# Hope and Well-being: An Inquiry into Life Narratives of Select Disabled Indian Women

**Krupa**

Research Supervisor

**Dr. C. G. Shyamala**

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## Certificate

This is to certify that the thesis titled *Hope and Well-being: An Inquiry into Life Narratives of Select Disabled Indian Women* submitted to the University of Calicut for the award of the degree of Doctor of Philosophy is a work of bonafide research carried out by Krupa under my supervision and that it has not previously formed the basis for the award of any degree, diploma, associateship, fellowship, or any other similar title or recognition.

Palakkad

10.09.2025

Dr. C.G. Shyamala

Research Supervisor

Dr. C. G. Shyamala
Associate Professor & Research Supervisor
PG Dept. of English and
Research Centre for Comparative Studies
Mercy College, Palakkad, Kerala-678 006

## Certificate

This is to certify that no changes, modifications or corrections were recommended by the external examiners in the thesis titled "Hope and Well-being: An Inquiry into Life Narratives of Select Disabled Indian Women" submitted by Ms. Krupa. The contents of the thesis in both hard and soft copies are one and the same.

Palakkad

05.03.2026

Dr. C.G.Shyamala
Associate Professor & Research Supervisor
Research Centre for Comparative Studies
PG Department of English
Mercy College, Palakkad

Dr. C. G. Shyamala
Associate Professor & Research Supervisor
PG Dept. of English and
Research Centre for Comparative Studies
rcy College, Palakkad, Kerala-67[illegible]006

MERCY COLLEGE
Date: 5/03/26
PALAKKAD, KERALA

## Declaration

I hereby declare that the work presented in the thesis entitled *Hope and Well-being: An Inquiry into Life Narratives of Select Disabled Indian Women* is based on the original work done by me under the guidance of Dr. C.G. Shyamala and has not been included in any other thesis submitted previously for the award of any degree. The contents of the thesis have undergone plagiarism check using Ithenticate software at C.H.M.K. Library, University of Calicut, and the similarity index found within the permissible limit. I also declare that the thesis is free from AI generated contents.

Krupa

Dr. C. G. Shyamala
Associate Professor & Research Supervisor
PG Dept. of English and
Research Centre for Comparative Studies
Mercy College, Palakkad, Kerala-678 006

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# Preface

An avid curiosity to delve deeper into the intricacies and various dimensions of narratives of well-being and hope urged me to embark on this research journey. Initially traversing through the spectrum of self-help narratives and distinguishing it with life narratives that foreground motivational elements in it, a transformative moment arose when my guide Dr C G Shyamala urged me to narrow down the focus and find a uniformity between the authors chosen for the study. This led me to the exploration of life narratives of Malini Chib, Shivani Gupta, Arunima Sinha and Preeti Monga who are Indian disabled women who articulate the embodied experiences of disability and voice their rights. They advocate for the creation of an inclusive society. They assert their agency and focus on the empowerment of disabled Indian women. Their narratives portray their resilience and unwavering spirit of staying resolute in the face of struggles. These narratives portray the lives from the perspectives of four optimistic disabled Indian women who believe in the transformational potential of the human spirit. They reinforce the idea that hope can be instilled in human beings only through individual and collective efforts that are progressive. In this manner, the well-being of the society is ensured.

The self has to confront a new reality in case of people who become impaired in the course of their lives. The difference in the experiences of people who are born with impairments would be different from those who acquired the same after a certain period of time in life. While Malini Chib was born with cerebral palsy, Preeti Monga became visually impaired after a certain age due to optic atrophy. Shivani Gupta and Arunima Sinha met with accidents in their early twenties which altogether altered their plans for future. The fact that disability is fluid and

that it can happen to anyone at any time is unravelled through the narration of the experiences of these Indian women. The self has to accept the reality of disability and move forward understanding limitations as well as potentialities. The self has to navigate the intricacies of living in a society formed largely on ableist norms. The negotiations of these disabled selves challenge the societal perceptions on disability.

The impetus for this study lies in the understanding that disability is not a singular experience, and when combined with gender, it creates a unique intersection of challenges and possibilities. Indian society has considered disability a problem where cultural beliefs, ranging from the notion of disability as a result of past transgressions to a focus on physical limitations have obscured the potential and inherent dignity of disabled individuals. For women, these systemic issues are compounded by gender-based discrimination. The pervasive influence of gender roles and expectations within Indian society that often limit the autonomy and opportunities of women, particularly those with disabilities are explored.

This thesis delves into the complex lives of Indian disabled women, examining their life narratives to illuminate their experiences of marginalisation, resilience, and agency within a patriarchal society. Exploring the intersectionality is crucial to explore the oppressions on the basis of gender, disability, socio-economic status that shape their identity. The harassment these women are subjected to on account of their disability is studied with an intention to create awareness of the extent of marginalisation they encounter. The thesis establishes that their personal stories are vital for understanding the broader social and cultural landscape of disability in India.

This thesis recognises the transformative power of life writing through analysing the autobiographical accounts of disabled women, as critical tools for dismantling the misconceptions on disability. The specific and often complex realities they navigate are foregrounded by weaving together the individual stories of disabled experiences. These narratives become sites of empowerment, allowing disabled women to reclaim their stories, challenge societal norms, and assert their unique disabled selfhood. Articulating and documenting the trauma is significant to discern the depth of their suffering from which these authors emerge contented and achieve their goals.

Therefore, this thesis aims to achieve a deeper understanding of how disabled women in India articulate their struggles and triumphs. It seeks to analyse both physical and attitudinal barriers that impede their full participation in society, as well as the strategies and support systems that foster their empowerment. These narratives can foster greater awareness, promote empathy, and advocate for significant changes that assures a just and equitable future for disabled women in India.

# സംഗ്രഹം

പ്രത്യാശയും ക്ഷേമവും: തിരഞ്ഞെടുത്ത ഭിന്നശേഷിയുള്ള ഇന്ത്യൻ സ്ത്രീകളുടെ ജീവിതകഥകളെക്കുറിച്ചുള്ള അന്വേഷണം


ക്ഷേമത്തിന്റേയും പ്രത്യാശയുടേയും വിവരണങ്ങളുടെ സങ്കീർണ്ണതകളിലേക്കും വിവിധ മാനങ്ങളിലേക്കും ആഴത്തിൽ ആഴ്ന്നിറങ്ങാനുള്ള ഒരു തീവ്രമായ ജിജ്ഞാസയാണ് ഈ ഗവേഷണ യാത്ര ആരംഭിക്കാൻ എന്നെ പ്രേരിപ്പിച്ചത്. തുടക്കത്തിൽ സ്വയം സഹായ വിവരണങ്ങളുടെ സ്പെക്ട്രത്തിലൂടെ സഞ്ചരിക്കുകയും അതിൽ പ്രചോദനാത്മക ഘടകങ്ങൾക്ക് മുൻതൂക്കം നൽകുന്ന ജീവിത വിവരണങ്ങളുമായി അവയെ വേർതിരിക്കുകയും ചെയ്തപ്പോൾ, എന്റെ ഗൈഡ് ഡോ. സി.ജി. ശ്യാമള പഠനത്തിനായി തിരഞ്ഞെടുത്ത രചയിതാക്കൾക്കിടയിൽ ഒരു ഏകീകൃതത കണ്ടെത്താൻ എന്നെ പ്രേരിപ്പിച്ചപ്പോൾ ഒരു പരിവർത്തന നിമിഷം ഉടലെടുത്തു.

ഡിസ് ഏബിലിറ്റി യുടെ മൂർത്തമായ അനുഭവങ്ങൾ ആവിഷ്കരിക്കുകയും അവരുടെ അവകാശങ്ങൾ പ്രകടിപ്പിക്കുകയും ചെയ്യുന്ന ഇന്ത്യൻ ഡിസ് ഏബൾഡ് സ്ത്രീകളായ മാലിനി ചിബ്, ശിവാനി ഗുപ്ത, അരുണിമ സിൻഹ, പ്രീതി മോംഗ എന്നിവരുടെ ജീവിത വിവരണങ്ങൾ പര്യവേക്ഷണം ചെയ്യുന്നതിലേക്ക് ഇത് എന്നെ നയിച്ചു. ഇൻക്ലൂസീവ് ആയ ഒരു സമൂഹത്തിന്റെ സൃഷ്ടിക്ക് വേണ്ടി അവർ വാദിക്കുന്നു. ഡിസ് ഏബൾഡ് ഇന്ത്യൻ സ്ത്രീകളുടെ ശാക്തീകരണത്തിൽ അവർ തങ്ങളുടെ ഏജൻസി സ്ഥാപിക്കുകയും ശ്രദ്ധ കേന്ദ്രീകരിക്കുകയും ചെയ്യുന്നു. പോരാട്ടങ്ങളെ നേരിടുമ്പോൾ ദൃഢനിശ്ചയം പുലർത്താനുള്ള അവരുടെ പ്രതിരോധശേഷിയും അചഞ്ചലമായ മനോഭാവവും അവരുടെ ആഖ്യാനങ്ങൾ ചിത്രീകരിക്കുന്നു.

മനുഷ്യചൈതന്യത്തിന്റെ പരിവർത്തന സാധ്യതകളിൽ വിശ്വസിക്കുന്ന നാല് ശുഭാപ്തിവിശ്വാസമുള്ള ഡിസ്ഏബൾഡ് ഇന്ത്യൻ സ്ത്രീകളുടെ വീക്ഷണകോണുകളിൽ നിന്ന് ഈ ആഖ്യാനങ്ങൾ ജീവിതങ്ങളെ ചിത്രീകരിക്കുന്നു. പുരോഗമനപരവും വ്യക്തിപരവും കൂട്ടായതുമായ ശ്രമങ്ങളിലൂടെ മാത്രമേ മനുഷ്യരിൽ പ്രത്യാശ വളർത്താൻ കഴിയൂ എന്ന ആശയം അവ ശക്തിപ്പെടുത്തുന്നു. ഈ രീതിയിൽ, സമൂഹത്തിന്റെ ക്ഷേമം ഉറപ്പാക്കപ്പെടുന്നു.

ജീവിതത്തിനിടയിൽ ഡിസ്ഏബൾഡായവരുടെ കാര്യത്തിൽ സ്വയം ഒരു പുതിയ യാഥാർത്ഥ്യത്തെ അഭിമുഖീകരിക്കേണ്ടതുണ്ട്. ഡിസ് ഏബൾഡ് ആയി ജനിക്കുന്ന ആളുകളുടെ അനുഭവങ്ങളിലെ വ്യത്യാസം, ഒരു നിശ്ചിത കാലയളവിനുശേഷം അത് നേടിയവരിൽ നിന്ന് വ്യത്യസ്തമായിരിക്കും. മാലിനി ചിബ് സെറിബ്രൽ പാൾസിയുമായി

ജനിച്ചപ്പോൾ, പ്രീതി മോംഗ ഒരു നിശ്ചിത പ്രായത്തിനുശേഷം ഒപ്റ്റിക് അട്രോഫി കാരണം കാഴ്ചയില്ലാതായി. ശിവാനി ഗുപ്തയും അരുണിമ സിൻഹയും യൗവ്വനത്തിന്റെ തുടക്കത്തിൽ തന്നെ അപകടങ്ങൾ നേരിട്ടു, അത് അവരുടെ ഭാവി പദ്ധതികളെ ആകെ മാറ്റിമറിച്ചു. ഇമ്പയർമെന്റ് ആർക്കും എപ്പോൾ വേണമെങ്കിലും സംഭവിക്കാമെന്നുമുള്ള വസ്തുത ഈ ഇന്ത്യൻ സ്ത്രീകളുടെ അനുഭവങ്ങളുടെ വിവരണത്തിലൂടെ അനാവരണം ചെയ്യപ്പെടുന്നു.

ഡിസ്ഏബിലിറ്റി യുടെ യാഥാർത്ഥ്യത്തെ സ്വയം അംഗീകരിക്കുകയും പരിമിതികളും സാധ്യതകളും മനസ്സിലാക്കി മുന്നോട്ട് പോകുകയും വേണം. പ്രധാനമായും ഏബിലിസ്റ്റ് മാനദണ്ഡങ്ങളിൽ രൂപപ്പെട്ട ഒരു സമൂഹത്തിൽ ജീവിക്കുന്നതിന്റെ സങ്കീർണതകൾ സ്വയം നാവിഗേറ്റ് ചെയ്യേണ്ടതുണ്ട്. ഈ ഡിസ്ഏബൾഡ് ചർച്ചകൾ അതിനെ ക്കുറിച്ചുള്ള സാമൂഹിക ധാരണകളെ വെല്ലുവിളിക്കുന്നു. ഡിസ് എബിലിറ്റി ഒരു ഒറ്റപ്പെട്ട അനുഭവമല്ലെന്നും ലിംഗഭേദവുമായി സംയോജിപ്പിക്കുമ്പോൾ അത് വെല്ലുവിളികളുടെയും സാധ്യതകളുടെയും ഒരു സവിശേഷമായ വിഭജനം സൃഷ്ടിക്കുന്നുവെന്നുമുള്ള ധാരണയിലാണ് ഈ പഠനത്തിന്റെ പ്രേരണ.

മുൻകാല പാപങ്ങളുടെ ഫലമായുണ്ടായതാണ് ഡിസ്എബിലിറ്റി എന്ന ചിന്ത മുതൽ ശാരീരിക പരിമിതികളിൽ ശ്രദ്ധ കേന്ദ്രീകരിക്കുന്നത് വരെയുള്ള സാംസ്കാരിക വിശ്വാസങ്ങൾ ഡിസ്ഏബൾഡ് വ്യക്തികളുടെ സാധ്യതകളെയും അന്തർലീനമായ അന്തസ്സിനെയും മറച്ചുവെച്ച ഒരു പ്രശ്നമായി ഇന്ത്യൻ സമൂഹം ഡിസ് എബിലിറ്റിയെ കണക്കാക്കുന്നു.

ഈ എഴുത്തുകാർ എത്രത്തോളം സന്തുഷ്ടരാണെന്നും അവരെങ്ങനെ ലക്ഷ്യങ്ങൾ നേടിയെടുക്കുന്നുവെന്നും മനസ്സിലാക്കുന്നതിന്, സംഭവിച്ച ആഘാതത്തെ വിശദീകരിക്കുകയും രേഖപ്പെടുത്തുകയും ചെയ്യേണ്ടത് പ്രധാനമാണ്. അതിനാൽ, ഇന്ത്യയിലെ ഡിസ്ഏബൾഡ് സ്ത്രീകൾ അവരുടെ പോരാട്ടങ്ങളെയും വിജയങ്ങളെയും എങ്ങനെ വിശദീകരിക്കുന്നു എന്നതിനെക്കുറിച്ച് ആഴത്തിലുള്ള ധാരണ കൈവരിക്കുക എന്നതാണ് ഈ പ്രബന്ധത്തിന്റെ ലക്ഷ്യം. സമൂഹത്തിൽ അവരുടെ പൂർണ്ണ പങ്കാളിത്തത്തിന് തടസ്സമാകുന്ന ശാരീരികവും മനോഭാവപരവുമായ തടസ്സങ്ങളെ അതിജീവിക്കാനും അവരുടെ ശാക്തീകരണത്തെ വളർത്തുന്ന തന്ത്രങ്ങളെ പിന്തുണക്കാനും വിശകലനം ചെയ്യാനും ഇത് ശ്രമിക്കുന്നു.

ഇന്ത്യയിലെ ഡിസ് ഏബൾഡ് സ്ത്രീകൾക്ക് നീതിയുക്തവും തുല്യവുമായ ഭാവി ഉറപ്പാക്കുന്ന സുപ്രധാന മാറ്റങ്ങൾക്കായി വാദിക്കുന്നതിനും, സഹാനുഭൂതി വളർത്തുന്നതിനും, കൂടുതൽ അവബോധം വളർത്തുന്നതിനും ഈ വിവരണങ്ങൾക്ക് കഴിയും

ഡിസ്ഏബൾഡ് സ്ത്രീകൾക്ക് അവരുടെ കഥകൾ വീണ്ടെടുക്കാനും, സാമൂഹിക മാനദണ്ഡങ്ങളെ വെല്ലുവിളിക്കാനും കഴിയുക വഴി ഈ എഴുത്തുകാർ സംതൃപ്തരാകുകയും അവരുടെ ലക്ഷ്യങ്ങൾ നേടുകയും ചെയ്യുന്നു.

ഇന്ത്യയിലെ ഡിസ്ഏബൾഡ് സ്ത്രീകൾ അവരുടെ പോരാട്ടങ്ങളെയും വിജയങ്ങളെയും എങ്ങനെ വിശദീകരിക്കുന്നു എന്നതിനെക്കുറിച്ച് ആഴത്തിലുള്ള ധാരണ കൈവരിക്കുക എന്നതാണ് ഈ പ്രബന്ധത്തിന്റെ ലക്ഷ്യം. ഇന്ത്യയിലെ ഡിസ് ഏബൾഡ് സ്ത്രീകൾക്ക് നീതിയുക്തവും തുല്യവുമായ ഭാവി ഉറപ്പാക്കുന്ന സുപ്രധാന മാറ്റങ്ങൾക്കായി വാദിക്കാൻ ഈ വിവരണങ്ങൾക്ക് കഴിയും. കൂടുതൽ അവബോധം വളർത്താനും, സഹാനുഭൂതി പ്രോത്സാഹിപ്പിക്കാനും, വാദിക്കാനും കഴിയും. അതിലൂടെ ഈ എഴുത്തുകാർ സംതൃപ്തരാകുകയും അവരുടെ ലക്ഷ്യങ്ങൾ നേടുകയും ചെയ്യുന്നു.

ഈ ഡിസ്ഏബൾഡ് വ്യക്തിത്വങ്ങളുടെ സഞ്ചാരം, സമൂഹത്തിലെ ഡിസ് എബിലിറ്റി യെക്കുറിച്ചുള്ള പരമ്പരാഗത ധാരണകളെ വെല്ലുവിളിക്കുന്നുണ്ട്. ഇവരുടെ ആത്മകഥകൾ കൂടുതൽ ബോധവത്കരണത്തിനും, സഹാനുഭൂതിക്ക് വളരാനും, ഇന്ത്യയിലെ ഡിസ്ഏബൾഡ് സ്ത്രീകൾക്കായി നീതിയുള്ള, സമതയുള്ള ഭാവി ഉറപ്പാക്കാനുള്ള മാറ്റങ്ങൾക്കായുള്ള വാദത്തിനും വഴിയൊരുക്കുന്നു.

# Chapter 1

## Hope and Well-being: Emerging Perceptions of Disability Life Writing

Disability is a complex phenomenon reflecting the engagement between individual bodies and societal structures. Disability is not simply about individual health conditions, but also about the barriers disabled persons face in accessing opportunities and participating fully in society. Disability is a consequence of bodily impairments, societal attitudes and environmental restrictions. The assumption that disability is exclusively an individual problem is to be interrogated because social and cultural contexts shape disability experiences. Disability becomes a category of marginalisation similar to race, gender and class. A person with impairment may encounter limitations to participate in activities due to the bodily conditions, but disability arises from the interactions of individuals with the society that encompasses attitudinal and environmental barriers.

The World Health Organisation makes a distinction of the terms of impairment, disability and handicap:

> Impairment is any temporary or permanent loss or abnormality of body structure or function, whether physiological or psychological. Disability on the other hand is any restriction or lack resulting from an impairment of ability to perform an activity in the manner or within the range considered normal for a human being. Whereas handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal depending on age, sex, and social and cultural factors for that individual. ("Classification of Impairments, Disability and Handicap" 24)

This implies that all these terms are used interchangeably. It can be understood that the definition of handicap itself denotes having a disadvantage when compared to normalcy.

The organisation Union of Physically Impaired against Segregation, Fundamental Principles of Disability, United Kingdom, defines disability as "the disadvantage or restriction of activity caused by contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from participation in the mainstream of social activities. Disability is a particular form of social oppression" (4). Disability is a social construct according to this definition which points towards the faulty attitude of the society that contributes in disabling the people with impairments according to this definition. The barriers in infrastructure, the roads, the buildings which cannot be accessed by a person using a chair, government policies that exclude the protection of people with impairments, the values and belief systems contribute to the marginalization of the people with impairment along with the stigma they encounter.

The attitude towards the disabled is constructed by the non-disabled society which fails to include the insider perspectives of a person affected with impairments. The language used to address the people with impairment, the attitude and lack of educational and employment opportunities contribute to the disabling condition of people with impairments. The word disability itself can contain many bodily variations and impairments which cannot be categorised into a homogenous experience. Impairments can be either acquired or congenital. People with mental or physical impairments, sensory deficits and learning inadequacies are all considered disabled although the problems, the limitations they encounter due to their

impairments are different. The manner in which they are disabled would also be entirely different from each other. United Nations Declaration on the rights of the disabled have advocated for ensuring justice to people with impairments all over the world. Disability has been treated as a global phenomenon.

