solve their disability issues, *sangham* members responded, 'our Mandal federation can solve the problem, and if our Mandal federation cannot solve it, then our district federation can solve it'. And upon asking what they would do if the district federations could not solve the issue, they finally said 'We will go to the Collector' (a senior government official). The state came as an afterthought, resembling what scholars term 'governing from a distance or government through community' (Li, 2007; Sharma, 2008).

Participation in SHGs was promoted as a means of acquiring value in society, as well as changing one's material and embodied realities. However, disabled *sangham* members contested the burdensome and exploitative 'free labor' promoted under the guise of altruism and participation, and resisted neoliberal governmentality by non-participation in the *sangham* project. They resisted in tacit ways that did not jeopardize their opportunities, yet communicated their dissent. In what follows, I will ethnographically instantiate this through the examination of two *sangham* interventions: the Nutritious Food Programs (NFP) and community-based rehabilitation (CBR).

Programming nutrition, programming labor

The *sangham* project initiated the NFP to provide nutritional supplements to severely malnourished and disabled children in rural areas. As an early intervention strategy, NFP targeted children to reduce disability in childhood. The nexus of disability and development interlocked poverty, malnutrition, and impairment (Erb and Harriss-White, 2002) such that there was a high incidence of disability in the region owing to the broader context of underdevelopment. The Government of India has a comprehensive Integrated Child Development Scheme (ICDS), which provides a supplemental nutritional program for pregnant women and children. Despite the ICDS, childhood malnutrition continues to be a significant problem in India: almost 40 percent of children in India have stunted growth due to malnutrition, and 15 percent of the country's total population is undernourished (Mascarenhas, 2016). Malnutrition in India continues, in part due to insufficient state budgetary allocations for the ICDS, shortage of government community workers (Rebbapragada, 2017), rampant corruption, and the fact that government programs have isolated food programs from other basic services required to improve health outcomes for children (safe water, sanitation) (Mascarenhas, 2016). The *sangham*'s NFP was meant to fill the gaps in ICDS.[2] However, by promoting interventions that were individualizing, the NFP overlooked structural causes of rural malnutrition and disablement.

Under the NFP, disabled *sangham* leaders were charged with purchasing and distributing milk and eggs every day to malnourished and disabled children and then taking the bills to the office for reimbursements. Although paid government community workers or non-governmental organization (NGO) staff originally performed these tasks, they were now delegated to unremunerated

disabled *sangham* leaders, as leaders were believed to be more 'accountable' and 'sensitive towards community's disability needs'. Through communitarian discourse, the project prioritized cost-saving mechanisms.

The NFP demanded extensive programmatic labor yet did not pay for it, as disabled *sangham* leaders recognized. Niraj, a blind *sangham* leader, agonized while describing his responsibilities in the *sangham*'s NFP:

> We (sangham leaders) give milk and eggs to *balheen* and disabled *pillalu* (malnourished children). If we show the bills to them [the project staff], they say it is not correct, and they return them. If we make bills without their knowledge, sometimes, we may give [the food] or sometimes we may not … Again if we don't give, they say [to disabled beneficiaries and their families] 'are they not feeding you in your *sangham*s; you should kill each other!' We *can't see for each other, can't feed each other* … Social workers [paid staff] are there, *what are they doing … It is we* [disabled *sangham* members] *who are giving the nutritious food* to the severely disabled … The social workers should *come and see* what is going on, they should *put the correct bill, and pay the* shop keeper *correctly, directly*. A person might own a cow, and if we ask her, she might give the milk to us for a week or a month, but she does not have a stamp, she is not educated to do a signature … For eggs, the project staff says 'are you giving eggs daily? How come? Don't you go out of town? Sometimes there won't be eggs, sometimes, the cow does not give the milk, but you have shown that you are giving daily. There is no change; so the bill is not correct'. When we take the correct bill, and if we write correctly – the days when milk is not there, we don't put it on the bill, then they say, there is no signature of *sangham* leader, *sangham's* approval, or *sangham's* stamp … Like this they stop us! Instead of doing all this, can't the project *take care* of this? They are saying that 'you are leader of the small *sangham*, you should take care of bills in the *sangham*. In your *sangham*, you should give milk, egg, and the nutrition food' … They say 'you should pay out of your pocket, then collect the bill and then take the amount from the project, and then put it back in your *sangham*'. But, *sangham* leader might have the money or might not have the money.

Disabled subjects in the sanghams were expected to look after themselves and others in the group. Group care was promoted among community members due to the close-knit nature of rural sociality. Since the members already knew each other as neighbors, the project expected them to take care of each other, saving costs on formal services and support systems. In the name of peer support, disabled *sangham* leaders were burdened with the bureaucratic responsibility of implementing the NFP without remuneration. Although the NFP was promoted in the name of 'doing good for the community', it made people hostile toward each other. Using rural solidarity for programmatic functions, it weakened that very solidarity. The NFP's structure shows how neoliberal governance uses community relationality to run the project cost-effectively. The project used community accountability in order to discipline disabled subjects and reconfigure community relationships, thereby limiting the scope of the state (Rose, 2005).

However, Niraj's non-normative embodiment disrupted the responsibilization and labor demanded by the project. He protested becoming a neoliberal citizen because of the material deprivation he experienced due to his multiple disabilities. Blindness and leprosy together made it difficult for him to navigate the rural landscape; with the added responsibilities of care work, he found himself further burdened. In light of his corporeality, practicing the neoliberal ideology of self-help and mutual help was debilitating. Invoking the welfare state, he critiqued the shifting nature of social work interventions that were demanding marginalized communities to take responsibility for public troubles and carry out development for themselves.

The project promoted uncompensated and undercompensated work through the discourse of altruism, 'feeding and serving disabled children'. The project attached a moral currency to mutual help, framing it within Indian communitarian ethics of being and doing for the community. In

neoliberal governmental fashion, the project utilized local frameworks to reorient them toward market ends (Li, 2007; Rose, 2005). Furthermore, these approaches were framed within the local cultural discourse of 'collective good' as I explicate below with the example of CBR.

CBR: From participation to responsibilization

Similar processes of community responsibilization were evident in the project's CBR interventions, the primary mode for addressing disability in the *sanghams. Sangham* leaders and grassroots workers were trained in CBR and they worked with the community to provide treatment and rehabilitation in the form of physical therapy, assistive devices, and auxiliary assistance. In light of poor health and medical infrastructure, CBR was valuable. However, its importance was inflated beyond its effectiveness. Its integration with the *sangham* project also resulted in the medicalization of disability issues. It diverted the attention of the *sanghams* toward correcting the body and away from correcting the environment.

Because health care services are typically absent in rural areas of the Global South, CBR has gained traction as a cost-effective health care delivery system that makes use of local resources, including the unpaid affective and care labor of rural communities, for 'rehabilitation'. In the wake of critiques of CBR that it is medicalizing, individuating, and treats disabled people as passive recipients of care rather than participants in their own health, there has been a push to make CBR more 'participatory' – in other words, empowering (Kumar et al., 2012). However, in the context of the neoliberal shift toward responsibilizing disabled people for their own health, 'participatory' CBR can reproduce market-based austerity politics (Grech, 2015; Lang, 2011). In sum, CBR fills the void left by absent government services – an absence that neoliberalism is only intensifying – but the ways in which CBR fills this void reproduces neoliberal subjectification, rather than challenging it.

Speaking to this shifting nature of states' responsibilities ushered by neoliberal governance, a disabled rehabilitation grassroots worker named Chetan shared critical insights about CBR. As a grassroots rehabilitation worker, Chetan was responsible for traveling to distant villages to provide CBR. He received minimal remuneration, Rs1500 (US$30) per month, for providing CBR in the *sangham* project. Often there were no buses, so he would walk – which was difficult because of his physical impairment – or take auto rickshaws – which were expensive. His salary was barely sufficient for this travel and basic expenses. Thus, he saw his work as volunteer work to help fellow disabled people. Due to the lack of rural employment opportunities for disabled people, he subsisted on the minimal salary he received from the project. Expressing discontent about the free labor he was made to contribute, he commented as follows:

> The amount I get from the project is sufficient for traveling charges and for some other household needs. Nothing will be left for saving. For some villages, there is no transportation facility and I have to walk to those villages. It is difficult to walk long distances with my leg problem as some villages are not connected by road or transportation. If I walk too much, my legs hurt, so I need to take auto rickshaw, which takes up too much money … So, it will be good if we are provided two wheeler/motor vehicle.

Paradoxically, the project required embodied capacity from disabled subjects. In the light of inaccessible and dilapidated rural infrastructure – unpaved roads and abysmal public transportation – it was challenging for Chetan to commute between villages. He had to spend his minimal honorarium to take an auto-rickshaw (an expensive, semi-private ride) or public buses, which were overcrowded, inaccessible, and had poor connectivity. Yet the project had no plans to provide (higher-cost) accessible transportation because it would have defeated the purpose of saving labor costs by employing disabled *sangham* members for subsistence wages. Even though the transportation services requested

were for disability accessibility, this request was measured through a capitalistic cost–benefit analysis. As someone who was structurally marginalized, Chetan resented being made responsible for the role of the state and expected the state to provide accessible transportation. Yet again, his corporeality challenged the responsibilization imposed by the project.