Disability has always been perceived in relation to normalcy. Society has shaped and designated certain norms to which individuals try to conform. Disability is conceived or understood as a deviance from the norm. The American disability theoretician Lennard Davis mentions why it is important to understand the notion of normalcy while comprehending the dimensions of disability. He opines: “The problem is not the person with disabilities; the problem is the way that normalcy is constructed to create the “problem” of the disabled person (15). He explores the definition of norm by etymologically tracing the origin of the word and also by comparing and differentiating it with words like normalcy, normativity, and normal. He notices that prior to the concept of norm, the notion of the ideal body that dated back to the mytho-poetic tradition of the nude Venus in Greek culture was evident. The divine body of Gods and Goddesses, visualised by human beings as ideal and perfect were not considered attainable by human beings (17).

The notion of norm differs from that of ideal which denotes that the majority of its population should fit into the normative. So far, the notion of the norm in relation to the body is disseminated which results in making people with disabilities thought as deviating from the norm and lacking in capabilities. This stands in contrast to the belief in ancient societies where it was impossible for all people in that society to have an ideal body or form. All human beings were considered as non-ideal as compared to the idealised figures of the divine bodies.

The perception of disability varies in each culture and traditions. Historically, disability has been attributed different meanings in different societies. Professor of Ancient History Christian Laeus traces the history of disability in the ancient period and notes that Plato's *The Republic* detailed the prevalent practices which did not take into consideration the existence of people with impairments. This philosophical text provides suggestions to exclude the people with impairments from the ideal country, which should be formed by dismissing people with disabilities who are considered invalids. Laes observes that Aristotle is of the opinion that children with impairments should be excluded from the society and notes the risks the first few days presented to any human being and discussed the rampant phenomena of infanticide and infant exposure (21).

Moreover, Laeus opines that artistic representations testify that children with deformities would live till they aged and become adults. He adds that perhaps, a passage of Seneca refers to people who would deliberately blind exposed infants in order to increase their potential earnings as future beggars, and able-bodied infants are disabled for economic gains (36). The professor of History Martha Rose notices that disabled people are also considered sub-humans.

Laeus traces the social cultural history of the treatment of disability in Rome, children with impairments are subjected to derision. Children would be publicly prosecuted and exiled from the community. They are either thrown away into rivers or left alone in desolated places so that they would freeze to death. Some disabled children would be mutilated to increase their value as beggars. Wealthy people owned people with impairments and used them for their amusement. These disabled

people are subjected to insults as they are ordered to play the role of a court jester or clown, and believed to be incapable of thinking for themselves.

Jesus Christ's profound compassion for people with impairments is evident from various instances mentioned in the *New Testament* of the *Bible*. Christ is considered a great healer and a number of occasions where he cures the people suffering from bodily limitations miraculously are depicted in the bible. (The Minnesota Governor's Council on Developmental Disabilities 14). Christianity proposes that people become disabled due to the sins they have committed in their past lives and it could be healed through religious preachings and teachings.

Professors of Disability Studies in Uganda, Patrick Ojok and Junior Musenze examine how ancient African culture view disability, contrasting it with the influence of philosophy and religion which often portrayed disability negatively. They highlight that African cultures respected the disability identity and included or accepted individuals with impairments into society, sometimes perceiving their conditions as blessings. They note: "African spiritualism inherently glorified or approved disability" (4). According to ancient Kemetic belief, children with impairments were considered as a blessing from gods. The shapes of Gods sculpted are disfigured as they considered it a blessing to have a body with impairments (5).

In Egypt, people with disabilities are accommodated in the royal court. They are given higher ranks and employed among other aristocratic nobles. Ojok and Musenze opine that the construction of characters with impairments possessing supernatural powers is similar to the concept put forward by Ato Quayson where disability is used as a ritual insight while examining the belief systems in Yoruba Culture. A limping trickster, Eshu is considered to have supernatural abilities who

had knowledge about the world of gods and human beings simultaneously (Quayson 8).

In India, ancient scriptures, mythology and folklore contribute to the development of religious and cultural views about disability. Disability is considered a consequence of karma and both these notions are intrinsically linked. An individual suffers impairment due to the sins of the past life. A person's past deeds determine karma, which in turn accounts for mental and physical abilities in the present life. Professor of History, Jane Buckingham examines the role of poverty, gender, caste and community in compounding the marginalisation felt by people with disabilities in India (422). She emphasises the need for tracing the history of studies related to disability to look beyond colonial and post-colonial welfare paradigms and to investigate disability as an aspect of rights-based history.

Families of people with impairments are made to believe that nothing could be done to reverse the situation and accept it as their destiny. They are ignorant about medicines that could improve their health. Opportunities for securing education and employment for people with impairments are not seen as a possibility. The influence of religion on informing the attitudes towards the disabled are detrimental. Places of worship in all religions provided shelter, assistance and basic necessities for the disabled. Charitable institutions make arrangements to provide medical facilities for the disabled and the expenses would be met up by similar institutions. On the one hand, spiritual preachers would instruct about care for people with impairments by reinforcing the idea that they deserve dignity and all human beings should be treated equally while on the other hand, people with disabilities are unwelcome in religious ceremonies and weddings because their

presence is considered inauspicious as they are believed to possess negative energy (Buckingham 224).

The model of disability based on charity can be traced to medieval times. Professor of Medieval History, Edward Wheatley studies the impediments of the visually impaired in medieval France and England. He observes that the medieval period witnesses the emergence of various belief systems out of which Christianity stands important. The Church would not accept people with impairments to be part of the ministry and exclude them on the premises that they are sinners, according to theological beliefs (68).

The Renaissance period provides a better understanding of disability. The need for giving care for people with disabilities is emphasised. Alm houses established during the would shelter the disabled because the Queen believes it is the responsibility of the government. The history of disabilities prior to the seventeenth and eighteenth centuries is referred to as a period of confusion, lacking in understanding of, and services for persons with disabilities. However, these centuries witness a more constructive, scientific approach to individuals with disabilities.

The society, predominantly agrarian before the era of industrialisation encourages people with impairments to live with their families, but they are supposed to contribute in whatever possible way to the family for their survival. Many who cannot live with their families are ostracised from the society as these disabled people are regarded to be embodiments of evil spirits. Many disabled people would be excluded from the mainstream when they are deserted by their families. They have to live in exile or tolerate the shame and pain of living in

margins. They are insulted and considered people embodying the curse of some divine power. The modern era witnesses a shift in attitude as reason, logic and rationality would pave the way for religious or superstitious beliefs. The scientific temper of the enlightenment era would benefit people with impairments.

The nineteenth century Europe adopted measures to normalise the maximum number of human beings and fit them into the statistical category of normal by trying to narrow down or eliminate the parameters that are considered deviant. Davis opines that the statistical researches and eugenics together brought in the concept of disabled body which was considered as a deviation from the norm and which did not fit into the so-called normal or average categories. Charles Darwin's theory of evolution and the notion of survival of the fittest can be considered the starting points of the line of thought of eugenicists.

Davis observes that in England, bills would be introduced in the Parliament to limit the number of mentally disabled people, and in 1933 the scientific magazine *Nature* approves the Nazi proposal of a bill for "the avoidance of inherited diseases in posterity" by sterilising the disabled (35). He notes that Sigmund Freud developed his theory of psychoanalysis on the concept of normalcy. Davis envisages talk therapies to bring people with neurosis back to normalcy by pointing to the fact that normalcy was something to be pursued (36).

Disability is considered a problem which has to be treated or cured with the help of medicine. Medical practitioners are given primary importance which would result in the development of a medical model of disability. People in medical professions are considered the problem solvers as the bodily dysfunction and their treatments came under their purview. Medical cure and the perusal for healing from

disability are considered a solution to the problems faced by people with impairments. Since the community has no inherent responsibility to cultivate a social platform for persons with disabilities, they are ostracised and having disability is considered an individual problem that has to be resolved by seeking help from medical practitioners.

The World Health Organisation contributes to the medical model of disability through their definitions of impairment, disability, and handicap. The individual with impairment is considered incapable of taking up the onus of performing quotidian tasks. When human beings suffer from a disease or bodily dysfunctions, they are exempted from the conventional duties expected of them living in a society. They are deemed to be unfit to do a job or take up the familial responsibilities. The medical model focuses on biological impairments and is not concerned with the attitudes of the society or problems with inaccessible environments. It is referred to as the Biological-Inferiority or Functional-Limitation Model by the disability theoretician Colin Barnes. Individuals with disabilities are expected to remain under the authority of the medical profession in order to get better. Thus, disability policy issues are regarded as health issues, and physicians, the primary authorities in this policy, issue verdicts (13). Individuals with disabilities are expected to adhere to the dictates of the people in the medical profession if they want to get better. Physicians are instrumental in formulating policies regarding the rights of people with impairments as they were mistakenly treated as authorities in the field capable of pronouncing verdicts (Barnes 13).

The influence of the medical model in formulation of public policy is evident as it foregrounds the inability of people with impairments to work. Public grants and

welfare schemes were denied to those who go for work. Those receiving financial aid from the government on account of their disability were not allowed to go for work and earn from themselves which in turn limited their capabilities and aggravated their social and economic impoverishment. The social model positions the society at fault and it is conceived and developed as a reaction to the medical model. This model asserts that the problem is not with the people with impairments but rather the society that constructed attitudinal and environmental barriers for people with impairments. A radical shift in thinking would be envisaged to place the onus on the society that made people with impairments disabled. Societies and their belief systems need to be changed.

The World Health Organisation would develop the Model Disability Survey, while the Union of Physically Impaired Against Segregation provides the foundation for the social model, and Mike Oliver coined the term "social model of disability" (qtd.in Barnes 13). The norms in a society are formulated by able bodied persons and it excludes individuals who do not fit into the norm. The Social model is advocated by people who are disabled and those who understand the real problems faced by the disabled. This model criticises the medical model and herald inclusion, and posits that the problem is with the society and not the person with impairments.

Disability Activism is a reaction to the denial of the residential care and support system prevalent in the United Kingdom. Financial aid for people with impairments is unavailable in a society except for the charitable institutions and monetary help because the government does not adopt adequate measures to ensure economic security. As a result, people with impairments remain secluded in care homes administered by medical professionals and they are denied the opportunity to

participate in social activities. People with impairments face severe poverty because they are unable to find employment to generate income through that means. The family members have their limitations and the absence of welfare schemes result in making them economically impoverished. Disabled Income Group is established as a reaction to this human rights violation (Barnes 13).

The Disabled Incomes Group rejects the narrow incomes approach by this Group and later the Disability Alliance. The Disability Alliance campaigns for a comprehensive disability income. Disillusioned by this approach and its domination by nondisabled experts, Hunt, Finkelstein and Davis would agree on this notion, and set up the Union of the Physically Impaired Against Segregation (Barnes 13). Personal experiences and insights from the sociological perspective, lead them to the conclusion that disability should be treated similar to other marginalised identity categories like women, gay, lesbian, race or colour. For this Union, unavailability of income is one of the factors that contributes to their individual or collective disadvantage and discredited status.

Barnes notes that the significance of this model lies in shifting the problem on the attitudes of the society and not the individual. The social model perceives individual problems as unique in contrast to the medical model which assumes that people with the same impairments have the same problems. The body condition of each person with impairment would be entirely different from another with similar impairments. The socio-cultural contexts in which people with impairments live and the personal support systems they receive would differ. These factors are recognised by people with impairments. Devaluing people with impairments through their misrepresentation in the media is not interrogated by the pioneers of social models.

Practitioners of the social model fail to recognise the barriers in infrastructure as well as societal attitudes to disability and offer solutions to overcome such debasing experiences. This model fails to resolve issues it has raised and blames the faulty attitude of the society. It does not discern the possible interventions and solutions in this regard.

While the religious model of disability constructs disabled persons as cursed individuals or gifted persons, the charity or tragedy model views them as dependent and emphasises that people with disabilities should be provided for. The medical model accentuates the need for cure and assimilation to normalcy while the social model that points to the disabling barriers. The embodied experiences of the people are crucial to the study of the renewed social model pioneered by the disability theoreticians Tom Shakespeare and Liz Crow. The independent and economic models advocate for the rights of disabled people to live with dignity. However, the human rights-based model of disability conceives disability as a socio-cultural and political construct. Emphasis has been placed on achieving autonomy which realises the need to politicise the advocacy of rights of people with disabilities. Disability rights activists consider it important to address disability as a social movement which should be intended to bring forth a social transformation by creating an inclusive society. The cultural model focuses on foregrounding identity issues while the biopsychosocial model provides a holistic understanding of disability experience incorporating physical, emotional and social aspects of living with impairments. Disability pride month is observed every year in July.

Both Disability Studies and Critical Disability Studies examine disability, but Critical Disability Studies offers a more radical, intersectional, and politically

informed approach to issues of disability. While Disability Studies broadly explores the meaning and consequences of disability, Critical Disability Studies delves into how social structures create and maintain disability, often focusing on the power dynamics involved and challenging the definition of normalcy. Critical disability theory tries to define disability incorporating perspectives from various disciplines. The categorisation of human beings based on the ideology of norm and ableism is interrogated and challenged. Disability Studies asserts its convictions in creation of an inclusive society and reinstatement that it is imperative to treat people with impairments on egalitarian principles.

Critical disability theory refers to a manifold, inter-related confluence of information from various disciplines. Critical Disability theory accommodates insights from various disciplines. The task of critical disability theory is to analyse disability as a cultural, historical, relative, social, and political phenomenon, and the body of his work related to this study is known as “Critical Disability Studies” or “CDS” (Hall). The use of critical disability theory intends to capture a broader swath of approaches, including those originating in the field of philosophy. Critical disability theorists engage in activism and refrain to limit their work to the confines of academic discipline.

Critical Disability Studies encourages activism to ensure accessibility and advocacy to corroborate that access is assured to public places, work places or academic discussions and conferences. This field of knowledge works for a shift in attitude towards the people with impairments. Critical disability theory is a methodology, not a “subject-oriented area of study” (Schalk 201). As a methodology, the theory involves scrutinising not bodily or mental impairments but

the social norms that define particular attributes as impairments, as well as the social conditions that concentrate stigmatised attributes in particular populations.

While disability theoretician Lennard Davis explores how disabled people are misrepresented in media and popular culture Sami Schalk, the theoretician who specialises in Black disability politics would explore the intersections of disability, race and gender. She highlights the experiences of disabled people of colour particularly focusing on black disabled people. Critical disability theorists David Mitchell and Sharon Snyder coin the phrase "Narrative Prosthesis" to discuss the way narrative makes use of disability as a metaphor or tool of representation in literary works (47). The American transnational queer and disability theorist Robert McRuer propounds Crip theory, which examines the intersections of gender and disability.

Illness and disability compel individuals to confront their physical selves, serving as a reminder of the human condition, opines sociologist Arthur Frank, and he uses the term "temporarily able-bodied" to suggest that disability is a universal aspect of human identity that can affect anyone at any time (15). He discusses the fluidity of disability, highlighting that many disabilities are acquired over a lifetime and can be invisible, and mentions: "Generally, illness narratives reflect mixed motives: an urge for self-exploration and a desire to serve those with the same condition" (17). The knowledge that disability is fluid and the notion that every human being is temporarily able-bodied is reflected in the narratives of these authors. The human body constantly undergoes numerous, unexpected changes.

Margrit Shildrick, an academician who works with the intersectionality of critical disability studies and gender studies, presents a new approach which breaks

convention. The binary categorisation into abled and disabled is interrogated with the help of a confluence of insights from feminism, racism and postcolonial approaches (6). She argues that the practice of viewing disabled as different from abled-bodied fellow beings should be discouraged. She suggests that such differences and categorisation will not contribute in making the society disabled. The feminist, queer and disability theoretician Alison Kafer states her refusal to adhere to a unique explanation of disability. The confines of the various dimensions of disability should not be restricted. Critical disability theory positions that the politics of power and the powerless and the conflicts between the two should be the primary concern rather than viewing it as a medical problem or socio-cultural construct.

Critical disability theory is concerned with the creation of disabled identity which is but non-conforming and is fluid. This theory recognises the disabled identity category as a dynamic entity. Critical disability theory deals with the heritage and construction of disability identity, and argues that identity is in a flux and it is related to the nature of human embodiment. Rosemarie Garland Thomson, the pioneer of feminist disability studies comments: “Disability is unique as an “identity category” because “anyone can enter [it] at any time, and we will all join it if we live long enough” (20). This notion is elaborated by the social scientist Sharon Barnett and she emphasises that the relationship between impairment and disability is fluid. A person can become disabled at any time and become impaired due to illness, injury from accidents or old-age related impairments.

Critical Disability theory rejects traditional disability discourses previously rooted around medical practices, religious narratives and judicial legal doctrines. It

extends the social model by synthesising the different models of disability, acknowledging the limitations of impairment, understanding and examining the personal responses to impairment and identifying the barriers prevalent in the society as well as the perception of disability by society constituted by ableist norms. Critical disability theory then, necessarily refers to lived experiences and attempts to transform the circumstances under which oppressed subjects live through critical, intersectional analysis. Accountability to people with impairments should be the primary concern of the critical disability theorists and efforts from their part should be channelised in such a way that the abled-disabled binary is deconstructed.

The American Professor and theoretician of disability Thomas Couser trace the representation of disability in literature from antiquity as a common occurrence. He opines that disability has been a prominent theme in popular culture and media in the twentieth century. He points to the fact that motion pictures use disabled figures as a tool for spectacle and examines the voyeuristic approach of the media towards the disabled people (199). Disability has been capitalised by popular culture and the misrepresentation of disabled character has accelerated the stigma and misconceptions about disability in the society. While writing about the dependence of disability on discourse as put forward by Mitchell and Snyder, Couser opines that when an able-bodied or "normal" person can pass without narration, "the marked case-the limp, the scar, the wheelchair, the missing limb-calls for a narrative" (16). This definition implies that people with impairments are confronted with the question as to what happened to their physical bodies pointing to their physical deformities which are visible. People with impairments detest this need for explaining their body condition as they have to answer such queries regularly in life.

"One of the social burdens of disability is that it exposes affected individuals to inspection, interrogation and violation of privacy" (Couser 17). He points to the fact that disabled people may be unique among marginalised people due to their over-representation in media and other conventional literary genres.

Couser notices the diverse range of disability life writings that have appeared and remarks: "This radical change from the large-scale under-representation of the life stories of people with disabilities in the mid-twentieth century to their "hyper-representation" in life writing in the last twenty-five years, suggests a significant cultural shift in attitudes towards the public representation of disability at the end of the twentieth century (16). He points to the increase in representations of disability by the end of twentieth century, and considers the increase as hyper-representation in contrast to under-representation of illness writing in the mid-twentieth century. Ordinary people tell their stories and life writing has witnessed a surge in publishing such narratives instead of concentrating on writings by renowned public figures. He considers the rise of some-body memoirs as a response to the pre-inscribed narratives in these misrepresentations about disability.

Couser delineates discourses and critical vocabularies such as "autosomatography" and "autobiography, "misery literature" and "somebody and nobody memoirs" that have become an integral part of the critical idiom to analyse and understand the nuances of disability life writing (6). He categorises narratives as "somebody and nobody memoirs" depending on the popularity of the author prior to the publication of the life narrative (1). While "somebody memoir" is a narrative of a celebrity or renowned figure in the public sphere, the author of a "nobody memoir" gains recognition only after the publication of the narrative at that point of

time. Misery literature refers to the genre of autobiographical non-fiction that details a writer's traumatic experiences, such as childhood abuse, violence, or neglect, which gained significant popularity in the later part of the twentieth century (7). While often perceived as a contemporary phenomenon, similar narrative forms have existed throughout literary history. This genre is known for its commercial success but also for its tendency to include fabricated or distorted accounts.

According to Couser, recording experiences of disability, previously uncharted, offers mediated access to the perspectives of persons with disabilities, their families, carers, and health care workers. Disability life writings explore possibilities of the genre to adopt varying positions on disability culture, challenge stereotypical representations, narrate social disability and create an alternate discourse to counter hegemonic narratives on disability. The emergence of "autopathographic" and "autosomatographic" writing radically reconfigures the genre of life writing where the exploration of the social, psychological, and physical dimensions of living with disabilities are discussed (8).

Auto-somatography focuses on the experiences of the body, particularly in the context of illness or disability which involves a first-person narrative that explores the writer's body and how it interacts with the world, often challenging dominant narratives and stereotypes surrounding specific conditions. Autopathography refers to a genre of writing where the author's illness experience is the central focus of the narrative that explores the physical, emotional, and psychological impact of a disease on the individual. The term combines "auto" which means self, "pathos" that refers to suffering, and "graphy," which relates to writing and signifies a written account of individual suffering (Couser 11). He

differentiates between chaos stories, restitution stories and quest stories that include illness writings.