The *sangham* project was predicated upon an ideology of ableism in which disabled people were expected to be productive and caring. Given the collectivist culture, members were expected to not only care for themselves but also take care of each other. This initially drew people toward *sangham* interventions; however, over time they grew cynical. Both Niraj and Chetan signed up for care work in the *sangham* out of their sense of mutual responsibility and empathy, but it soon became evident to them that their care work was instrumentalized to cut costs on social services, resulting in depoliticization.

Dialectics of disability politics and empowerment

Using disabled *sangham* leaders' labor and making *sangham* members more 'responsible' allowed the project to evade questions of politics, power, and the proper role of the state vis-a-vis disabled citizens. The project kept people busy with pragmatics – technicalities of implementing the project – so that broader inequities went unquestioned. The project was designed to focus on the here and now, overlooking structures of disability and development, namely poverty, infrastructural frailties, health disparities, agrarian distress, and cultural marginalization surrounding non-normative embodiment. Depoliticizing disability and development, the pragmatic approach protected the system from larger critique.

Critiquing this depoliticization of disability issues in the *sangham* project, a physically disabled activist, Sagar, called the project the 'self-helpless group' project, devoid of 'politics' and 'controlled by the officials'. His critique of the *sangham* project identified lack of self-advocacy within the project as its major failing. According to Sagar, *sangham* members had become 'helpless' because they were not in a position to make decisions. They implemented the project, but were not in charge of its direction.

Sagar spearheaded a disability advocacy organization in Hyderabad (the capital of Telangana) and was active in the national disability rights movement (DRM). As a disability rights activist, Sagar worked toward building coalitions with political parties and other minority leaders to advocate for better disability policies. For him, disability had to be addressed in the political arena. Sagar explained why politics were central to understanding and advocating disability rights:

> Ultimately it is politics that decides. So, we are doing disability work within the framework of politics […] creating electoral awareness and building acceptance of disability as a political issue.

He believed in using direct resistance for empowerment, engaging in protests and demonstrations to build the political presence of disability communities. His understanding of political empowerment was based on a 'rights-based framework' and the ideology of 'nothing about us without us', inspired by the DRM and the social model of disability. The DRM advocates for disabled people to take control of all aspects of their lives (Charlton, 1998). Central to the DRM is the social model of disability – that disability is a socially constructed experience of non-normative embodiment. Under this framework, disability emerges through interactions between impaired bodies and ableist norms, institutions, and policies that exclude people with disabilities (Barnes and Mercer, 1996; Oliver, 1990). Within the social model, disability is not something that needs to be fixed within the individual, but rather something that needs to be addressed in society by creating inclusive systems.

According to Sagar, disability *sanghams* lacked 'political empowerment', by which he meant 'advocacy skills, knowledge about their rights, and awareness of structural injustices creating [a] disablement process'. Explicating the depoliticization of *sanghams*, he differentiated between them and Disabled People's Organizations (DPOs). While the former were controlled by the government project or program, the latter were organic political entities that represented themselves.

Being a government project, there was little scope for direct resistance in *sanghams*. For example, disabled members were not encouraged to participate in political protests against state policies. Although *sangham* members were encouraged to approach government officials to redress their grievances through appeals, petitions, and piecemeal strategies, there were clear-cut boundaries to what and how they could demand. Since the *sangham* project worked in conjunction with other ministries and governmental departments, the members were discouraged from challenging the state.

Moreover, *sanghams* did not engage in consciousness-raising to explore how disability in rural India was a product of structural injustices, marginalization, and impoverishment, making addressing disability politically even more out of reach. Within technocratically oriented *sanghams*, critical discourse challenging ableist attitudes, social discrimination, inaccessible living conditions, and unequal opportunities in rural areas was absent. The overemphasis on micro-level pragmatics diverted focus from power and politics in the macro realm. These technicalities, or what I term a 'politics of pragmatics' (Chaudhry, 2016), defused resistance. The politics of pragmatics depoliticized, individualized, and medicalized disability oppression. This did not meet with resistance due to deep-rooted disability marginalization in rural communities.

In the light of cultural and material marginalization experienced by disabled people in villages, engaging in radical disability politics threatened their wellbeing. Their marginality and material dependency made it harder for them to question the status quo. Resistance, such as it was, mainly took place as 'micro-politics' in the informal domain of everyday institutional life. Disabled *sangham* members could not afford to resist from outside the institutionalized disability services realm, as the risks were far greater. Since their survival was at stake, they adopted covert resistance in the form of non-participation and rule breaking – the 'weapons of the weak' (Scott, 1987).

Although the majority of disabled people in India reside in rural areas, most of the disability organizing takes place in urban areas and the DRM is centered in cities (Mehrotra, 2011). Disability politics in urban areas was more radical due to the active presence of the DRM. Except for some DPOs in rural areas, disability politics outside cities was more conservative, owing in part to the marginalization of rural disabled people from the landscape of politics in general and disability politics in particular. In the context of rurality, disability was not recognized as a category of diversity (like other minority identities organized around cast, gender, religion, and ethnicity), nor was it accommodated within intersectional politics.