Chaos stories are those narratives that emphasise despair and sorrow, which are the consequences of being ill. Chaos narratives are either written by a close friend, relative or carer of people with impairments as the person whose story is narrated is too ill to tell the story or eventually succumbs to the injury. On the contrary, restitution stories trace the evolution from being disabled to a state where the person with impairments is healed or achieves extraordinary power to become inspirational. Society glorifies and venerates such people and their disability is concealed or considered to have resolved. Quest stories deploy a balance which is realistic in portrayal of events in the lives of people with impairments. Quest narratives depict the positive and negative aspects and present an actual picture of disabling experiences with an aim to vocalise the subjective experiences of being disabled (Couser 18).

Couser delineates the distinction between fullness and illness narratives. Illness narratives are those writings, which depict the details of the ailments, treatment processes, relationship with medical professionals and the consequences of being impaired. Fullness narratives not only discuss these aspects of living with disability but also reflect on other aspects of a disabled person's life like dreams, aspirations, anxiety, insecurities, relationships and perception about the world. Fullness narratives are more comprehensive in their approach (20).

Nancy Mairs, the disabled writer and radical feminist points out that it is important to recognise disability as a common phenomenon which any human being can experience, particularly if humans live long to experience old age- related

ailments. She mentions that more than the complexities involved in getting accustomed to disability physically, the psychological acceptance of the condition of impairment is significant and for this, disability should be understood as a common phenomenon. She feels that the stigmatisation towards disabled people will decrease if society and all individuals recognise that all of us are "Temporary- Abled Bodies or TAP" (19). She reinforces the concept of fluidity of disability as expressed by disabled activists. Mairs lives with multiple sclerosis and writes about such a situation where suddenly the self is confronted with the new reality of dealing with disability. She confronts a disabling condition and becomes an altered individual when the realisation of living with an impairment becomes pertinent. In this regard, she remarks:

> Something is amiss, you know, or else you wouldn't be here; unless you are a doctor or a hypochondriac, you have no idea what the problem is, but you're inclined to believe that the wonders of modern medicine will soon make it go away. Then the doctor raps once, slips through the door, and speaks your doom. …. alone. Being a rational creature, you know you're not the only person to have heard these words; statistically, people all over the world are hearing something like them at this moment. Such knowledge doesn't matter. Each of us experiences the self as a singularity, and you've just been sucked into a black hole. (ix)

Doctors may explicitly state about the gravity of the wounds or the disabling body condition without considering the emotional aspects of the listener. Mairs discerns that although a person is aware of the fact that such a situation can happen to anyone and not just one person, the self is suddenly confronted with a new reality, and life,

which has to be accepted. She coined the phrase “memoirs of mischance” that are narratives of mischance that include works about untimely illness, disability and death and the consequences of living with impairments or succumbing to them (ix).

Feminist disability theory explores the experiences of embodiment and the lived realities of the female body. Since women and the disabled self are cultural signifiers for the body, their actual bodies have been subjected relentlessly to what Michel Foucault calls discipline (26*).* Gender, race, ethnicity, sexuality, class, and ability systems exert tremendous social pressures to shape, regulate, and normalise subjugated bodies. Such disciplining is enacted primarily through the two interrelated cultural discourses of medicine and appearance. The female body is subjected to medical voyeurism which comes under the purview of analysis of feminist disability studies. Women are generally treated as care-givers across cultures and not care- receivers. The ideal standards of normalcy and beauty denote that female and disabled bodies, particularly, would shape and correct according to the norms and they have the potential to be seen as objects of gaze or spectacles.

Life writing by disabled women encompasses autobiographical or biographical works written by women with disabilities. Works by disabled women explore the unique experiences, challenges, and perspectives of disabled women, and highlight their lives, identities, and the intersections of disability, gender, and other aspects of their identities. Narratives of disabled women can be powerful tools for advocacy, education, and empowerment, as they provide a platform for disabled women to share their stories and challenge societal norms and stereotypes.

The disability theoretician Janice Mclaughlin uses the phrase “disabled families” to denote a family formation which is constituted with at least one person

with impairment in it. The relationship of such a family with the community, neighborhood and formal services is different from that of a family constituted by able-bodied members (403). She observes that disability places a burden on the families with disabled members and that the quality of their life is poor should be challenged. While doing so it should be asserted that it is not to evade from acknowledging the problems faced by these families. Indeed, the families face the problems of meeting the expenses of treatment for the impairments, the family members might have to spend extra time for the care of the disabled which might result in them losing focus in their career. In this context, disabled families are assumed to be problem families (404).

In contrast to this view, Mclaughlin also proposes that the disabled child brings value on to the family which changes and adapts to the care responsibilities of the child with impairments. This enhances the child's centrality and importance in their lives. The notion of being a burden is challenged. "Care is a problematic category in disability debates" (407). The care-giver's role provides women value and appreciation which creates a socially accepted identity. Exploring the social, cultural and political contexts within which care occurs is important to understanding its significance. Since the responsibilities of care were conventionally attributed to women, disabled women are categorised as unfit to take up the responsibilities of care. Moreover, they are isolated from the family sphere and have to live in care homes.

According to the disability scholar Claudia Malacrida: "Institutionalisation of disability operates as a form of passive Eugenics which prevents people with impairments from producing offsprings" (391). The disabled are denied reproductive

rights because they would be sterilised. She opines that the dearth of information regarding the important aspects of sexuality, reproductive rights and absence of postpartum care facilities that are designed specifically to cater to the needs of disabled women are unavailable in modern societies. This lack of information indicates a skepticism towards the appropriateness of disabled women in conceiving, birthing and raising children. The underlying eugenics ideology prompts them to do so. She further notes that even helping professionals, social workers and the family court system operate from a "deficit model of disability," frequently characterising women with disabilities as inappropriate for the role of mothering and as incompetent regardless of their actual mothering practices (392). Women with impairments are considered incapable of performing intensive mothering which is said to be the norm.

According to the sociologist Norbert Elias, the body develops within and is shaped by social configurations, so it can be modified. According to him, the human body constantly undergoes numerous, unexpected changes. In addition, Elias identifies the procedures that allow the development of the contemporary self within a civilized or managed body (256). Garland-Thomson observes that female, disabled, and dark bodies are supposed to be dependent, incomplete, vulnerable, and incompetent. Women and the disabled are portrayed as helpless, dependent, weak, vulnerable, and incapable bodies. Bodies with impairments become different and fail to be categorised into the normal standards of bodily appearance. What is imagined as excess body fat, the effects of aging, marks of ethnicity like as "Jewish" noses, bodily particularities thought of as blemishes or deformities, and marks of history such as scarring and impairments are now expected to be surgically erased to

produce an unmarked body (77). Feminist disability discourses recognise the power of disability life writing as a resource for protest or self-expression for marginalised groups, while also pointing out the complexity and richness of this writing.

An important task of studies on disability is to conform into the affirmative understandings of the productive impaired body and mind, while examining how disablism is enacted at the level of psyche, culture and society. Tracing the connection between affect theory and disability studies, Goodley opines that although affects are felt individually, they are manifested in the interactions with the society. Similarly, although impairment is an individual condition, not even a problem or deviance, disability is socially constructed and has cultural implications. Stigma is an attribute that conveys devalued stereotypes.

The sociologist Erving Goffman defines stigma as an "attribute that is deeply discrediting" (3). A discredited attribute could be readily visible, such as skin colour or body size, or could be hidden but nonetheless discreditable if revealed, such as criminal record or struggles with mental illness. For Goffman, stigma is an integral part of social life operating at the micro level and the person suffering from stigmatisation may feel uncomfortable to face the situations which aggravates the discomfort as a consequence of the insulting looks, comments or behaviour encountered.

Gender plays an important role here, shaping divergent meanings of stigma. Experiencing stigma and encountering the stares result in psycho-emotional disablism. The disability scholar, Donna Reeve opines that the anxiety, the fear, the shame a person with impairment experiences when the individual interacts in a society is a consequence of psycho-emotional disablism (22). The hostile attitudes of

society contribute to the emotional stress and trauma of people with impairments. The structural barriers as well as emotional barriers are equally important in creating disabling conditions for people with impairments.

The engagement between Disability Studies and Critical Trauma Studies has witnessed an epistemological shift in the meaning of trauma which has led to its understanding as a cultural object, a product of reinterpretation rather than only as a biomedical entity. Firstly, the increased risk of abuse, victimisation, sexual abuse, neglect and loneliness of persons with disabilities triggers trauma. Secondly, prolonged trauma through the interactive impact induces disability, making it a vicious cycle. Services and support systems have to be enabled to recognize the invisible symptoms of trauma as anxiety, aggression, behavioural changes, self-injury on persons with disabilities. Research on trauma includes both clinical approaches to the study of trauma as well as psychoanalytic ways of studying trauma. Trauma theory explores the psychological and emotional impacts of trauma in the wake of their disability experiences on individuals and societies and examines how trauma shapes perceptions, behaviours, and coping mechanisms.

Trauma theory elaborates how some adverse events or experience that is inexplicable is somehow brought forth into the purview of language. The events an individual finds difficult to represent or recapitulate is expressed with the help of discourse. Disability studies, conversely, devotes much of its practical and theoretical energy toward disputing the uses of metaphor with reference to the disabled, regarding metaphor as intrinsically tied to oppressive ideological systems. Sociologist Daniel Morrison who has worked on “ethics of care” along with sociologist Monica Casper remarks that disability writings have been mostly silent

on traumatic origins of disability (24). As a consequence, the reality of living with any form of impairments, partial or complete with its ensuing complexities is concealed. Thereby, the awareness of the damages inflicted on people with impairments is not exposed. However, the American disabled activists' Lucy Grealy and Frida Kahlo's life narratives are just a few examples that testify the presence of traumatic representations, while the majority of such experiences go unrecorded.

This field encompasses insights from psychology, sociology, and literature to understand the lasting effects of trauma on mental health and social dynamics. Trauma theory underscores that traumatic experiences can have lasting impacts on mental and physical well- being. It emphasises the importance of recognising and addressing trauma, considering its effects on individuals and communities. Additionally, trauma theory acknowledges the diverse ways people cope with and respond to trauma, highlighting the significance of empathy and support in the healing process. "It is indeed the truth of the traumatic experience that forms the center of its psychopathology; it is not a pathology of falsehood or displacement of meaning, but of history itself " (Caruth 5).This quote argues that the disruption of the mind caused by trauma is not the outcome of fabricated or distorted memories, but the consequence of the overwhelming, true nature of the traumatic event itself, which becomes an inescapable part of the victim's history and present experience. The psychopathology of trauma is rooted in this real, historical experience that the mind, at the moment of the event, was unable to fully process or integrate.

The narratives of people with impairments progress from narrating the bodily suffering to social suffering to also discuss the various socio-cultural dimensions of causing suffering to a section of the population. In a way, their narratives progress

from discussing individual trauma to social trauma and cultural trauma. In this respect the analytical focus shifts from "traumatized individuals" to "traumatised cultures," with a view to understanding how the nexus of power and knowledge operates through conceptualizations of impairment and disability whereby both concepts "are thoroughly intermeshed with the social conditions that bring them both into being and give them meaning" (Couser 153). The term "traumatised cultures" denotes the trauma suffered by a community, race or sect collectively, it can also appear due to the prolonged oppression of certain groups of people due to societal attitudes and misbeliefs.

The academician and UNESCO chair in Vulnerability Studies Pramod Nayar terms "cultures of suffering" that denotes "Scar Culture" (72). Suffering is not restricted to embodied experience and he adds:

> Social suffering describes a condition where social circumstances sometimes make some people feel oppressed, neglected, superfluous and unwanted. These conditions are often constructed through specific discourses that seek to discriminate and exploit racism, patriarchy, casteism, and ableism. These would be examples of discourses and material conditions that inflict social suffering upon large groups of people. (79)

The disabled are subjected to all forms of suffering that are socially predominant and rest upon factors that are grounded on race, patriarchy, caste, colour and the notion of being able-bodied. Representation and spectacles of suffering may induce indifference as people in the contemporary world are used to the syndrome of compassion fatigue as noted by Nayar (80). Visuals or narratives are reiterated and thereby they acquire the status of an ongoing process of cultural memory which calls

the readers to adopt an emotional style and develop political views. Discourses construct reality and meaning for us. Nayar observes that the sight of suffering bodies on the screen or a book triggers a sentimental response from the readers which the readers have already internalised due to the affective literacy over time. Nayar explains the concept of "Affective Sociality," in which scar culture's emotionally meaningful discourses of suffering and pain enable the creation of a moral imagination that generates an affective sociality, social responsibility and political response in contemporary public culture" (77). To face the trauma of being marginalised on account of patriarchy, ableism and also living in a developing economy largely built by misbeliefs and irrational practices is a matter of concern.

Nayar comments: "Media representations and the cultural grammar of suffering are both distant and proximate where the suffering of others appears before us, and calls upon us to respond ethically to its suffering" (82). This sympathy inducing and moral imagination-generating grammar of representing suffering in public culture is instrumental in producing a component of the culture of sentiment, which is the emotionally meaningful discourses of the traumatised bodies.

Trauma Studies theoretician, Michelle Balaev points out that the empathetic understanding of the social contexts in which traumatised subject lives should be taken into consideration in order to analyse the capability of the subject to recover from the trauma. The prevalence of a good support system helps them to cope better. Therefore, trauma is conceived as being socially produced and inscribed in "disabled" bodies that are disproportionately affected by social inequalities and human rights violations. In this respect, the notion of trauma not only denotes the "socially produced" nature of impairment captured through the lens of the 'social

model of impairments, but also reinforces the value of the social model of disability in advancing the human-rights dimensions of disability experience (Degener 2016).

The Memory Studies scholar Alison Landsberg suggests: “Prosthetic memories do not erase differences or construct common origins but instead prosthetic memory creates the conditions for ethical thinking precisely by encouraging people to feel connected to, while recognizing the alterity of, the other” (131).Instead, by allowing people to connect emotionally with others' experiences while still acknowledging that they are separate individuals, these memories provide a foundation for ethical thought. The intersection of memory studies and disability studies involves using concepts from one field to enrich the other, such as employing memory concepts such as “prosthesis” and “amnesia” to analyse disability narratives, and using disability theory to understand how bodies and minds are represented in cultural memory. This interdisciplinary approach can reveal the silenced experiences of marginalised disabled populations, challenge persistent humanistic norms in disability representation, and provide new frameworks for understanding selfhood and cultural memory through the lens of disability.

Literary representations of disabled people or the portrayal of disabled people as victimised characters have been prevalent until Helen Keller’s autobiography *The Story of My Life* would make a difference in people’s perspective of the disabled condition. Helen Keller defies all the impediments of her bodily dysfunctions and acquired a bachelor’s degree. She vocalises for the rights of people like her. Her work is instrumental in breaking the stereotypes of disabled characters portrayed in films and television shows. The autobiography *Seize the Day* by Tanni Grey Thompson, born with Spina Bifida and limited to a wheelchair, would change

the face of Paralympic games. She would go on to win accolades and medals in Paralympics. The evolution of her mental state from self-pity to a confident and successful person asserting her disabled identity is traced in this work. Her achievements would result in a change in attitude towards the disabled among the common public.

Novels, literary and media representations of disability can be used to create awareness about disability as they can have an impact on their perceptions and beliefs on disability. Films can help the disabled to overcome their traumatic experiences and live their life meaningfully. Indian cinema has featured films with disabled characters, exploring diverse narratives of disability. Some examples include *Barfi*, which portrays a deaf and mute protagonist; *Margarita with a Straw*, which features a young woman with cerebral palsy navigating love and sexuality; and *Taare Zameen Par* that addresses dyslexia and tamil movie, *Peranbu*.

Life writings by people with impairments living in India highlights the consequences of social stratification and how disabled people encountered exclusion multiple times and were isolated from the public spheres only to be designated to the margins. The historian Jane Buckingham notes:

> Written memoirs and academic writing on disability experience are an important element in the emerging historiography of disability in India. However, many people with disabilities are not able to read or write or access resources to support their academic and personal development. These memories and testimonials are as important as the written record in contributing to an historiography which speaks to the needs and hopes of

> those marginalised not only by disability but by poverty and low caste status. (426)

These texts provide the platform for people with impairments to present matters concerning their impediments from their own perspective.

Indian writing on disability that encompasses literature, poetry, academic works, and memoirs, explores diverse perspectives on the embodied experiences of individuals with impairments. This body of work delves into the social, cultural, political, and emotional aspects of disability, offering an authentic voice to disabled individuals and challenging societal perceptions. Firdaus Kanga's *Trying to Grow* is the story of a young man named Daryus Kotwal, who grows up in more ways than one, and does not allow his debilitating disease to overcome him. In *Clear Light of Day*, written by Anita Desai the social framing and ideological work of the disabled character. The fluidity of disability is represented in order to reinstate the negation of binary of the abled and the disabled.

Pramila Balasundaram's *Sunny's Story,* which is based on real events, is the result of the disappearance of a family's son. She has the experience of taking care of mentally retarded children in the poor, suburban area of Delhi for thirty years.In *Latitudes of Longing*, Shubhangi Swarup brings attention to the physical and institutional barriers that make it difficult for disabled individuals to participate fully in society. This includes the lack of accessible public spaces, education, and health facilities. Disability in India is often perceived through the lens of charity, pity, or even a curse.

The Indian disability activists Niranjan Bhagat and Sukanya Ghosh highlight how societal attitudes towards disability are deeply entrenched in cultural, religious,

and family dynamics. A recurring theme in their works is the struggle for self-representation and reclaiming identity. Literature by and about disabled people often challenges stereotypes. In her autobiography *A Step Further,* Sudha Chandran recounts her journey as a classical dancer after losing a leg, thereby resisting the perception of disability as a limiting factor to talent and success.

Memoirs and autobiographies by disabled individuals offer invaluable insights into their daily struggles, triumphs, and emotional journeys. H. G. S. Verma's memoir *The Way of the Mute* is a poignant reflection on living with a hearing impairment. Similarly, Dhiraj Parikh's *Why Me?* is a deeply personal account of the challenges faced by a person with multiple disabilities. Keki N. Daruwalla's short story *The Blue Light* explores difficulties of caring for a disabled child and addresses how families deal with the presence of a disabled member. This theme often reveals both the emotional burdens and deep love within families, showing the impact of disability on relationships.

The Indian disability scholars Ravi Malhotra and Vandana Soni have contributed to the academic understanding of disability studies, focusing on issues like representation in media, accessibility, and rights- based approaches to disability. Indian writing on disability is a significant and growing field that not only gives voice to those with disabilities but also challenges embedded social and cultural attitudes. Such writings foreground disability, recognising the need to understand the daily realities of living with a disability in an indifferent society. Through literature, memoirs, and academic studies, these works continue to inspire conversations about inclusivity, access and dignity in India.

This thesis is a comparative study of the life narratives of the disabled writers Malini Chib, Shivani Gupta, Preeti Monga and Arunima Sinha that examines how they are counter narratives that challenge the ableist norms and perceptions about disability in Indian society. By inscribing their diverse experiences of embodiment with impairments, they become transformative citizens and their writings are considered narratives of hope and well- being. These narratives portray emotionally meaningful discourses of well-being and hope in such a way that the individuals assert their identity and individuality. Moreover, the progress and transition from individual well-being to collective Well-being is discerned, the self becomes engaged and interdependent that works for the betterment of the community as well. In this manner, the authors become Transformative Citizen and their narratives infuse hope among the disabled and ensures their well- being. These writers articulate experiences of living with disability in order to deconstruct the abled, the disabled binary. They hope to create a new social order of inclusivity. Although the responses generated by the narratives of Indian disabled women are not specifically available it can be deciphered that their narratives tend to pacify themselves as well as wish to record their suffering and thereby become advocates of social change.

Although the authors depict the suffering bodies, their narratives do not fall into the extreme cultures and rhetoric of suffering which is commodified as they do not intend to commodify themselves. They write their trauma in order to adorn the subjective position and assert their voice which they feel are usually marginalised due to the pre-inscribed narratives about the disabled bodies. These narratives challenge the stigma and stereotypes of disabilities and voice their resentment against the stigma they face from societal attitudes. Apart from the bodily

limitations, it is the faulty attitudes of the society that made them subjected to trauma of being isolated and secluded. The authors defy all odds to achieve a sense of well-being and they hope to bring about positive changes in the society in which they live.

This thesis argues that the narratives of disabled Indian women are not portrayed as emotionally meaningful discourses that elicit empathy or sympathy but the subjective experiences are presented and the authors themselves take the onus of achieving hope and well-being through their agency. The well-being and hope they adhere to are not culturally scripted like self-help literature or success stories but lived, embodied experiences of living with disability. These writings do not fall into the categorisation of super-crips as the trope of representing disabled people as heroes and capable of having unnatural abilities are detested. They vocalise the need for normalisation of disability and want to be considered normal human beings.

Feminist theoretician Dona Haraway opines that world-making works through affect. To rephrase it, emotions have political consequences because of the fact that it constructs the social world of people involved in it. While emotions are private, it is a way of engaging with the world. “Communities are formed and maintained through emotional bonds” (Nayar viii). Emotions are not entirely private, individual and internal. Sentiments drive the social being, collective imagination and politics of human beings. The engagement with the world demands emotional responses. The careful organisation of emotions has to be understood to understand the politics of emotion, which are socially constructed and are therefore a socio-cultural phenomenon. Emotions create a mode of sociality which is termed as

"Affective Sociality" by cultural theorist Sara Ahmed (242). She reinstates that individuals are part of this affective sociality knowingly or unknowingly.

Nayar explores the possibility of development, articulation, circulation and assimilation of emotions by analysing the emotional dominants and its responses, which are emotions encoded in a cultural context. Emotions and emotional responses are situated in a social and cultural context even if they emerge from the individual and therefore personal. Nayar argues that this engagement with emotion is social. Identity formation is about the negotiation of meaning within a set of social processes and informed by power relations. Nayar mentions that emotions are organised for individuals while emotions are internal states they are outwardly directed. The emotional response of a community or individual is contingent upon specific historical, social and cultural factors. Emotions and feelings determine the relations among people and they shape social relations, a sense of collectivity and also the individual identities by troubling the inside, outside boundaries (Nayar 14).

Sentiments occupy the position of in-betweenness of the individual freedom to express a certain emotion and the social determination of the same. Social determination is shaped by the circulating emotionally meaningful discourses and representations of emotions. Emotionally meaningful discourses pass cultural codes as to which is the appropriate emotional style. Nayar opines that it is difficult to discern whether a particular sentiment is an innate, individually felt one or socially determined one. According to Sara Ahmed, emotions and affect are social. Raymond Williams can be considered as the precursor who offered early directions to Cultural Emotional Studies. Jennifer Harding and Deidre Pribram introduce the phrase "Structure of feeling," which is defined as the "emotions different categories of

subjects are permitted to experience and express at any historical juncture, and how both individuals and collectives are brought into being through specific articulations of emotion" (13).

British sociologist and cultural theorist, Stuart Hall urges Cultural Studies to recognise the centrality of emotions (2). By the 1990s, Cultural Studies would begin to recognise that emotions are central to identity formation and meaning -making processes. Emotions constitute the terrain on which social identities are forged, reinforced and subverted. Nayar proposes that the articulation or performance of an emotion is the performance of a social identity. Emotional subjectivities and social identities are linked in Cultural Emotional Studies. Hope and well-being are emotional dominants that constitute emotionally meaningful discourses according to Nayar.

Discussions of the idea and potential benefits of hope begins with the myth of Pandora, in which hope represented the one potential source of strength that remained after Pandora opened the jar and unwittingly unleashed all of the evils upon humanity (Webster 24). While some traditions in religion and spirituality considered the need to cultivate hope and considered it part of morality, others considered the negative aspects. Benjamin Franklin remarks: "He who lives upon hope will die fasting" (8). Similarly, philosophers such as Plato, Sophocles, and Nietzsche describe hope as a fault or weakness that only brought about negative outcomes (qtd. in Nayar 224). Karl Menninger argues that hope was a crucial yet understudied factor in the efforts of mental health professionals to help individuals recover from mental illness to live more pleasurable and productive lives (qtd. in Shrank et al 227).

The Marxist philosopher Ernst Bloch is of the opinion that human beings cannot live without hope. Hope seems to be an existential need in every life situation (qtd.in Nayar 206). Without hope human beings are not able to live their life with worthiness, respect and a reassurance that things will turn out to be good according to their wishes. The Marxian thinker and academician Darren Webb notes that hope is an existential feature of man (20). It is inevitable that human beings tend to hope. Hope is considered a fundamental condition for human flourishing.

Hope is conceptualised either as a cognitive process, as an emotion, or as a virtue. Two major paradigms are "agency" and "receptivity" theories of hope. Receptivity theories maintain that hope is instilled from sources external to the individual, example from a transcendent Higher Power, and then empowers the hoping person (Marcel 195). Agency theory is in contrast to this. The psychologist C. R. Snyder defines hope as "a positive motivational state that is based on an interactively derived sense of successful agency and pathways" (264). This implies that in order to effect hope individual agency and capacity are required. Individuals need to have a goal for effecting a change in the present and working towards a better future. Additionally, individuals are required to identify means or ways to achieve the goal.

Although individuals can assert their agency, there is a limit to which they can do this because individuals are a part of the oppressive social structures such as gender, race, class caste and colour strictures. This way the possibility to hope for betterment and justice is restricted. Although, hope generates discomfort with the present and the present is problematised, hope drives the world towards realising the

imaginative constructions held individually or collectively. They are considered pathways to pleasure or happiness.

Agency theories can be divided into two strands, namely the individualistic and the interpersonal approaches (Snyder et al. 258). The multidimensional character of hope, integrating cognitive, emotional, relational, behavioural, existential, and transcendent elements in its definition are explored to discern their implications on individuals. Other theories of hope are centered on social relationships and highlight the collective character of hope (Braithwaite 592).

Bloch mentions: "Utopian consciousness wants to look far into the distance, only to penetrate the darkness of the just lived moment" (203). It is inferred that hope is a structural emotional condition that links the present with the future. It implies that there is a problem with the present and it can be resolved in future. The idea of hope in the Western culture is traced back to Thomas More's *Utopia*. Although Utopian spaces have appeared in works of Plato and Aristotle, the emphasis is on the influence of More in inculcating the notion of Utopian consciousness in Western culture. In Eastern belief systems, it can be traced back to Chinese Confucianism. The origin of an ideal and perfect place among Indians is related to the concept of Ramarajya propounded by Mahatma Gandhi (Nayar 206).

The historian Benedict Anderson points out that hope is seen as an effect that discloses the "unfinishedness" of the world (693). The need to hope arises when the incompleteness of the present situation is felt. Anderson sees hope as a transformative interruption. The present is disrupted and hope urges humanity to yearn for an idealised world. This process suggests that it is a project that has to be worked towards. Transformative interruption could be in the form of critique that

opens up alternatives, new modes of participatory works that enable change or alternative imaginations of the economy. Being dissatisfied with existing conditions, a possibility for a better future is imagined and utopia becomes a dialectic of the past and present. Utopia urges a thought about alternative possible worlds. According to Anderson, this type of utopianism is a distinctive type of process in which something better is "not yet" (695). Anderson argues that hope contains affective materialities because they are modes of dealing with the real.

The cultural theorist Sara Ahmed considers hope as a way of facing the world and reaching out towards what is possible. Hope is infused with the idea of improvement or a change towards betterment, which in its affective dimension points towards social transformation. The Marxist thinker and cultural theoretician David Harvey suggests that hope enhances interconnectedness rather than competition and urges for the realisation of "species potential" (224). Hope becomes a part of social process, a form of sociality and a way of engaging with the world. The sociologist Henri Desroche connects hope and Utopia in such a way that both propose a state of alterity. He mentions: "Discourses of social hope are very often linked to and embedded in social projects with ideals of emancipation, liberation, equality, casteless-classless society, good health and well-being for all citizens" (qtd.in Nayar 209). He reiterates that the affective sentiment of hope works for social betterment.

The cultural anthropologist Andrew Robinson considers Utopia as an autonomous zone. He notes that Utopia can mean a space where it is possible to be free of oppressive social structures, though the autonomy is achieved only in thought or communities of resistance (142). The sociologist Ruth Levitas is of the opinion

that such imaginative renderings about the future is an archaeological exercise. This good society envisaged is open to scrutiny and public critique. These narratives offer a pathway to attain the desired goal of a better, inclusive society. Levitas envisions how hope can trigger collective well-being if it is embedded in the social projects and can emancipate from individual realm to a collective realm. She posits that the imaginary reconstitution of the society creates alternative collective spaces. An entire community, group or nation works towards the holistic development of individuals personally and socially, thereby they collectively hope for well-being. Webb suggests that hope in this way is a collective emotional orientation. Yet hope can never be solely located within the social. The physical pain of a person with a disability is individualistic.

Dona Haraway delves into the etymological origin of the word species and traces its relation to the meanings of respect and response. This implies that the word species has an inherent connection to the feeling of response and respect. In her opinion, to belong to a species is to be open to recognise another species. What constitutes human beings as a species is the ability and willingness to respect and respond, which makes them "companion species" (22). Relationality is about plurality, multiplicity and openness rather than isolation, exception and boundary-making. According to Haraway, hope is "a restitution for exceptionalism and isolationism, and rests in the recognition that we become with others, in our existence as companion species" (249). Haraway's hopeful relationality is the quest for yet another compelling intimacy. Respect towards other species should be cultivated making room to save those suffering from oppressive strictures.

Nayar analyses hope as an emotionally meaningful dominant discourse. He studies extensively on the trope of hope and how it is disseminated in society. Hope offers possibilities for the future. An emotion that analyses the problems or lack of the present situation and suggests an action plan for the future can be considered as hope. It is in the imagining of possible worlds, alternatives and different plots that the affect of yearning, desire, anticipation and hope emerges. Hope is an affect that is encoded within narratives and cultural practices of various kinds where a dissatisfaction with the present is expressed and a possible plan for a different and better future is drawn up.

The emotionally meaningful discourse of hope is a critique of the present that suggests that in this vision of hope directed towards a better future there is an imagining of a social order with greater solidarity, interconnectedness, openness and democratisation. Two central features of the emotion of hope are that it is oriented towards the future and it encourages goal-driven actions. It serves as a motivational factor to pursue specific aims (205). Nayar observes that hope, which is linked with Utopianism brings forth the notion of an imaginary society that would be culturally and socially, an alternative society. He mentions: “Hope is thus a sentiment that enables to engage with the world in particular ways and embark on a programme of action directed at the future” (206). He observes that hope is an emotional state similar to well-being, suffering or aversion which engages with the world. The discourse of hope is problematised when it urges the individuals to hope for desirable objects and emotional states, which are determined by preconceived notions. Hope as an emotion or experience is mediated through discourses such as fairy tales, fables and science fiction, which imagine alternative worlds and become

an integral part of the emotionally dominant discourse of hope. They offer an imaginary reconstruction or reconstitution of the society (Nayar 207).

However, alternative worlds are envisioned not only in fables or fairy tales but in constitutional documents, political manifestos, speeches by activists and politicians as well as parliamentary proceedings. The American Declaration of Independence, Gandhi's concept of Hind Swaraj and Martin Luther King's speech are hopeful narratives imagine reconstitution of the society based on an egalitarian outlook. Further, Nayar states that imaginative and narrative foundations of hope are processes of constant working-out. It is dynamic and ever evolving. The discourse of hope is organic too as it offers possibilities for change in future.

Nayar points out the importance of transformation cultures available in public discourses in contemporary times which are built on models to imagine a different self. Hope then becomes an emotionally meaningful discourse directed at the imagined reconstitution of the self. (215). In this sense, hope becomes a matter of self-fulfillment and material gains in contemporary consumerist, public culture. Hope contrasts and compares the reality and the unrealized prospects.

Hope is the effect generated when the latency of our real, material body meets the pressure to look and feel better. Hope as a dialectic between the real body practice and the future should be examined. The contemporary rhetoric of advertisements and inspirational culture stresses on the rhetoric of "Do-it-Yourself culture" and it reinforces that with a little bit of will and conscious efforts, individuals can make betterment of their own lives (Nayar 216). Digital and print materials available reimagine an alternative future. When utopia is a struggle to perfectibility, narrative aspirations create a story from available materials. It is

inferred that narratives that speak against discrimination, injustice and human rights violations become "counter narratives, … built on affect" (Nayar 235). Narratives of hope offer a new world where a new politics, political order and sociality are possible. They propose an alternative to the way bodies, organs, minds and relationships can be handled or treated. The thesis argues that the narratives chosen for analyses become narratives of hope not only because the authors propose to alter their reality as disabled Indian women but also try to become harbingers of social change by advocating for social inclusivity through narrating their lives as disabled Indian women.

Well-being is a measure of how well life continues and it becomes a primary aim of individual life. The society seeks to ensure best possible life resources for individuals constituting it. When subjective well-being refers to the satisfaction an individual feels intrinsically and is associated with values a person holds in life, objective well-being refers to the external factors that can be measured and are associated with material possessions.

The essential characteristics of well-being are assessed by the various theories developed in order to evaluate them. Hedonism considers it as primary to find a balance of pleasure and pain. If an individual is able to overcome or endure pain and attain pleasure, the person is considered to have attained well-being. Desire theories reinstate that the accomplishment of desires is a means to attain contentment. According to objective list theories, a combination of diverse elements that include feelings, emotions, life -satisfaction, achievement, finding meaning, interpersonal relationships, and health are involved (Vitterso 223). Positive psychology analyses the factors required for bringing forth the entire potential of

human beings. In 1943, the sociologist Abraham Maslow proposed a hierarchy of needs and argued for the intrinsic motivations of individuals (272). This theory has laid the groundwork for humanistic psychology and the later development of positive psychology, which focus on flourishing and well-being. The World Health Organisation defines well-being as a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. Focusing on well-being supports the tracking of the equitable distribution of resources, overall thriving and sustainability. A society's well-being can be determined by the extent to which it is resilient, builds capacity for action, and is prepared to transcend challenges ("Glossary of Terms").This implies that well-being is achieved in a society, which urges its members to overcome challenges and where justice prevails embedded in egalitarian principles.

According to the psychologist Martin Seligman: "The scientific study of optimal human functioning" includes studying the factors that contribute to happiness, well-being, and the good life (192). Seligman's contributions include the development of positive psychology, authentic happiness theory, the PERMA Model, and Resilience theory, each offering insights into the factors that contribute to human flourishing (193). Learned helplessness, which denotes the individual's incapacity to come out of a difficult situation, made a significant impact in the field of positive psychology. Authentic Happiness Theory as proposed by Seligman places importance on identifying personal strengths so as to live life in continuity, establishing positive relationships and finding meaning in them. A comprehensive

framework for analysing the components of well-being is provided by the PERMA model formulated by him stresses on the need for cultivating these characteristics so as to attain well-being. Resilience theory focuses on the survival instincts and ability to cope with trauma and deals with the post-traumatic phase in the life of an individual.

Nayar opines that each self is a site for self-modification and the capability of each individual is crucial in orchestrating self-improvement. Well- being cultures are premised on the idea not of simple self -fulfilment but on the fable of the perfectible self, a self that can be improved and reinvented (46). He opines that models and cultural scripts of well-being are available to us on an everyday basis: "Well-being might be a personal state but we internalize what it means to be happy or successful from a cultural context" (52). Nayar mentions that emotions become a social construct in this manner and how an individual internalises what it means to be happy and content from his or her environment creates the notion of feeling good, which is the consequence of the meeting of an internal sensation and an external stimulus- context.

Well -being is also the validation that one receives in the form of admiring looks, smiles and cheers in a social context. The psychologist Ziyad Marar mentions about the "happiness paradox," in which the sense of well-being oscillates between freedom from social obligation to pursue individual preferences and receiving social approval for the preference (215). The self is in the process of reinventing itself, becomes democratic, and evolves and changes in the process. It becomes the managerial self in the sense that an individual has opportunities to manage itself and progress from the present situation with the help of various discourses such as

motivational talks, self-help books, and inspirational autobiographies. Though commodification of such discourses is possible and is prevalent in the neo-liberalist globalised world, an individual seeking to reinvent oneself also has the capacity to bring in a new social order.

In Western societies, happiness or well-being is pursued as the attainment of individual goals. Material goals and external requirements needed to lead a meaningful life are sought first. Once this is achieved, an individual may pursue intrinsic goals like pursuing a hobby or pursuing something for one's own pleasure or internal happiness. In such contexts, self-love is given prime importance. Whereas in Asian countries, especially in India, the self is an engaged self where values and traditions are imbibed by its citizens. Taking care of the self also means taking care of the family and dependents. Family is an institution which is considered as essential for an individual to attain well-being in Indian society (Nayar 67). Equal importance is given to the desires, needs and limitations of one's family members and members in a family strive together to lead a meaningful existence. Here, the self becomes an engaged self, and turns out to become a social self when the structure of family is extended to a community, a society and a nation (69). In this manner, the sense of freedom and well-being of a disengaged self in Western societies is different from that of an interconnected self. The interconnected self acquires a higher degree of satisfaction in bringing about a change in the lives of others too.

Well- being of the self is culturally scripted that becomes a condition to be acquired (Nayar 32). Well-being as an emotional dominant in discourses extends from the level of the self to a communitarian well-being. A community's well-being

is measured in terms of the totality of individual well-being in the given society. Nayar observes that in East Asia, happiness is a socially oriented, subjective well-being whereas in the West, individually oriented subjective well-being is prioritised. Capabilities, aspirations and attainment of these aspirations are components of well-being (33). Situated at the intersection of individualism and collectivism, well-being is a way of dealing with the world. Happiness or well-being is at once individual as well as socio-cultural. Feeling good relates to an individual sense of contentment that extends to the world. Well-being may be found in a collective, in sharing and caring. Nayar introduces the concept of "Relational Monitor," which in this context probes how an individual becomes the monitor of other's happiness (36). Relational monitor is a discourse of the connected self. Emotionally meaningful discourse of relational monitor is also a discourse of transformation.

According to Nayar the emotional dominant of well-being demands a "transformational citizen" (37). He opines that an individual becomes an icon of well-being not because the person is successful, but who acquires cultural membership through contributing positively to the society. The transformational citizen has individual goals as well as social goals. Nayar mentions that a transformational citizen will have an idea, "You survived, became a success, and now want to do something for the world" (38). The transformational citizen enhances and improves individually and thereby contributes to cultural well-being as well. (37). Subsequently, the individual acquires cultural membership and becomes socially committed.

However, Nayar is critical about well-being cultures, which are subjected to consumerism and consumption cultures as a result of globalisation. Consumption

becomes a fundamental process by which identity is constructed and subjective well-being is ensured. He also comments on the cultural performance of emotion and the body-image dissatisfaction as a result of consumerist culture. To look good and lead a healthy normal life gets constructed by ableist norms. This can hinder the very notion of well-being of people with disabilities who attain satisfaction by asserting their perspectives of living with disabilities.

Hope and well-being are associated with positive and constructive outcomes, while cruel optimism is linked to detrimental outcomes which arises when the individual is attached "to unrealistic or unattainable optimism that ultimately proves detrimental" (Berlant 262). Cruel optimism develops from a belief in the possibility of a better future, even in the face of persistent evidence to the contrary. Discourses of hope and well-being, unlike cruel optimism, are associated with positive and constructive approaches to life, while cruel optimism involves a detrimental attachment to an object or scenario that hinders development. Hope and well-being focus on fostering positive emotions, goals, and a sense of purpose, whereas cruel optimism describes a situation where an attachment to something unrealisable is hopelessly pursued and this leads to disappointment.

Discourses of hope and well-being emphasise the potential for positive change, personal growth, and a fulfilling life. They involve setting achievable goals, developing coping mechanisms, and fostering positive emotions like optimism and gratitude. On the other hand, Cruel Optimism describes a situation where a person is attached to something that undermines their well-being or prevents them from achieving their desired goal. It involves holding onto an object or a scenario, though a positive outcome cannot be hoped for. Continuing to pursue a relationship that is

consistently harmful, clinging to a job that offers no opportunities for growth, or believing in a political system that consistently fails to deliver on its promises are instances of cruel optimism.

Similar to the discourse of hope, the need for restitution narratives and narrative activism is required at this juncture to define well-being from the perspective of Indian disabled women. They articulate their concerns in order to ascertain their subjectivity and narrate their disabled experiences which involves realistic portrayal of their trauma due to the stigmatisation prevalent in the society. The fact that they are disabled women aggravates marginalisation as they face discrimination regarding gendered aspects of life too. They undergo segregation at multiple levels, which makes their stories quest narratives rather than chaos or restitution stories.