As a result, there was an unclear vision for disability politics and empowerment in rural areas. While the SHGs centered on meeting basic needs without engaging in political empowerment, the DPOs primarily focused on politics without addressing basic needs. SHGs and DPOs fell at opposite ends of the political spectrum. SHGs with their singular focus on pragmatics – and DPOs on politics – could not respond to the disabling realities that were multiscalar, cross-cutting, and simultaneously individual and structural. The dialectics of pragmatics and politics in SHGs and DPOs reveal fissures in the DRM in rural India. Neither approach provided disabled rural people with meaningful empowerment in the light of dwindling state support, disability materiality, and poverty.

Conclusion and implications for social work

This article brings to light the ethical dangers confronting social work theory and practice today, engaging particularly with issues of social justice for disabled people. It illuminates the ways in

which neoliberalism is transforming both social work and disability interventions, shaping them into individualized and depoliticized frameworks that undermine issues of social and structural inequalities in the Global South. The ethnographic analysis demonstrates how neoliberalism's emphasis on individualized models of disability interventions obscures the structural factors that contribute to the disablement process. It also, by illuminating the changing relationships between the state and its disabled citizenry, reveals how the social work emphasis on 'empowerment' has been co-opted by neoliberal responsibilization in rural India. The neoliberal orientation of the Indian state translates into approaches to disability that focus on 'correcting' the body through medical interventions and approaches to poverty that ignore structural inequality. The case of disability SHGs elucidates how emancipatory frameworks, when depoliticized and co-opted, have detrimental effects on people with disabilities.

These neoliberal realities form the context of our social world today, and they are re-shaping our social, economic, and political landscapes at an alarming rate. They are also, as already noted, transforming social work policy and practice. It is therefore urgent that the social work discipline responds to the structural injustices triggered by these local and global processes. The response has to be at multiple registers and in multiple directions. It has to be directed both outward and inward in order to change both external social realities and the discipline itself (which is required in order to facilitate the change of the former). For this, social work needs to be reinvigorated to respond to the dangers of neoliberal governance and globalization that are altering social practices and pedagogies of change. Silvia Staub-Bernasconi's (2009) 'triple mandate approach' is instructive in this regard as it focuses on three domains of commitment: one to the client, one to society, and one to the social work profession itself. With respect to the last of these, Staub-Bernasconi refers to social work's methodologies as well as its commitment to human rights and social justice.

In order to realize this commitment to social justice, social work practices would need to focus both on disabled people and on their disabling environment simultaneously, rather than on the individualizing approaches followed by the SHGs discussed in this article. This would entail aligning the relevant policies and programs with disability rights and disability justice for rural communities in South India. Similarly, disability empowerment in the landscape of neoliberalism would require a holistic approach that integrates basic needs and political empowerment. This would necessitate restoring the radical vision of empowerment that takes into account multiple economic, political, and social domains within the micro, mezzo, and macro levels. This polyvalent vision of empowerment supports anti-oppression agendas at multiple scales. Social justice approaches to disability and development that go beyond individualization and medicalization are necessary for a new politics of basic needs, grounded within the political economy of disability and development, uneven structures of debility, and foreclosed opportunities to navigate embodied differences.

Given the global purchase of neoliberal approaches in the field of disability and social work, it becomes all the more urgent to counter the hegemony of individualizing, market-driven approaches with the radical vision of disability justice, grounded in political economy and a relational, collective counter-politics. Furthermore, given that disability in rural areas of the Global South is not necessarily a minority category, there is a need to think through the range of rights, responsibilities, and shared realities within the community. Meaningful empowerment in this context requires a culturally competent approach that responds to the cultural specificities of rurality within the Global South paradigm of social work. In doing so, this article mobilizes a culturally competent, transnational critical disability perspective to understand the effects of neoliberalism on disabled people in the Global South with the goal of helping social workers and other stakeholders make meaningful interventions.

Funding

Notes

1. Telangana, located in southern India, gained its statehood from Andhra Pradesh in early 2014 after a prolonged separatist movement.
2. The Integrated Child Development Services (ICDS), begun in 1974, is the largest child development program in India. The mission of the ICDS is to improve the nutritional status of children below 6 years of age, in order to reduce the incidence of illness and mortality. ICDS services include supplemental nutrition to children and pregnant and lactating mothers; basic medical care, including immunization; and nutrition and health education for mothers and adolescent girls. The Supplementary Nutrition Program provides eggs, milk, rice, dal, and vegetables to pregnant and lactating mothers and children below 6 years of age, with additional food provisions for severely malnourished children (Women Development Child Welfare & Disabled Welfare Department, n.d.).

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