The Disability Studies scholar Mansi Grover opines: “India, with an intersectional reality, disability is often inseparable from other negatively constructed and experienced identities, including those related to caste and gender” (102). Disabled women in India face societal stereotypes that label them as weak, dependent, or incapable. They face cultural stigma and social exclusion, especially in family dynamics, marriage, education, and employment, and unique forms of oppression due to the intersection of these factors that shape their lives. Malini Chib, Arunima Sinha, Preeti Monga, Shivani Gupta, Raghavi Shanker, Preethi Srinivasan, Sudha Chandran, Naseema Hurzuk, and Malathi Krishnamurthy Holla are on the pathways to uplift themselves and fellow disabled people to with opportunities of empowerment and participation in the society without experiencing segregation and discrimination. Despite obstructions, writers break barriers in their respective fields,

and their narratives advocate for change to demonstrate that disability does not limit a person's potential. Their pursuit towards the goal of creating an inclusive society is supported by their endeavours that work for the disabled. Articulating diverse experiences of disabled women becomes a medium by which subjective perceptions resist all forms of discrimination, advocate for individual betterment, and transform the women into empowered individuals to create a conducive environment that ensures mental, social, physical and economic security. Disability life writing recognises the social, cultural and political aspects of living with an impairment. The perspectives of the disabled that narrates the consequences of being disabled in a society which is by and large bound by the norms of ableism is represented in the life narratives written by disabled people. In the opinion of the disability theorist Ria Cheyne, who explores the intersection of disability and Affect Studies: "Disabled person is understood as a shorthand for a person disabled by structural barriers, inaccessible environments, or negative attitudes. Impairment, then, can be understood as value-neutral physical or psychological difference: difference which is not understood as deviance" (9). Society that creates structural barriers, inaccessible environments as well as the stigma that makes a person with an impairment disabled.

Personal narratives of disabled writers offer an opportunity to counter the notions on disability which are based on ableist norms. Ableist norms are those norms that privilege people without disabilities and discriminate against people with disabilities as if they lack something or they are short of the so- called abilities of a normal person. Davis opines that disability is a problem created by socio-cultural and political factors and should not be considered an individual problem. He notes:

"disability is not an object but a social process" (3). Perceiving disability from a subjective experience not only benefits in comprehending disability and understanding how to deal with it in a society but also helps in embracing a more inclusive society which recognises disabled experience just as another variant of identity. The shift in perspective on disability contributes in celebrating diverse identities and creates an equitable society where every human being is treated irrespective of their class, caste, gender, abled or disabled or any other parameters of discrimination.

## Chapter 2

### Disabled Self: Negotiations on Embodiment

The disabled self articulates subjective experiences to counter the notions of a disabled self constituted by ableist norms. Impairment is perceived as a deviance or lack by the attributes of the normal world and therefore it becomes a discrediting experience. While impairment and its consequent troubles are unique and vary from person to person, the disabling environment, the structural and attitudinal barriers contribute to the disabling condition of individuals. Perspectives of people living with impairments challenge entrenched ideologies of abled-disabled binaries and urge to acknowledge human diversity as an essential feature of humanity.

To live in an inclusive space and to be accepted with disability are sought by individuals with impairments. Their narratives throw light to the marginalisation and stigmatisation they endure in the wake of disability. When disability is fluid and any human being can develop an impairment at any time, the distinction between persons who are able and disabled is blurred. Embodied experiences of living with impairments also become a means to reflect on the socio-cultural perceptions of disability. Power structures that determine and derogate people into compartments of identity are interrogated by disabled authors. The self is suddenly confronted with a new reality that has to adapt and adjust. Bodily limitations can be perplexing and it may influence a person to adjust with new ways of corporeality.

In her autobiography *No Looking Back*, Gupta explains that she could not decipher the hospital surroundings when she opened her eyes and she felt that she was dreaming of lying in a hospital bed. The hospital environment was very unfamiliar for her. She tried to recollect what happened to her and understood that

she met with a car accident the previous night. She was going to leave India to pursue higher studies abroad and had arranged a farewell party for her friends. She had plans to spend a few days with her father in Nigeria. The car accident altered her plans for the future. The car was driven by her boyfriend, Sunil. They were going to drop a friend who had come for the party as she had a midnight shift at work. The young excited friends thought it would be fun to go for a midnight drive and all of them got into two cars.

The car that Sunil drove turned upside down in the accident. All but Gupta escaped with minor injuries. She reminisces that they all enjoyed the party to a great extent with good food, drinks and music. Latik, her first cousin who stayed with her in her mother's house, was also there for the party. Latik informed Gupta that she was hospitalised soon after the accident and was diagnosed with spinal injury. She was unable to discern the implications of her impairment. She wanted to return to her normal routines as the hospital environment distressed her. She was in fact more concerned about the safety and well-being of her friends and was relieved when Latik informed that all of them returned home safely.

Gupta refused to believe that the spinal injury would change her course of life at that particular moment. She did not comprehend that she will have to live a life with impairments hereafter. Her aunt Asha Bua informed her that she was going to be shifted to All India Institute of Medical Sciences, New Delhi for better treatment. Her aunt informed her that someone in her condition could not be treated in that hospital. Gupta wondered, "What condition, I asked disinterestedly. As far as I could tell-it was nothing major. And I didn't want to go to another hospital- I was tired" (12). She wanted to go back to her daily routines where she used to wake up

in the comforts of her room at her mother's house in Karol Bagh. Gupta states that she felt uncomfortable as the doctors had put a rigid collar around her neck.

This was the first time she was lying in a stretcher and being taken in an ambulance. Although she was comforted by the presence of her relatives, the entire episode was difficult for her to accept. She describes the difficulty she and her immediate family experienced to accept the new reality: "Life had come to a standstill for me and my family. We were all groping in the dark. While others continued to discuss my case with the doctors, daddy was attending endless prayer meetings for my speedy recovery" (Gupta 34). These lines indicate that the accident changed the course of Gupta's life and she had to accept the new order following the mishap.

Gupta had to abandon her plans for higher studies, end her relationship with her boyfriend and adapt to the consequences of disability. She affirms the role of agency in managing the difficulties of living with an impairment. She focused on improving her bodily condition and believed in becoming independent. She was successful in earning a job as a therapist in the spinal center and insisted that she should live all alone in the staff quarters provided to her. Her narrative becomes a narrative that documents the mischance a second time. She met with a second accident on the way to Kulu Manali while travelling with her husband Vikas and his parents. Her disbelief and shock are reflected in her words while describing the moments after the accident. Her husband Vikas drove the car and her in-laws had accompanied them. They were travelling for a family vacation at Manali. An oil-tanker hit the car and all four were severely injured.

Gupta's father-in- law was dead by the time he was rushed to the hospital. She had to take up the onus of informing her relatives about the accident as she was in a better position than the other three to speak and convey matters to their family members in Delhi. She explains: "Life seemed completely out of control. Our education, our social status, our material possessions had no meaning at that moment. The situation had taken charge, and my family and I lay there helpless. There was a flurry of onlookers, helpers, inspectors and doctors, and there was nothing that we could do" (215). The shock, the sense of fear and insecurity when an unexpected event occurs is reflected in her words. She could not find any meaning in material possessions or status a person holds in a society. The vulnerability and precariousness of the human body is contemplated by her. Her husband succumbed to injuries after a week. Gupta had to amputate her right leg and she suffered from injuries in her neck and arms, which worsened her condition.

Gupta reminisces her insecurity and fear during these moments and writes that she had held a strange man's hand for a long time during the journey of being shifted to hospital. She could not get over the shock and a human touch gave her a sense of reassurance that she was alive. She shared her distress with her sister, Jiya when she called her. Gupta was in the ambulance when her sister spoke to her over the phone: "Why am I never given an option of it if I want to continue living or not? Why does this happen to me again and again?" (216). She, already tetraplegic from a previous accident and had to endure a devastating double loss in a second accident, losing both her husband and father-in-law. This tragedy further exacerbated her physical dysfunction. Adapting and coping from these two mischances make her narrative, a narrative of mischance.

Similarly, in her life narrative *The Other Senses* Monga narrates how she and her parents were unaware of the fact that she would be diagnosed with optic atrophy after a certain age in her life. Monga could see and experience everything as every other child who did not have a vision impairment. She had a carefree and happy childhood living at the foothills of Himalayas. Monga had a sense of detail and she vividly portrays the life of living a blissful life adored by her parents. She experienced her surroundings using the aid of all her senses which helped her later in life. This sense for capturing details around through sounds and smells helped her when she lost vision due to optic atrophy. Life went on smoothly for Monga until one day, she was taken into a nearby clinic for medical examination. Although she did not like the way the doctor examined her, she was excited later in the evening that the next day they would fly to Calcutta.

As a small child, Monga could not discern that it was for her medical examinations and diagnosis but she was happy that she could meet her close relatives whom she admired and loved. Later, after numerous medical examinations which perturbed the little Monga to a great extent, it was revealed that she was suffering from optic atrophy. As she mentions: “Therefore, following innumerable visits to Calcutta for in-depth consultancy with the most competent doctors, it was revealed that both the optic nerves were, for reasons unknown, partially paralysed. We sadly accepted the final verdict that no treatment anywhere in the world was available for this condition” (27). She understands that it was difficult for her parents to accept the fact that she will have to live with the impairment forever in her life.

Despite the restoration of her habitual activities, a profound alteration in the attitude of others towards her affected Monga. It was hard for her at that age to realise that life would never be the same again. She wondered about the reason behind everybody else including her friends at school, teachers and neighbors looking at her with pity. She mentions: “I seemed to have been transformed into a strange pitiful object to be handled with extra consideration or simply left alone” (27). These lines describe the hurt Monga felt when she was considered as a ‘pitiful object’ deserving sympathy. This was in contrast to her perception of the self which did not have any problem.

She was too young to discern the implications of living with an impairment. She had to suddenly confront this isolation when it was least expected in the course of her life. She was shocked to experience this attitude especially from her peers as she wanted to inform them of her experiences in Calcutta, how she enjoyed being in the “big, bustling city” as any other kid of her age and wanted to share her good experiences with her friends in spite of the petrifying experiences of diagnosis and medical examinations (Monga 28). Others were either busy offering sympathy towards her or left her in isolation thinking that she was a problem-child. The transformation from being a girl who used to get a lot of affection from family, friends, neighbors and teachers to one who was looked upon as one who deserves sympathy shattered her confidence and hopes for the future. The mischance or personal disaster came in the form of vision impairment for the little Monga who was only seven years old. Monga had to fight and emerge strong when life baffled her with impairment as well as the innumerable tortures she had to encounter on

account of her impairment. Her courage and determination helped her to traverse through the mishap.

In her autobiography *Born Again on the Mountain,* Sinha recounts an unexpected accident when she was thrown away from a moving train while travelling to Delhi in Padmavat express. Sinha had applied for a job in the Central Reserve Police Force and was heading to its headquarters to correct a mistake in her application before the interview. Attaining a secure government job was crucial for Sinha who hailed from a less privileged family. She could not afford to lose the opportunity to contest for the job on account of a clerical mistake. Therefore, the urgency of the matter led her to travel without reservation in the general compartment of a night train which was packed with strangers.

The compartment had no woman travelers except Sinha. She did not expect that it was unsafe for a young woman of her age to travel alone with a group of strangers in a general compartment in a night train. Although she managed to share a seat with a stranger, she had not slept completely. She was startled to feel a sensation of something slithering around her neck and woke up to senses soon. She realised that a group of people were trying to rob her gold chain which she immediately detested. Being a bold girl and an athlete, she succeeded in resisting and preventing them, but all four together confronted her which resulted in throwing her away through the door from a moving train.

Sinha fell into the tracks and noticed thus: “I was mid-air when fate scripted a cruel tale. I flew right into another train that happened to be moving on the next track. My body hit moving steel and lobbed automatically in the air towards the other train-on which, seconds ago I was travelling-on the rebound” (14). She was

thrown away from the moving train when she retaliated to the attack of the robbers. She had to tolerate the attack all by herself as none of the co-passengers to her bewilderment came to rescue a young girl from the hands of a group of thieves. Her body swayed in the air and hit another train that was moving past the adjacent track in the opposite direction and seconds later, she landed on the tracks. Sinha's narrative testifies as a narrative of personal disaster or mischance this way. Sinha's journey proves herself as a person who battles a life-limiting impairment, which begins by describing the mischance leading to overcoming the situation.

However, unlike Gupta, Monga and Sinha who became disabled over the course of their lives, Chib was born with cerebral palsy. In her autobiography *One Little Finger*, she narrates the consequences of living with such a condition from the beginning of her life. Chib did not have to adapt herself with a new reality. Her narrative becomes a narrative of mischance as she depicts the negligence of Indian doctors who did not perform a Caesarean on her mother who endured labor pain for many long hours. The doctors waited for a normal delivery while the umbilical cord got stuck around the neck of the infant Chib. The oxygen supply to the brain of the child got stuck only for a few seconds, but that resulted in the life-long impairment of the child.

The new born baby defied all predictions of doctors that the infant will not survive long and even if she does, would remain a "vegetable" (Chib 12). When she did not keep up with the milestones, her parents, especially her mother, got anxious and worried. Following innumerable tests and diagnosis she was identified with cerebral palsy. Her parents and relatives worked together to make things better as they realised that in India, knowledge about how to deal with such children was

lacking to a great extent. The memoir of mischance depicts a self that is suddenly confronted with a new reality and a new way of life which one has to accept and move forward in life. The self has to transform or accept a new order, a new reality.

The struggles of Chib and especially her mother makes it an example of narrative of mischance or personal disaster. Her parents had to alter their plans for the future by considering the option of migrating to London for their daughter's treatment. Gupta's narrative can be considered as a life narrative of personal disaster or mischance as she portrays herself getting adjusted to two life altering accidents and living her life with life-long impairment as a consequence of the mishap. When the first accident resulted in making Gupta disabled for the rest of her life, the subsequent car accident made her impairments worsen. This time, it was more an emotional trauma for Gupta as she had to part with her husband who had actually mentored and helped her a lot in gaining confidence and managing life with disability.

Monga had to adjust and adapt to a new way of life of living with an impairment of optic atrophy and elaborates the happenings in her life after this discovery of disability in the rest of her narrative making her writing a memoir of mischance or personal disaster. The train accident altered Sinha's plans for the future. Sinha had to redesign her future accordingly to live with an impairment. Sudha Chandran's autobiography *The Unstoppable Sudha Chandran* depicts a similar situation where an accident altered the life of an aspiring Bharatnatyam dancer. While Sudha continued to dance with her prosthetic leg, Sinha could not play volleyball and instead she took herself up to mountaineering to prove that the limiting impairment will not limit her attitude to life and determination to move on.

Gupta, Monga, Sinha and Chib do not accept the mischance to live a life of dependency. Instead, they try to alter their life to resist the ableist dictates. They come out of the mischance by accepting the fact that having experienced a disaster or mischance which is not the end of survival. They cope with and resolve the problems that were the consequences of mischance as much as possible.

Authors of illness narratives write about their mischances or events that resulted in impairments that not only reflect on what they underwent but also reveal how they challenged the cultural norms that perceived their bodily condition as something that has to be avoided. Nancy Mairs categorises narratives of illness and disability as narratives of mischance or personal disaster where the person affected narrates what has happened to their bodies and how they get accustomed to the bodily dysfunction (xi). The culture in which they live becomes an important influence that shapes the identity of people with impairments. Disability is perceived in a different manner in Indian society when compared to the perception of the same in the west.

The difference in treatment of disability in India contributes to the stigmatisation faced by the authors on account of their disability and is another dimension that influences the lived experiences of the authors. Chib and Gupta had the opportunity to study in foreign countries and increase their knowledge about accessibility and the rights of the disabled. Monga was influenced by her German aunt Mrs. Frake. She had acquired information about the disabled people living elsewhere and this knowledge has helped her a great deal. Sinha was offered prosthetic devices as well as monetary help from people living abroad.

Chib elaborates on the inclusive nature of London society and states that disability is not always considered a problem there. Her parents refused to believe the doctors in India that she would have to live a 'vegetable' like existence unable to perform any physical activities like walking, talking, or even eating. Since they were educated, they knew that if given proper treatment, her conditions would improve. Her condition was discussed with a number of pediatricians. The doctors advised her uncle that Indian doctors did not know much and were extremely negative about her condition.

The ignorance of Indian doctors in dealing with the impairment of cerebral palsy made them arrive at conclusions that Chib's conditions would deteriorate. Realising that the situation in India is not enough to treat a person with such a medical condition, her parents migrated to England. The parents insisted on providing her better treatment and education. She was initially admitted to a special school in Cambridge called the Roger Ascham School. From there she was admitted to one of the best special schools at Cheyne Walk, London and she made remarkable progress. Throughout her narrative she contrasts how disability was treated in England when compared to her home country. The entire approach instilled confidence in the parents as well as the children.

She reminisces how the journey was inclusive for her mother too. Taking care of a disabled child is not an easy task and she narrates how the environment in London was reassuring for her mother and how she developed along with her disabled child. Her mother stopped weeping and complaining and instead enrolled herself for higher studies which later enabled her to become a professional. She acknowledges that both the child and parents prospered and settled in London. She

points out to the fact that her father's decision to move to London proved right. Chib owes her achievements and developments to the inclusive nature of London society. She has no reservations in saying that it would not have been possible if their family had stayed in India.

Later when they had to leave London, it was a psychological and cultural shock for both parents and the child. This was due to the treatment they were subjected to in their home country. They were not able to find a school wherein disabled children could study. Inclusive education was not still the norm in the country. Chib resents the stigma she faced from Indian society as a disabled child. She compares the treatment in both countries and states how different it is. In this context, she writes, "They had treated me as a child first, not a handicapped child" (Chib17). This quote reflects her resentment towards being treated as an abnormal child. In London, she was identified as having an "intelligent mind with a disabled body" (12). The education system in London prioritised on focusing and nurturing the positive aspects of a disabled child. When Chib's family returned to Bombay, she had no friends and she did not have the opportunity to interact with the children of her age. She could not go to school as inclusive education was only a concept then and in practicality, schools in India did not have such a provision.

Having received education and training in London, Chib's mother played a crucial role in the establishment of the Spastics Society in various Indian cities. Her work extended to fostering connections and establishing teacher training institutes aimed at equipping individuals in India with the skills and knowledge to support children with disabilities. When Chib had to enroll for higher studies, her family had to convince the authorities about treating disabled people with equal rights. It was

surprising and annoying that even the most educated or elite strata of the society were ignorant about the rights of the disabled. Recalling the incident, Chib comments: “We created history by making the concept of inclusive education in higher education a reality in India for the first time” (50). She was one of the four students with disability to enroll in a mainstream college in India.

While narrating the experiences at St. Xavier’s College, she describes the lack of accessibility and how the lift had only very little space and how she had to squeeze in with her wheelchair. The floor in which the library was situated did not have access to lift and hence, she was denied the opportunity to visit the library. Chib also experienced difficulties in socializing with her peer group as she had studied in a special school in London. She criticises the education system in India, which provides scope only for rote learning and does not give space for cognitive or creative thinking. She was given extra time to attend the exams but Chib vividly describes the hazardous experience of regurgitating whatever she learnt at a stretch of six hours continuously. She reiterated the fact that the Indian education system treated students like “Sausage machines rather than thinkers of the future” that did not allow students to think for themselves and apply their knowledge rather urged them to memorise and reproduce other’s ideas through rote learning (62).

The reluctance of institutional authorities to implement necessary modifications, even those requiring minimal effort, posed significant challenges to creating an inclusive and favour accessible environment for disabled students like Chib. She writes, “It was an act of and charity to have me there” (63). The authorities behaved as if they were too large-hearted to have given her a chance for learning. She even uses abbreviations like “IMCB,” which when expanded stands

for “Indian Male Chauvinistic bastards” who would simply stand and stare instead of offering a helping hand to fit her wheelchair into the lift (86). She had to use such derogatory terms as she was fed up seeing the difference in attitude of people while dealing with disability in India and elsewhere.

Men or male students of her age could have easily come and helped Chib or her other girlfriends navigate the wheel chair at places which were built without considering the accessibility issues of a disabled, but instead, they simply stood and stared at her not knowing what to do. None of them had the courtesy or the common sense to offer a helping hand. That is what provoked her to use such derogatory terms about them. Chib recalls an incident where she had to face lack of accessibility in public toilets in Goa. Her medical condition known as “ataxia” gave her limited balance and she could not manage herself in the squatting position because toilets for the disabled were not accessible (38). She wonders if even that basic need is not thought about by the authorities, how far will they be able to progress within an inclusive space.

She was denied opportunities to get employed as her wheelchair was not accessible in many Indian offices and work spaces. She was surprised to see electric wheelchairs in London which demanded only very little effort and which enabled the disabled to navigate the wheel chair alone. She exclaims with awe and wonderment: “The accessibility was splendid, all the pavements were ramped and the curbs rounded, making it a disabled-friendly place” (83). She has no reservation in proclaiming her bewilderment and happiness in experiencing a disabled friendly environment.

Chib compares this situation with the scenario in India as moving around outdoors in India is not an easy task. She narrates her experiences at the Centre for Independent Living where disabled people are trained to manage their lives on their own. The professionals at the center acknowledge and emphasise that all human beings are interdependent irrespective of whether one is disabled or not. She affirms the advantages of living in a place like London. She articulates that the inclusive atmosphere prevalent in London society enabled the freedom and acceptance of disabled people. The presence of this acceptance encouraged her to foster an increased sense of vitality. Accessibility was the norm in London society and local buses too had ramps to enable disabled people. When she attended a communication seminar, she realised that she was hopelessly dependent and helpless when compared to disabled people from other countries.

Chib acknowledges how London helped her a great deal in the process of becoming an empowered disabled person. She also describes the attitude of people when she admits that "Nobody stared, nobody asked… rude questions" (121). However, in India disabled people are looked down in such a manner that indicates that the society had a problem with disability. The stigma of treating disability is so severe that Indian people who do not know how to deal with disability end up asking wrong questions to the disabled and hurting their sensibilities. Unlike many teachers who taught her at St. Xavier's, teachers in London had a background in inclusive education.

She recalls that even in London, the higher education sector was not well equipped to address the issues of disabled students. She had to convince numerous people to accommodate her for the course and find a place for her stay. Yet when

they agreed to accept her for the course, some modifications in the university were made for her own sake. Such changes could not even be thought about in St. Xavier's. The situation has become better in India and improved by accommodating the concerns of the people with impairments. Sharada Devi, an academician and disability activist from Kerala, India had advocated for building ramps in Government Women's College, Thiruvananthapuram where she had pursued her masters. This materialised and people like Sharada Devi continue to vocalise for the rights of the disabled.

However, Chib remembers with love that her friends at St. Xavier's helped her with notes and study materials but her friends at Oxford were not helpful. Through her organisation named Abled, Disabled All People Together she did her part in making Bombay more accessible. She depicts how her family's return to India was instrumental in starting the disability movement in India. Similarly, Gupta indicates the pitiable medical conditions in India both in the All-India Institute of Medical Sciences as well as the Post-graduate Institute of Medical Education and Research hospital in Chandigarh. Following her second accident, she along with her family members were taken to this hospital. The place had dreadful services and inadequate resources according to Gupta (217). She states that the team of doctors were indifferent towards her and treated her like an object lying before them.

Gupta did not receive a good treatment from All India Institute of Medical Sciences. Her surgery was performed in a callous manner. Gupta did not receive adequate medical care at this hospital. She had to undergo a re surgery under the advice of a surgeon who had retired from the Airforce. She felt that her condition would have been much better if she had consulted Dr.Chahal first instead spent

many days at the All-India Institute of Medical Sciences where the doctors did not have sufficient knowledge to treat spinal injuries. The wrong kind of medical intervention prevented her from better chances of recovery. Gupta felt irritated while she was subjected to staring by strangers. The attitude towards disabled in India made her reluctant to navigate the intricacies of the public sphere. She was a person who loved shopping. Most of the shops in India were inaccessible and she would just sit and look at things from outside while her carer had to do shopping for her. She had to learn to ignore the unwarranted glances and stares she was subjected to while going outside to a social setting. This can be contrasted to Chib's experience of shopping all household things and taking clothes to the laundry in London. In India, disabled people lacked all such facilities and always had to depend on others for going about their daily lives.

Gupta got the opportunity to be trained in the United Kingdom. She received her training from the Duke of Cornwall Spinal treatment Centre. From this experience she discerned how disabled people interacted with their environment and how society responded to their needs. She experienced the change of attitude in the people and notes: "The idea that the country appeared responsive and accommodating to its disabled population was new. I was used to a society that cared very little about its disabled and it was up to them and their families to make do" (75). She contrasts the situation of India and London and comments that in India, disability was a matter that was concerned only with people having disability and their families. It was the onus of disabled people, their immediate families and close friends to find ways to overcome the obstacles of disabling conditions. Gupta was surprised to see the big number of wheelchair users going out in streets and

living their routine lives in a regular manner. It was so common that it did not seem anything out of the ordinary. However, disabled people in India faced the stigma and she was an unwelcome person even in offices.

The officials told her not to trouble herself by visiting personally and instead she could have sent a representative. Moreover, people in India apart from making staring a norm, did not refrain themselves from passing humiliating and insulting remarks towards the disabled. Gupta once visited a movie theatre with her friends from the Wellness Centre she was working at. She had to sit in a corner near the door in her wheelchair as it couldn't be accommodated otherwise in a movie theatre. The whole idea of watching a fun filled movie with friends was spoiled and she had to sit alone away from her friends fretting and fuming over this treatment. Gupta was furious that they treated her in a discriminatory manner. She made it a point to file a complaint against this treatment to the manager of the theatre. Gupta notes that her letters of complaints to many authorities regarding these mistreatments were continuously ignored.

Gupta participated in the fifteen-day training programme organised by the United Nations Economic and Social Commission for Asia and the Pacific. It is from there that she learnt about non-handicapping environments. She along with Vikas, her lover and later who married her realised the true importance of accessibility for inclusion of a disabled person in society. During her process of learning about disability and adapting with her disability, Gupta realised the importance of building an accessible environment which will ensure full participation of the disabled self in a society. She began to appreciate that “a non-handicapping environment was a most basic right for a disabled person- the right to

be able to access all places with the same ease and dignity as a non-disabled person" (119). Her education abroad and her knowledge about the presence of accessible roads and pavements elsewhere urged her to work for accessibility for disabled in her home country.

Gupta visited the Kanyakumari temple and confronted discrimination there. The wheelchair was not allowed inside the temple. She felt that her anger is justified at the humiliation she felt when faced with discrimination. All this was due to inaccessibility and the insensitive policy that did not allow her to access places in her wheelchair. The training programme in which she attended called London Access Guide provided a chance for Gupta to acquire knowledge about inclusive living. Non-disabled people had to live with disabled people during this training session. This very idea fostered the concept of inclusion according to Gupta. She compliments the British for their communitarian spirit for undertaking such a project while she does not forget to criticise that youngsters in India will not be ready to take up such a responsibility even for a day. India did not have an accessibility enabled travelling guide. She hopes that it would be much easier for tourists if they had such a book which would inform them which places would be accessible for a person using a wheelchair in advance.

Sinha received good treatment and good compensation from the government. She was attacked while travelling in a general compartment of an overnight train where there was absolutely no security for anyone, let alone a woman. She tried to defend herself from a gang of robbers who tried to snatch her gold chain. She compares the employment scenario of the country to the general compartment of a moving train as there are numerous takers for a single job post. She had to somehow

sneak and get into a thickly populated compartment and request a young man to share his seat with her. She was heading to Delhi to make the necessary corrections in her application which again was a clerical mistake from the part of authorities. She was contesting for the Central Reserve Police Force interview which she was pretty sure that she would get through. The entire hopes of a family vested on her shoulders. Sinha comments that none of her co-passengers bothered to help her when she was mistreated. Nobody even bothered to intervene and save her from the misdeed.

While Sinha was undergoing treatment, she was subjected to media attacks and rumors. It was disheartening for her that it all began from her own relatives in her Indian village. From travelling without a ticket, having a failed love affair, trying to jump off the train and kill herself, having Sahib, her brother-in- law shove her off of it, travelling illegally on the footboard and falling off because of a jerk, being attacked somewhere else and flung across the railroad tracks, and not being a national-level player, the accusations were plenty. “The same media that had defended and stood by her was now spreading vile lies about me,” remarks Sinha. (63). All these rumours were cooked up when some of her envious relatives realised that she was being offered the best treatments and were receiving monetary help from many sources. They felt jealous of an athlete who excelled as a national level volleyball player and who lost her two legs following the accident.

People who framed accusations against Sinha did not even bother to think how Sinha and her family were going to deal with the disabling condition. She had to battle her physical condition along with these false accusations directed at her and her family. Sinha writes in this regard: “The GRP desired skin preservation. An

unbiased investigation would have found them out. The railway police were out to disprove her because they believed that the GRP was responsible for train security and that my incident had put it in the dock. They had made sure that the media dutifully reported on any criticism directed towards me" (63). She states that it was painful to simultaneously battle her new reality of living without her legs as well as the attack from Indian media and authorities.

On a positive note, it was these allegations that prompted her to decide to ascend Mount Everest. She expresses her gratitude to Bachendri Pal, who taught her the nuances of mountaineering. She also acknowledges the support extended by some politicians and non-government organisations for her cause. The artificial limbs were contributed by an Indian living elsewhere. Sinha sought help from people abroad and the help she received from Indian residents residing in developed countries were instrumental in helping her achieve her goals in life. Monga unlike Chib, Gupta and Sinha had a close relative who was a foreigner. The interactions with and mentoring of her German aunt Mrs. Frake had a positive impact on Monga in dealing with her impairment and shaping her attitude towards life.

Monga was living with her uncle and aunt when she was diagnosed with vision impairment. Her family had come to Calcutta for her medical examinations. It was aunt Frake who introduced her to the books by Hellen Keller from whom she drew inspiration. She learnt the sophisticated ways of social life during her stay in Calcutta when she was surrounded by British friends and her German aunt. Monga asserts that all this grooming helped her a long way to become independent and understand the need for economic, social and personal independence whether one is disabled or not. She was offered a gadget by her father who had imported it from the

United States of America that allowed her to learn type-writing. This helped her gain a lot of confidence and connect with people. In this way, the authors invariably mention the stigma, the staring, the unwanted sympathy in Indian society and they are aware of the fact that disabled women in places like London do not face such segregation. Moreover, in developed countries like London, disabled people are encouraged to live their lives independently because the society as well as the government comes forward in ensuring non-disabling or non-handicapping environments. Accessibility to public places is primarily ensured in such countries, which has not yet materialised in many parts of India.

These writers focus on social inclusion by voicing their concerns on improving social inclusion by providing accessible environments in public spaces for the disabled. Gupta continuously argues for accessibility and making public places accessible for disabled persons. Chib recounts various instances where she was much more comfortable living in London when compared to her native country. Monga asserts that the influence of western education and the impact made by her German aunt has helped her gain insight to approach life positively. Sinha acknowledges the help she received from abroad that helped her improve her condition. Although the authors voice their critical comments about the lack of inclusivity in the Indian society, they desire to bring about a change and advocate for the rights of the disabled in their own different ways.

Another dimension of living with disability is battling the inner barriers of psycho-emotional disablism as well as the external barriers of lack of accessible infrastructural facilities. The structural and infrastructural barriers contribute to the discrimination of disabled Indian women as much as the psycho emotional aspects

of disablism. Gupta had to face the reaction of her friends when she met them after nineteen years. Her physical appearance was attributed to a discrediting stereotype which she was accustomed to by then living with a visible disability for more than nineteen years. Chib reminisces that it was during the social gatherings as a youngster that she had to accept that her physical deviance was so glaring and demeaning. Chib comments her notion to counter the stigma associated with disability that everybody was disabled in some sense or the other and perfection is a myth. It is a fact that certain people with disabilities remain invisible and Monga's experiences testify this notion.

Monga encounters two or three incidents where she is mistaken not to be blind. She has an amazing sense of dressing and people keep telling her that they cannot believe that she has vision impairment due to her appealing aesthetic sense. Once she goes to meet the renowned writer Khushwant Singh along with her friend. The writer welcomed the young ladies with warmth but took her friend's arm in his to lead them into the drawing room assuming she was blind, while the actual blind person was left at the door. Singh was under the impression that since the friend did not need any assistance to come and sit in the drawing room, he did not bother. He considered the person normal. He was embarrassed to realise his mistake and immediately apologised. Singh confessed that Monga did not look blind. They made a joke out of the entire situation and he even reported the hilarious incident in an article in a leading newspaper.

In another incident, a security guard at a movie theatre offers her the service of an elevator thinking that she had mobility issues due to impairments in her legs because she was holding her husband's hand. When informed that the problem was

not with her legs but her eyes, the guard was surprised. The security guard also stated that he did not understand that Monga was blind. She was allowed to touch and feel the monuments at the Jaipur City Palace when she visited there. A few people who were fellow tourists challenged this saying that she was given special permission which was not fair. They were of the opinion that Monga was misleading the authorities and she even had to produce the certificate which validated that she was blind. The tourists reinstated that she did not appear to be blind. It is the ableist norms and convictions that make people assume that disabled should look in a particular way. It is also observed that a person without impairments considers those with them either with horror, fear or sympathy.

The society has imbibed such conditioning that they have assigned certain traits and behavioural patterns to the disabled. Staring is one form of stigmatisation that discredits the person that is treated as an object. The politics of staring is evident in the gaze that the four authors had to encounter in their lives due to their visible disabilities. Staring is described as an interactive process through which the disabled identity emerges. Moreover, the act of staring exposes the skewed power relations between the able bodied and the disabled. In this manner, the subject positions of both classifications are discerned. Such acts of behaviour contribute in reinforcing the sense of deviance, abnormality or lack in the disabled individuals. However, these authors overcome the social malice by explicitly stating their resentment in being subjects of this kind of stigmatised voyeurism.

Power structures of ableism and patriarchy can be equally accredited being the cause for the same. Sinha writes about this social malice of “staring” in India. (12). She feels that it is a by-product of the patriarchal nature of the society and that

Indians have made the act of staring a “national habit” (16) She says she was subjected to staring as she was a single woman travelling alone in the general compartment of a night train which itself was not acceptable for the heteronormative patriarchal Indian society. She indicates that women in India are still treated as objects. This was when she was able-bodied.

As a solitary female traveler, she was subjected to the scrutiny of strangers upon entering a densely populated general class compartment. Sinha mentions: “I had a vague feeling that a few eyes were staring at me in a rather probing way. Women across the country have learnt to live with such looks” (21). She states how common it has become in Indian society, that Indian women had started ignoring the toxicity and problem with such a derogatory act. Although she was bold enough not to care about such looks, somehow it did disturb her. But she remarks that women in India have become accustomed to such staring. Sinha felt helpless when she was taken in a stretcher and was made to wait both in Chaneti and Bareilly stations before she was taken to hospital. She was transported from railway tracks where she laid to Chaneti station first. From there she was moved to the guard cabin of the Bareilly bound train.

At both these places she was made the subject of staring. Instead of giving her what she needed, people just stood and stared. It was with great difficulty and repeated requests that she got some water and a shawl from these onlookers. Although she gratefully acknowledges those poor villagers who contacted her family over phone and made arrangements to take her to the hospital, she says that all this was done after a long time of staring. People in our society have made it a habitual behaviour that they consider it is perfectly right or politically correct to simply stand

and stare. Chib writes about the negativity she feels when she is made an object of staring. She wonders why people in India do that instead of offering a helping hand.

Gupta felt inconvenient and disturbed at the glares she received from the public. Since disabled in India are still considered a marginalised group, people always display a tendency to stare at people with disabilities. She was reluctant to even go to a nearby store after the accident as people kept on staring at a disabled person without considering how that person might feel. Gupta narrates a shocking incident where she received alms thinking that she was a beggar while her wheel chair was placed outside Haridwar temple and she was in the queue. A middle-aged woman appeared and placed a coin of twenty-five paise in her hand. Gupta, who was literally shocked at this incident says: "The woman had thought me a beggar simply because I was disabled!" (63). She asserts that she was dressed neatly in a casual sweatshirt and trousers and yet the woman did not consider any of these but only that she was wheelchair bound. She felt awkward and did not want to confront such embarrassing situations in the beginning. The attitude, aversion and stigma of the society is evident here.

Similarly, Monga felt that she was discriminated against and neglected when people around her started attributing that she had a contagious disease. It was actually a skin disease as a result of a smallpox vaccine administered in the wrong way. The stares and comments aggravated the exclusion of little Monga more than the blemishes on her skin and the inconveniences caused due to impairment. People generally try to avoid persons with such visible deformities. Chib despises this attitude and reminisces how she was left alone as a child when the other cousins played and mixed up with each other. She narrates that in London the disabled led

their own independent lives as most of the places are accessible and nobody stared at them as if they were people with a difference. Sinha deals with all this stigma and segregation in a more focused way as she sets new goals for herself to achieve. Since she was used to marginalisation in one way or the other from childhood being a poor girl hailing from a remote village in northern part of India, she did not give it a serious attention.

The authors testify that they battle these inner barriers alongside the outer barriers almost at an equal measure that create a discrepancy between the social identity that is virtual and the actual. People with impairments and visible or intellectual disabilities are perceived to be different by society. Such an attribute is a stigma, especially when its discrediting effect is extensive and constitutes a discrepancy between virtual and actual social identities. Virtual social identity is the expectation of how a person should look according to the perception of the so-called normal people (Goffman 24). By enforcing normalcy, certain bodily features are considered normal while all others that seemed to be deviant were marked as out of the normal. This is obvious because of the normative able-bodied conditioning prevalent in the society. The difference is not value-neutral either. They are marked as a deviance or lack. It is this attitude that the disabled writers are trying to invalidate or resist. The encounter becomes problematic when the virtual identity as perceived by able-bodied is contested with the actual identity of a deformed body's visual appearance. They seek to redress the dominant narratives of invalidism. Invalidation can occur at various levels.

These instances of ontological invalidism or psycho-emotional disablism undermine the psycho- emotional well-being and hinder the progress of disabled

subjects to achieve a sense of well- being. The rhetoric and the enactment of this kind of disability discrimination create a hostile and exclusionary environment for people with disabilities that perhaps exceeds the less virulent architectural barriers that keep them out of the workforce and the public sphere. Society constructs and disseminates fear, hatred and aversion towards people with impairments that are detested by these individuals. Sinha first experienced it when she was lying on track bleeding while the onlookers took some time to decipher whether she was alive or not. She mentions that even in hospital, she was subjected to aversion by many strangers and onlookers. Chib narrates an incident when her entire family went to Kashmir for vacation and while being stranded, she had to face the aversion of strangers like rickshaw drivers and a few shopkeepers.

She reminisces that apart from her first cousins, she was dejected and left alone by the kids of her age. They never included her in their games as they thought that she could not comprehend what they spoke and thought. Gupta faced aversion from her in-laws. Vikas's parents did not approve of him marrying a girl who was tetraplegic. Gupta and Vikas perfectly complemented each other. Vikas was her friend, mentor and a person who constantly urged her to do her best. The couple was disheartened to realise that in spite of their perfect love- life, their union was not approved for a long time by Vikas's parents. They had to give in after a long time due to the determination of the couple.

Another aspect of this attitude towards disabled people is the lack of empathy in doctors treating them. One reason for the increase in disability memoirs is to reinstate the subjectivity of the patients in the wake of their objectifying medical treatments and discourses. Life narratives of disabled Indian women

become counter narratives as they reinforce the subjectivity of the authors and voice the resentment that people with disabilities experience in the wake of objectifying or pathologising treatment by the doctors who treat them.

The insensitivity of doctors and the lack of adequate medical facilities are brought forth in the narratives of all four authors in a similar manner. Earlier the medical discourses denied the patients the opportunity to tell their stories. The disabled patients were derogated as mere diseased tissues. The patients are treated as objects where they are not given any control of what is done to their bodies. They are not adequately informed about the treatment process and also permission is not sought from them regarding the medical interventions being performed in their bodies. The disabled authors perceive the process of writing their lives as a means to reassert their subjectivity which they feel has been lost in the process of objectifying medical treatment.

Monga accuses the doctors of mistreatment during the medical examinations. She depicts the terror she felt doctors unsympathetically subjected her to medical examination at a young age. She was subjected to numerous tests and probes which petrified the little Monga. She could not decipher at that age that these were important for the prognosis. What disturbed her was that none of the doctors found it important to prepare her before the medical examination by telling her what exactly they were going to do to her eyes. As Monga notes: “Without mercy, countless drops of atropine were forced into my eyes, ignoring the loud protests I emitted. No matter how much I cried or pleaded, nothing seemed to release me from painful injections and petrifying examinations” (24). She confesses that she impulsively had

the urge to strike the doctors and shove them away but took all her self- control to refrain from doing that.

Sinha elaborates that her legs were amputated without proper medical care and facilities in Bareilly hospital. She denotes that she could make out the pathetic affairs at the hospital and felt that people with an emergency condition did not either survive in the hospital or were referred elsewhere. Sinha had to also look for a person who was ready to donate blood required for the surgery. When obtaining blood from the blood bank was not a possibility in her case, her brother-in- law had to donate blood. Although such a gesture was usual for a relative of a patient, what prompted Sahib to give two units of blood was that there were not any other donors available.

While narrating the mistreatment and objectification of treatments, Chib recalls how her life became traumatic being a disabled child with cerebral palsy due to the negligence of doctors. Her mother was subjected to many hours of labor and instead of performing a caesarean they forced her for normal delivery. As a result, the umbilical cord was stuck around the baby and there was a lack of oxygen supply to the child's brain and diagnosed with cerebral palsy. The oxygen supply was slow only for a few minutes but that medical negligence was long enough to make the baby disabled for a lifetime Chib speaks about how her relatives refused to believe the diagnosis of Indian doctors due to this lack of research and updated knowledge in the area.

Gupta points out the lack of medical facilities in India and attributes part of her disability to lack of proper medical intervention. Gupta asserts that her spinal injury would not have been this worse if she attained proper medical intervention at

the right time. She attributes the death of her husband due to internal bleeding to the mistreatment and negligence of the doctors. Gupta's husband, Vikas was not operated immediately when he was admitted and after the initial tests and diagnosis due to the fact that the doctors wished to take a public holiday and did not want to waste their time performing a surgery on a public holiday. Vikas succumbed to his injuries due to the laxity of doctors.

Gupta and family were shifted to a hospital in Mandi which was near to the place their car met with the accident. Later all four of them had to be shifted to a hospital in Sundernagar. Gupta had to lie in a stretcher placed in between the beds of her in-laws as there was no room to accommodate her. Vikas was on the top. They further had to be transported to PGI hospital, which was considered the best in Chandigarh for further treatment. The wounds were stapled and after giving them preliminary aid, they were shifted to Chandigarh.

Lack of facilities in these hospitals made it necessary for shifting Gupta's family. She noticed inadequate resources and services at PGI medical hospital, Chandigarh were pitiable. This reminded her of the thickly populated corridor of the All-India Institute of Medical Sciences, where she had to lay in stretcher for a number of hours. As she observes: "This hospital, however, was worse. The stretcher I was transferred to from the ambulance was soaking wet from the rain" (217). Vikas had internal bleeding on his stomach and shifting him to Delhi was not a safe option. Gupta and her mother were shifted to Delhi for better treatment and care. Vikas was administered oral medicines to control internal bleeding. Instead of performing an immediate surgery, doctors postponed the surgical procedures to the next day ensuing the national holiday.

Vikas was not allocated facilities for proper medical care in the Intensive Care Unit even when his condition worsened. He was put on a ventilator after surgery and was sedated. The doctors kept reassuring the relatives that everything was going to be fine when things actually got worse. Gupta regrets the decision of not having him air-lifted from Chandigarh and having accepted the verdict of doctors at Chandigarh. She says, "We were at the mercy of a bunch of heartless people for whom life had little meaning. Once again, it was the negligence of doctors that took everything away from me" (220). Vikas developed septicemia and succumbed to multiple organ failure. There is every possibility that he might have contracted the infection due to the lack of proper care during the post-operative phase.

Chib's parents and relatives disbelieved the Indian doctors that she would be a vegetable. Monga at one instance writes how she contracted skin-disease as a side effect of her treatment. She was given a vaccine for small-pox from school. Neither the school authorities nor the doctors think it was important to do allergy tests on children before administering the same. Monga complains how the doctor adorned gadgets on her face without asking her permission or telling her what they are going to do. Gupta was offended when the nurses came and undressed her body to clean her without asking her permission. Sinha records that her legs were amputated without giving her anesthesia and she had to tolerate the pain and trauma of the surgery. The surgery was done with her permission as she realised that it was necessary for preventing gangrene affecting the other organs of her body.

Since authorities in the hospital refused to do the surgery as they did not have a local anesthetist, Sinha volunteered to permit them perform the surgery. Her

fear of losing her life and her determination to limit the damage or injury to her legs made her take such a brave decision. Sinha was shocked to find a dog visiting inside the ward of a hospital. What aggravated her distress was that the dog smelled the raw flesh and immediately after spotting the part of leg amputated from her body, started licking it. Sinha shouted at this unbearable sight. The callous attitude of the nursing staff and medical professionals is brought forth through the depiction of this instance.

It is deciphered that all these authors refuse to adhere to the medical mistreatment and voice their resentment in the plight of handling patients. They emancipate from being passive care receivers to be active agents narrating their experiences with the medical world. In this way their narratives expose the realities and help the disabled to voice their actual concerns and problems. The relationship between medical discourse and scientific objectivity can hinder the humanitarian goals of healthcare, as it often reduces human experiences to mere data. The evolution of clinical practices has led to a decrease in direct patient-physician interactions, impacting the quality of diagnoses and patient care. Bodies are considered as battlefields in medical discourses.

In a way, the subjective experiences of the disabled get reflected in their narratives helping them to reclaim their bodies from medical colonisation. Nazeema Huzruk, a prominent disability activist and writer, writes in her life narrative about a failed medical intervention to remove a cyst from her spinal cord that aggravated her physical trauma and pain. Writing an autobiography becomes a means of establishing personal boundaries and asserting identity in the face of societal marginalization. Disability life narratives can counter the moralising, objectifying,

pathologising, and marginalising representations of disability in contemporary culture because they offer an important entree for inquiry into one of the fundamental aspects of human diversity.

Chib was identified with cerebral palsy by the time she was one year old. She felt the need to write as she wanted to demystify all the pre-conceived notions of cerebral palsy as well as dealing with disability. She wanted to inform the positive support she received from her family and acknowledge how all the education and opportunities from a foreign country became instrumental in shaping her identity and encouraged her personal growth. Gupta writes to relive her past and by narrating her two life changing accidents she wants to reconcile herself with peace and internal happiness. Monga narrates her experiences of disability and writes her autobiography to not only speak about her struggles but also to speak about her empowerment. Sinha concludes her narrative by discussing her new hopes and plans for the future of setting up a sports academy for the disabled.

Writers of disability life writing either provide a model for a form of collaborative, process-oriented writing and rewriting or the materiality of writing. Through writing they disrupt the stereotypes of dependency and vulnerability thereby becoming an act of defiant and triumphant self-inscription. Chib, who was considered a ‘vegetable’ by doctors, testifies this in her autobiography. She begins her book, with a confession that writing her book, was a long hazardous journey and she openly tells the readers that she just ‘managed’ to complete the task. She says, “I have used the one little finger 50,000 times. This strenuous, exhausting, exhilarating journey is coming to a close. My first book is almost over. Unbelievable! It has been an emotional upheaval revisiting my life. Now as I pen my last chapter, I am

introspective" (193). She concludes that having got an opportunity to pour out her subjective experiences of a life with an impairment has contributed to give meaning and a sense of worthiness in her life. She was able to write about the actual experiences of embodiment from the perspective of a girl with cerebral palsy living in a country like India which had very little knowledge of the condition.

Similarly, Gupta documents how hard, monotonous and painful it is to record her memories and shape it into a book: "And I sat down at my round dining table, beside the kitchen door and facing the idiot box, typing out my life with one finger, the only one usable after the second accident" (236). She continues to relate how difficult it was to come back to normalcy after the second life-changing accident and how on some days she just sat in front of the computer with the intention of writing her book and moving on with her job but doing nothing other than to think and ponder over things that were actually out of her control. She reassures herself through the act of writing about her own very existence.

Gupta states the purpose of writing her book: "The thing holding me back was not the pain in my heart but the urge to document my life's journey. It would all be wasted if I were to reflect on it and really learn. The only thing that mattered was the book. I was writing to understand 'Why' and to capture Vikas before time made everything dusty" (237). She understands that it is important to document her life journey with disability so that it also becomes a record of documenting Vikas, her husband who considers disabled people without any discrimination imposed by ableist norms. She clearly states that the process of writing has given her the opportunity to look at her own life from different angles. Moreover, through her autobiography, she asserts her individuality without recourse to sympathy or pity.

Sinha considers it important to document her life because she expresses her determination to face all odds and emerge as a person who will not give up on life.

Additionally, she acknowledges the help she received from various sources and dedicates her narrative to several Indians who offer to help the needy in their own ways. Her principal objective is to speak for the disabled self that does not desire sympathy but acknowledgment for efforts put in to restore life. She recognises the support of Pintu Kashyap, who spotted her lying in the railway track, Bachendri Pal and the Tatas for helping her move forward after the accident and helping her mission of ascending Mount Everest. Through her narrative, she expresses gratitude to all those strangers who helped her in the process.

Whereas Monga seems to be content with the turn of events in her life as she believes that she has fought all the odds and obstacles in life, with courage, she is retrospective in her narrative that unfolds in a chronological manner. Sinha's narrative is different from the other three authors in that it infuses and intertwines with the past and the present. Chib and Monga almost stick to the chronology of events that happened in their lives whereas Gupta and Sinha speak more of their present conditions. Their narratives testify the contentment the authors feel battling the disabling condition. All of them consider it important to record their subjective experiences as they consider it an important aspect of healing themselves as well as preserving their experiences of being disabled for posterity. They feel the need to document their quotidian realities to refer to the conditions undergone by people with impairments in a society constituted by ableist norms.

Dependence on assistive technologies that enable persons with disability to perform quotidian tasks in an easier manner is acknowledged by these authors. Chib

states how she was able to communicate in a far better way with the help of technology. She wrote long letters and short stories using Amstrad-a simple word processor. She was offered a smaller and compact version of "The Toby Churchill" as she detested using a bigger one like the one used by Stephen Hawking. This, according to her, made her disability look more prominent (12). Chib had a compact one which gave her the opportunity to carry it anywhere she went easily. But the one she had was a male version of it with a thick American accent. She could communicate and she could be more self-reliant. She updates herself with news and happenings around her better than before.

With the electric wheelchair she had more freedom and mobility. This enhanced her self-confidence to a great deal. Chib reiterates how important it is to make disabled people independent. She tells us how she learnt to use e-mail that helped her to connect with the world and the email technology "revolutionized" her life (119). The reality that her social networking improved with social media platforms like Facebook changed people's attitude towards her and she could use the platform to voice her concerns or interrogate existing societal opinions on disability.

Monga reminisces that her father bought a portable typewriter for her from the United States and that she was determined to learn to master it. She wanted to learn typing as she did not want to be left alone in any aspects of life because of her disability. She tried to perform the daily chores done by her family members in order to defy her disabling condition. She wished that her impairment should not limit her functioning and being productive. When initially, she found reading and typing simultaneously a challenge, she formulated an innovative strategy to resolve this issue. She began to type self-constructed sentences and she "wrote about the day, the

weather, the city, the family, and anything else I could imagine effortlessly and swiftly, and of course, there would be letters that would not only give me the pleasure of communicating my side of the stories and news, but elicit exciting responses as well" (61). She expresses the opinion that though disabled people are trained in special ways, since they have to coexist in the world with people without disabilities, they have to strive hard and learn to adapt themselves.

She wrote about diverse topics that were common and what she experienced around. She acknowledges that this practice enabled her to discern diverse perspectives on a particular subject from different people. She could distinguish her thoughts and analyse how it differed from the perspectives of others. She continues to state that mastering this typing skill has helped her enormously in later life. Monga learnt to read with her magnifying glass, which added a new dimension to her perception of independence. As she mentions: "The enchanting capacity of being able to read and write legible text independently, gave an entirely new dimension and control over my life, and in addition, completely altered my outlook and my position in society, and made me feel in the 'seventh heaven'" (61). The confidence and enhanced self-esteem she felt after being able to read and write is recorded. She acknowledges that the technology helped her banish the trauma of not being able to learn further going to school.

Sinha could scale Mount Everest with the help of her artificial limbs. A steel rod was inserted in both of her legs. The equipment and gadgets used by mountaineers were used by her. She made herself adapted to these. She had to patiently adjust to the artificial limbs and learn to walk again with her new pair of legs. Gupta too firmly believes in the role of technology in making places and things

accessible for the disabled. Technological advancements have helped the disabled people reimagine and relive their lives in much easier ways as technology has also helped people without impairments. Disabled people have begun to consider disability just another part of their identity and are trying to move on in life in the process of becoming independent with the help of technological and attitudinal progress. The advent of post humanism and reliance on technologies and artificial intelligence further erases the dichotomy or binary notions of able, disabled or normal and deviant as it reduces the distinction between human and post-human.

The presence of disability creates a different picture of identity which is one less stable than identities associated with gender, race, sexuality, nation, and class and therefore presenting the opportunity to rethink how human identity works. Social oppression is constructed through a complex web of these intersecting identities and cultural conditions. Disability becomes the identity of the individual. Sinha takes the decision to ascend Mount Everest and assert her talents as a sportsperson in order to overcome this identity of being incapable and being the passive care receiver. Chib was rejected at many interviews due to her identity as a disabled person but she acquired two master degrees and made people realise that beyond her identity as disabled she could become a professional.

Monga became the first blind aerobics instructor to escape the marginalisation of incapability associated with disability. Gupta advocated accessibility campaigns not just to improve the environmental designs or physical surroundings of a place to suit the needs of a disabled person, but also to become independent in every sense of the term. She narrates how she began working,

moving out of the care-receiving role adopted by her family to stay alone in the hospital premises where she was working.

Disabled people possess skills and talents, which they might have acquired before or after disability, but Murphy opines that the society has a tendency to look into the disabled identity more than any other aspect of their personality. “Disability creep” refers to a shift where disability is used as a primary identifier, leading to a tendency to define people primarily by their disability, rather than considering other aspects of their identity or abilities. (Murphy 232). While battling such preconceived notions of being passive care-receivers these authors demonstrate their quest for asserting their individual sense of being and thereby invalidating dominant cultural narratives of invalidism.

Chib makes herself and her wheel chair useful to the family while in London. She narrates the delight she felt while doing the laundry, doing the shopping and moving about alone in the London buses. Each of these small gestures were stepping stones to become independent and assert their individuality. Gupta began to make post cards after relentless efforts and spending hours of practice. She was encouraged by her friends and when she exhibited them, she was covered by the media. Although these exhibitions gained her pocket money as well as popularity, she stopped it when she discerned the fact that her post cards were sold not out of its aesthetic qualities but because of the fact that it was being made by a disabled person. She did not want that to be her “master status” and hence she put an end to it by not doing it further (Gupta 89).

Monga took up cooking and embroidery, when she realised that she had no ear for music after spending many hours of daily practice in music. When Monga

lost her job, she started something of her own and later became a motivational speaker. Such continued efforts by all these authors were to deny their master status of identity as disabled. This is problematic because it is not the status of being disabled that is derogatory but the notion that they are mere passive care-receivers and incapable that is an issue that they address.

Throughout their narratives, the four authors detest this categorisation of being dependent and worthless and speak of their disability as just another condition of human life. They resist fitting into the ableist norms, and in the process, they personify what is termed as disability pride. After the initial uneasiness and discomfort of accepting themselves, they tend to regain their confidence and make themselves ready to face the world. Their confessions come after a lot of introspection and interrogation of the self. They were conditioned by the norms of normalcy and the notion of an able body that was conferred upon them by the society. Chib was avoided by children of her age, and this initially did upset her. Monga was expelled from her school following her medical verdict of atrophy and she was shattered. Gupta refused to meet any friends and felt lost when even her boyfriend whom she considered genuine and true deserted her due to disability. Chib confesses about her desire to have a normal love life but could not because people thought her incapable of not leading such a life. But at some juncture in their lives, they realised that given their bodily dysfunctions or limitations, they have to move forward in life. At this juncture they began to proudly proclaim with pride their disability and moved forward.

Problems faced by the disabled are attributed to the faulty attitude of the society and disabled authors become harbingers of change or hope. Disabled people

have to perform disability in particular culturally sanctioned ways to defuse or manage the affective responses it generates. This enhances the emotional labour they had to invest in lives. Performing everyday actions itself becomes strenuous to disabled people compared to non-disabled people. The disabled self has to constantly narrate the reasons of being impaired and in order to accommodate themselves in an ableist world, they take extra efforts and indulge in emotional labour combating ableist prejudices.

Disabled people have also been subjected to voyeurism and they are considered as inspirational. They have also become a cultural commodity by portraying them as persons who deserve sympathy and empathy. Either they are presented by the media in a prejudiced manner which highlights the deplorable living conditions of the disabled so as to incite sympathy or they are considered as heroes who overcome the disabling condition through performance of disability. Gupta and Chib refrain from media attention to secure personal gains. Sinha has been supported as well as attacked by the media but she uses the attention and support to survive the situation and to ensure that she has been adequately compensated by the authorities. She had no other choice but to receive all the donations and financial support as she comes from a poor family which could never support her expensive medical treatments. She had to have material support to sustain in life. Similarly, Monga has used her talents, media attention to the betterment of her life.

Disability can happen to anyone at any time and it is fluid in nature. Gupta was betrothed and she was leaving for a better job when she met with her first accident. She had thrown a party to her friends. In the middle of the night, a group of

friends overjoyed by each other's company, fun and frolic sped fast and were racing while on the way to drop a friend. It was her fiancée that drove the car. None of them expected that they would meet with such an accident. While the rest of them got away with minor injuries, Gupta suffered a spinal injury and became wheelchair bound for the rest of her life.

Sinha had no choice but to travel in a general compartment and did not have the luxury of anyone accompanying her to ensure her safety. Moreover, she firmly believed that she was no different from others due to her gender. She always wanted to be independent and live on her own. Little did she anticipate that she would be thrown out of a moving train at midnight with no one coming to her rescue and abandoned her in such a state when she boarded the night train.

She asserts in her narrative that although we have certain plans for our future, destiny has other plans. Monga reiterates that her life entirely changed from the glorious carefree life in the north-eastern hill states of India when she was diagnosed with optic atrophy. She vividly remembers the picturesque sights she imbibed before she lost.

Chib's stance on how disability is fluid is expressed. She observes: "I believe that nobody is perfect, we all are in some way or the other disabled. Our disability is more visible; others have what I like to call an invisible disability" (92). She speaks about the need for an inclusive atmosphere in this context. She reiterates that disability can happen to anyone and a person who actually has impairments may pass as able-bodied. People generally have a tendency to acknowledge only visible deformity as being disabled.

Although these authors write about the condition of being disabled, the physical attributes, the pain and suffering they also count on their blessings and how they strived through various odds to lead a meaningful life after coming to terms with disability or rather learn to deal with disability. This trait visible in their narratives make them more of full-life narratives rather than illness narratives. The reiteration of feeling worthy and being able to live life on individual terms in spite of their bodily dysfunction can be seen in all these four authors making them examples of full-life narratives although they belong to the category of auto-somatography.

Life narratives by disabled authors not only record personal disasters and mischances encountered but also include ways and means by which these authors battle disability. The negative attributes, the physical and emotional trauma, the stigma, and indifferences faced by them from society are embedded in such narratives. Illness narratives can be monotonous, repetitive and boring as they all share similar concerns of dealing with difficulties, speaking at length about the medical condition, the impact and consequences of it. Whereas fullness narratives speak about relationships, the acceptance or denial of people with disabilities, their aspirations, dreams and how they perceive life to be.

Chib, who has been living with cerebral palsy right from her birth states how strenuous it is for her to do daily chores which might be easy for another person without impairments. When Gupta records her trauma, medication and treatment after the spinal injury, she also speaks about her relationships, aspirations and dreams and also her perceptions. She acknowledges that it was Vikas, her husband who encouraged her to always do her best. She decides to continue with her projects of establishing accessible environments which was a dream she shared with her late

husband. She became even more ill and lost her husband Vikas after the second car accident while they were going for a much-needed vacation with family to Kulu Manali.

She lost both her father-in-law and her husband in this accident and the impact for her was more emotional than physical. Although she emphasises the slogan of accessibility throughout her narrative, she records the moments in her romantic relationship and how she came to terms with her widowhood by feeling that his spirit is with her. She concludes her final note of gratitude thanking her husband without whom she realises that her book would not have been possible. (241). So, it is more about the cherished moments than the illness.

Similarly, Monga takes pride in her achievements rather than brooding over her illness. But she states that the stigma, distress and marginalisation she had to endure only because of her vision impairment throughout her book. Every time she accepts her reality and tries to move forward, she is confronted with new obstacles and hurdles. She had to face domestic violence from her husband. Monga had to go through a lot of exploitation as her husband always blamed her that she was a burden on him because of her disability. She had to divorce her husband after enduring countless instances of domestic violence. She struggled and learnt new skills so that she could survive in the world and could be financially independent.

She became an aerobics trainer and motivational speaker. Monga projects her indomitable spirit to fight against all adversities and with gratitude remembers her family and all those who supported. She establishes a human resource recruiting firm and later remarries a man who loved and respected her. In spite of being blind, she takes the onus of cooking and doing household chores. Her aesthetic sense and

dressing sense has made people look at her surprisingly. Many could not believe that a person with vision impairment could do these tasks so efficiently. Monga's narrative becomes fullness-narrative as she talks of her impairment, living with it, the psychological aspects of experiencing the stigmatisation of being disabled, failed relationships and also her resilience.

In a similar manner, Arunima Sinha wanted to prove herself that she was destined for higher things and that is why she undertook the challenge of ascending Mount Everest with her amputated legs. She wanted to prove to others that she was a true athlete and earlier, before the train incident, was a talented national level volleyball player. In a similar manner, Chib accepts her rejections and is ready to continue her pursuit of independence. Although Chib desires to be in London, a city that empowered her, she realises that she has much to contribute to Indian society. All these narratives thus become fullness narratives rather than illness narratives making them quest stories rather than chaos stories or restitution stories.

These authors document their everyday relationships, prejudices, friendships, legal challenges and cultural representations through which a complex sense of identity is constructed and maintained in a wider social context. They definitely vocalise their dreams, aspirations also about how they achieved significant milestones in their lives. But they do not stop there, making it a restitution story which implies that they recover from the disabling condition and enforce normalcy upon them. Neither are they chaos stories as they do not end with the failure of the authors to cope up with illness or disability. They become adjusted and adapted to their disabling condition and the impairment does not restrict them from living life to the fullest. This way they become quest stories and not chaos or restitution stories.

Chib states that it had been an emotional upheaval revisiting her life. It is a way of balancing for her. It is not a narrative of triumph. Gupta states that writing her book has enabled her to redefine things again and again and revisit her life from different perspectives. She notes down that her intention in writing her narrative is not only to write about her disabled condition but also to document her relationship with Vikas, her late husband and best friend. In that way, it is not just a story of over-coming. Monga delineates her failed relationships, her failed attempts to be a musician, her rejections at the work place and her limitations making her narrative not just narratives of triumph or overcoming.

Sinha is however preoccupied with her mission of setting up a sports academy for the disabled and is busy making things happen in that regard. She expresses her contentment and happiness in rooting the Indian flag at the zenith of Mount Everest but she does not linger on that aspect in her narrative rather point out plans for her future endeavors. The blurbs in the back cover of these books, the promotional materials and the reviews of these works at times have the tendency to categorize them as inspirational works and stories of success.

People with impairments are categorised as inspirational and extraordinary qualities are attributed to them in order to designate them as differently abled. This is detested by the people with disabled. They are showcased or represented in literature and media as always capable of appearing normal by exploiting their own limits. Chib, Monga, Gupta and Sinha question this ableist attitude of enforcing normalcy in their narratives. They become quest stories and not just narratives of triumph or overcoming. Overcoming obstacles is an integral part of their story while exhibiting disability pride.

These life narratives become more significant and it is important to analyse them not just because they articulate the personal and thereby the socio-cultural experiences of the disabled but because they are also gendered voices of being disabled. Their experiences are not univocal or universal. Chib, Monga, Gupta and Sinha advocate for inclusiveness through diverse means. Their narratives become cultural texts as they vividly portray the stigma and discrimination they face. The disabled self is evolved and is portrayed in such a way that a complex, layered and a more nuanced way of understanding the experiences of being disabled is made possible. The texts expose every aspect of their lives making them fullness narratives rather than illness narratives.

The fact that disability is fluid and can happen to anyone at any time is reinstated in these works. The objectifying treatment by the doctors is countered by narrating the subjective experiences of disabled. The experiences of a person with impairments living in India that lacks adequate knowledge and medical facilities is different from a person living in developed countries. The disabled self in these texts is segregated and marginalised and the role of gender becomes significant in such deliberations. Being a disabled woman in a heteronormative, able-bodied society compounds stigmatisation, which is countered by asserting individual identity to become an empowered disabled self.

## Chapter 3

## Relationship: Confrontation and Assertion

A person with impairments becomes disabled in relation to certain norms created by an ableist society. Encounters within personal, familial, societal spheres can be confronting as they are structured by attributes of normativity. Confining to certain gender roles as well as performing traditional gender roles might be difficult for disabled selves. Coming to terms with bodily dysfunction itself takes significant effort and time. Disabled selves may have imbibed the attributes of normalcy, which they detest and refuse to be categorised as passive care-receivers.

The dependency on their immediate families for personal needs is pivotal for people with impairments living in India where state sponsored personal carers or facilities for institutionalised care for the disabled are not available. The embodied experiences of women with disabilities might be entirely different from that of men with disabilities. These differences are shaped by intersecting social, cultural, and structural factors such as gender norms, power dynamics, and expectations about femininity, as well as the societal treatment of disability.

The inability to fit into accepted traditional gender roles aggravates the depth of marginalisation faced by these individuals. The performance of gender becomes problematic when disabled women are considered care-receivers rather than care-givers. Persons with impairments are considered asexual by society. Their desire for companionship is often neglected or unnoticed. Disability Studies and Gender Studies bring forth a conflation of enquiry of the corporeal experiences of the body. The body with all its deviances or differences has been a site of inquiry which is given primary importance in disability studies as well as gender studies.

The acceptance of deformity and bodily limitations is central in gender enactments. The marked or deviant body which is a consequence of visible disability has to confront the stigmatisation of being different. Chib considers herself having "an intelligent mind with a disobedient body" (9). Her parents were relieved to know that their daughter could decipher and comprehend things around her in spite of being identified with cerebral palsy and a deformed body. She cites the feminist theorist Susan Wendell to denote the idea of the "rejected body" that explains the trapped feeling experienced by disabled women due to their visibly deformed body (146). Chib was informed by the writings of disability theoreticians and activists while pursuing her master's degree in London.

Chib quotes Wendell while she elaborates on the notion of the 'rejected body' and how her feelings resonated with the idea. Chib realised that she had to face rejection from men as she did not have a body that confirmed the traditional or normative parameters of beauty and attractiveness. Most men desired only those women who looked attractive and who were deemed as beautiful by the traditional standards of beauty. They ignored disabled women as their physical appearance is different. Chib confesses that it took time for her to accept that she was trapped in a "rejected" body (146).

She recalls her life at St. Xavier's college and realises that it is because of this notion that she was not considered attractive by young men of her age. She detests the perception that disabled women are considered asexual by society. While talking about socialising events and perception of the opposite gender to her deformed body, Chib wonders whether she will ever be loved by a man: "Would a man see beyond my body"? (65) She yearned for the attraction and love from the

opposite sex but was distressed when she did not receive the same. She felt that men did only consider her physical self and not her actual self.

While battling the routine tasks of life, the physical deformity contributed to the difficulty faced by disabled. Chib recalls that it was with great difficulty that she learnt to use the stairs and navigate her everyday routines with her disabled body. As her class for B A at St. Xavier's College was on the third floor and she had to be carried by her classmates. She felt embarrassed at the thought of being a burden to her friends. If the environment was accessible, she did not have to face the indignity. She could manage things in London on her own as her wheelchair was accessible in almost all places. Moreover, the shopkeepers and people who rendered services in London were always ready to help instead of standing and staring at her visibly disabled body. In such circumstances, she was least conscious of her body. Chib writes about the distinction between visible disability and invisible disability and states that people with deformed bodies were subjected to stigma more than those with invisible disability or impairments that were not seemingly visible.

Similarly, Gupta became conscious of her visible disability when she was visited by a college friend who was accustomed to seeing Gupta before the accident without any impairments. Gupta writes of her meeting with this friend, which left an indelible mark in her mind about her deformed body: "A friend who came to see me was so overwhelmed by my frightful state- the heavy traction and the numerous tubes running inn and out of me- that he ran out of the room and vomited…How could he have had such an adverse reaction on seeing me, one of the smartest girls of my batch... how could anyone be so repulsed by me"(34).This reaction of her college friend made Gupta conscious of her bodily appearance and immediately she

asked her sister to hand over her a mirror. It was only then she noticed her disheveled hair, curled fingers and how she could no longer move her fingers into a fist. Her hands were straight and limp. She narrates the ensuing difficulties of dealing with an impaired body and how she felt so conscious about her body.

Gupta and her family had to accept the disability experience and that even if she survives, her deformity would not improve. She had to later live a life of dependence and at that juncture even the doctors who treated her stated that since the prognosis was poor, she would have to remain the life of a "vegetable" (36). She then writes that her romantic feelings for her lover Sunil gradually declined as she was more concerned about improving her bodily functionality. Gupta had a debilitating second accident which made her even more physically weak. After the second accident, only one of her fingers moved and she wrote her life narrative with that one finger. Chib could use only one finger for typing but that was something she was accustomed to unlike Gupta who acquired this impairment during the course of her life.

Gupta felt the inability of her body that restricted her from walking towards the pyre of Vikas, her husband and keeping a log of wood on his body. She was unable to change into a pair of casual clothes from the gown she wore at the hospital. Even the simple daily tasks demanded great effort from her. She felt the limitations of bodily dysfunctions when she could not perform these simple tasks unlike any other able-bodied person. While everybody walked towards the pyre, she had to lay in a stretcher and watch the entire ceremony in isolation. The bodily dysfunction becomes glaringly restricting in such emotional situations.

Monga states that she always imbibed the experiences of the world using all her senses and she always had an eye for details even when she was a young girl. While narrating her blissful childhood memories at the foothills of Himalayas, Monga details her endeavours with nature. She had a flair for observing things around her in extreme detail. She intensively used her senses of sight, smell, touch, sound and taste to imbibe her surroundings. This yearning for details and experiencing her surroundings utilising all the bodily senses helped her survive later in life even after she lost vision due to optic atrophy.

Monga relied on her senses of sound, taste, touch and smell when she lost her sense of sight. She despised how the doctors'conducted examinations on her and while performing the diagnosis intruded upon her private space pouring innumerable medicines in her eyes and forcing her adhere to their examinations. Her spirits dampened with her first encounter at Dr. Nandi's clinic whom she says poked her tummy, pricked needles into her body and even knocked her bones with something very hard that she felt was a hammer (21). She notes the resentment she had and how she tried to stop countless atropines that were poured into her eyes.

Monga recalls another incident when she was discriminated against due to a skin disease from her friends. She was administered a small pox vaccine and TABC shots like all her friends in school. This resulted in a skin allergy and it became so visible on her arms that her friends maintained a distance from her and secluded her. All the efforts, made by her mother and herself to convince her friends and families that it was non-contagious proved in vain. Monga at this age, was a little girl trying to adapt to her vision impairment and the stigma related to it. The skin disease

aggravated her condition of being marginalised due to a visible problem with her body.

More than the scar due to skin allergy, it was the attitude of the people around that made her conscious of her body. She preferred to stay indoors and find solace in solitude as she did not have to encounter uncomfortable looks and comments if she did so: “Downcast and listless, I went about my monotonous existence with no particular quest, awaiting release from this painful skin disorder” (30). She had to live with this skin disorder for forty years of her life although it recuperated in various forms and intensities at different points of time. While narrating this episode in her life, Monga makes a point about how her inner self grew resilient during the process and learnt to accept discrimination even when she had to be subjected to discrimination due to her bodily appearance. Sinha had to take care of her body and adjust to the new bodily condition after the train accident. She had to rely on her prosthetic leg subsequently for walking.

Sinha was thrown out of a moving train and she hit another train running past the opposite direction in the adjacent track. She collided and fell on the track while the train in which she was travelling a few minutes before went past her. Her leg got stuck in between the rails and she was unable to move an inch. Sinha’s life narrative opens with the description of her body lying between the two railway tracks. She felt that sooner or later she would be killed and the end appeared to be just another train away. She clutched two large stones to control the excruciating pain. She was fully soaked in her own blood. Her left leg was run over by the train and the right leg was battered.

Sinha volunteered to perform surgery of her left leg without having been administered anesthesia as that hospital did not have an anesthetist. This surgery was important for her to prevent her other leg as well as other injured parts from gangrene. So, she was determined in her fight for survival that she convinced her doctors and hospital staff that she was ready for the surgery. The doctors were persuaded for the same as they were afraid of later accusations for having subjected a patient for surgery without administering anaesthesia. But Sinha was adamant in her decision as she had no other option.

Being a sports person and athlete, she had relied on her legs. It was time for her to bid farewell to her left leg that clung to her only with the help of a faint slice of skin. Doctors informed her that a steel rod had to be inserted in her right leg as several bones had been damaged. Although Sinha gained benefits from the media attention, she recalls how after a certain point, the media reporters and cameramen began to intrude on her privacy. She was even made to wake up in the middle of night to give an interview byte. She had to endure all this with the hope of attaining compensation from the government which she deserved and making her case known to others. She was particular that such a mishap should not happen to anyone else.

Sinha recalls that the media personnel were cynical when they came to know about the decision of her trying to ascend Mount Everest. Nobody thought that she could make it given her reliance on prosthetic leg. She was cautious to follow Bachendri Pal, her tutor’s advice and took extra efforts to remain healthy before venturing to ascend Everest. While climbing Everest, she had to face double disadvantage because of her disability. While mountaineering and that too to ascend

a summit like Mt. Everest is no easy task for any human being, it makes it even more difficult for a female amputee.

Although Sinha proclaimed that she was physically and mentally prepared for the test of her life, she describes situations where her bodily limitations came in way while attempting the task. Climbing from Tengboche to Dingboche which was four thousand four hundred metres above the sea-level made it difficult for her as the oxygen levels were decreasing. The trek from Island base camp to Island Peak was even more demanding for her. She had to ascend through a slippery path full of ice and since she could not walk, she had to manage with the help of a rope. Unlike other mountaineers, Sinha was finding it even more difficult to find a grip on ice. She could not get a foothold as she had to exert more power. She was unable to do this because her right leg had a rod inserted within her. She notes the experience thus:

> At times when I tried to hit the snow with my artificial left leg, it used to turn around at 180 degrees under the impact. Imagine hanging from a cliff in that position. Now until I adjusted that leg to the normal position, movement was not easy. I used to twist and turn my body at odd angles to be in a position to hold and fix my left leg by detaching the stump from my body and readjusting it- hanging in the air all while. (161)

The difficulty of attempting a task of such an enormous scale with an amputated leg is well reflected in her words. The quote also implies the amount of risk factor involved in undertaking such a task. She had various moments of bleeding in her leg during the uphill task. To make it worse for a female amputee she had difficulty in using the Indian style toilets on the Island base camp. She could not

squat in such a position and had to stand and finish the process much to her embarrassment.

Apart from these issues, her menstrual cycle made it even more difficult. Once her artificial legs got wet, she fell on the slippery terrain. These are experiences that can be challenging only to a disabled woman. This way, her experiences of ascending the highest peak in the world becomes unique as it describes her experience of embodiment as a gendered version of disability. Tips from Bachendri Pal like counting the number of steps came in as help to Sinha to remain focused and she was happy that at times, she was ahead of the abled-bodied climbers.

Sinha's artificial left leg stump had been damaged by the time she reached camp four. The summit was still at a far distance. Banging her feet against the ice reopened her wounds. She was bleeding profusely and felt that she could not even move an inch further. Despite orders of her team leader, Sherpa and many others to return, Sinha persisted and moved further. This was too risky and dangerous but she wanted to prove that if she could do it as a disabled person, people like her need not be secluded on the basis of their impairment. She wanted to prove to those who were disabled like her that their impairments were not impediments in achieving the goals in their lives.

While analysing the intersectionality of disability and other identity categories, bodies serve as canvases for displaying gender and offer mechanisms for its performance. The bodies with disabilities are restricted in identifying themselves to fall into certain gender categories as they are unable to perform the assigned gender roles attributed to that particular gender category. The framing of gender

expectations is dependent on various factors like the age of the impaired, the visibility as well as the severity.

Narrating bodies and implications of bodily deformities, living with a visibly deformed body become an inevitable part of disability experience. Therefore, while pointing out to the socio-cultural factors that define their disability it becomes necessary to speak about the embodied experiences of disability and the limitations of having a dysfunctional body as stated by these authors. However, although they accept their physical impairments and limitations, they seek to narrate their experiences as well as aspirations beyond the bodily limitations. They seek to engage with the world and deconstruct the dichotomy of abled and disabled or social constructs of gender roles. They consider themselves capable of performing the gender roles assigned to any other woman of their age although not in a conventional manner and become care-givers in their own right. They seek companionship and love from the opposite gender like any other women of their age and detest being treated as asexual persons.

Chib was neglected when she sought company and yearned for male companionship. She always desired to be loved and understood emotionally but when she realised that she would be considered a burden instead of someone who is capable of reciprocating the love and companionship, she was emotionally shattered. She writes how boys preferred to stay away from her. The Indian boys, according to her, were conscious of the "macho" image. They thought that it was not acceptable to be seen with a disabled girlfriend: "The indignity of it, the visibility of my disability being pronounced glaringly was very demeaning" (63). She states how people, especially people of opposite gender preferred to stay away from her due to

her visible disability. Since people around are conditioned to perceive and accept an able-bodied person as normal, the moment they see a disabled person like Chib, they do not prefer to have a relationship with her.

Chib would try and initiate a conversation with men of her age but they did not reciprocate due to the lack of knowledge as to how to deal with a person with impairments. She notes: “Only a handful of men would make that extra bit of an effort to understand my atypical speech. But they never really went beyond superficial chatting” (64). She was interested in establishing relationships with men as it is natural for women of her age to do so. She addresses them in a derogatory term to express her frustration when she deciphered that the boys did not understand or take any extra efforts to communicate with her.

Social events continued to make Chib move into depression because from these she always got a feeling that she was never really wanted. The feeling of being left out and how she sought companionship is voiced in her book. She narrates an incident when she went for Prom Night along with her friends Lyla and Tina. Usually, it is only girls who have been dated or asked by boys to dance together go for such parties but the three of them decided to go for it as they were beaming with confidence that once they were present in the party, they would get partners. The party went on well and Chib enjoyed it with her friends for a while. They were dancing as a group. She was dancing with her friends like Geeta, Tina and Lyla until one of the organisers came up and asked her to stop dancing. She was dancing with her crutches and this made them fear that she might fall and get hurt. Moreover, they will have to bear the responsibility if anything untoward happens. Although her friends resisted, Chib could only obey the patronising voice of the organiser.

When she sat down and her friends continued to dance, she had to also witness that all her friends soon got male partners to dance with. Chib notes: “The fun was over. I was no longer a part of them. I watched them dance and that terrible emotion, which I rarely allow to surface, began to assail me. I wondered if there would ever be a man in life” (65). She expresses the grief she felt while being left alone and while all her friends could find male partners to dance with, she was isolated and neglected. She was deeply hurt when all her friends were busy dancing and partying with their boyfriends. She doubts whether she will be emotionally needed by a man ever or would she be always considered as a burden for someone to be taken care of.

Chib’s relationship with Zubin, a young ad hoc professor who later turned out to be a friend, offered her companionship to a great extent. At the end of his first lecture itself, he came to offer help to her. From that day, he would help her reach the class upstairs. Chib remarks: “From that day onwards, we would always meet at the bottom of the stairs,10 minutes before class was to begin. He would hold my one arm, I would hold the banister with the other hand, and we would go up together. I thought we managed well” (71). She was excited to begin a friendship with Zubin. While battling with disability Chib began to verbalise her pain of being and coping in a normal world. Her description of Zubin speaks of the strength of their relationship: “He had a loving tone in which he would tackle all questions about my disability and encourage me to talk about what was bothering me” (72). This way, Zubin helped to instill confidence in her and helped her become more vocal about her rights and difficulties of being disabled. Zubin began to help Chib with her

lessons and began to understand her speech and started working for the spastics society run by her mother.

Chib and Zubin danced together for parties. He was the only one from the opposite sex who understood her completely. He discerned her speech completely and she felt his care, warmth and compassion. She confesses that her affection for him drew deeper. She encouraged him to pursue his dream of studying in England. With the help of her uncle, he got a scholarship and went to Oxford for higher studies. She was excited to be accepted at Oxford Polytechnic for a publishing course. She confesses that the excitement was due to the expectation of the company of Zubin at Oxford.

Zubin familiarises her with the atmosphere at Oxford. Together, they used to take long strolls and she realised the presence of "Town," the non-academic population and "Gown," the university community (89). She recalls the visit to the Oxford Botanic Garden with Zubin, who helped her with her tutorials. He was her interpreter for the end-semester viva. Since there was no need for a mediator between them, Chib felt that their relationship would grow beyond friendship. But Zubin sensed this growing affection in her and one day he confessed to her that he was a gay, and this revelation had an emotional impact on her. She writes about her feelings when she realises that Zubin's male friend from Belgium would join them in a few weeks:

Yes, I was deeply hurt. For days, I would go off on my own and have a silent weep. I must have silently desired a more romantic relationship. I was 21 and wanted male attention. All my girlfriends had boyfriends and, I too, wanted a boyfriend. Why could I not be in a relationship? What was so abnormal about me? I

could not comprehend my emotions. I yearned for all that was normal despite my disabled body. (99)

She wanted to be treated as normal. Her desire for romantic relationships is ignored by others due to the assumption that people with impairments are asexual. She declares that she had desires and longings to be loved by men and to be cuddled by them. When only her disability was visible for the society, her yearnings for romance and love life went unnoticed due to this mistaken notion in the society.

Her article "No Sex Please. You're Disabled!" vocalised the desires, feelings and longings of disabled women to engage in love affairs or relationships which is normal for any other individuals (64) Chib detests the notion of considering disabled women like children who are not yet grown up. Society fails to realise that these women too have adult thoughts like any other grown- up individuals. Chib confesses that she had a tough time battling her emotions. Her mother and cousin Vrinda also understood her completely but they did not know how to find a solution. She used to burst out in tears in private once she returned from the weddings. especially those weddings of her cousins or friends of her age. She yearned for a companionship and the fact that she could not find it made her disability prominent. These situations were disabling for her.

Chib learnt to overcome these depressing emotions after preoccupying herself with academic endeavours acquiring knowledge about the various dimensions of dealing with disability. Reading and writing extensively, and being informed about the various experiences of disability, Chib proclaims that these personal desires or longings did not affect her further. By the time her brother got married to an American woman, she was detached and was happy that her sister-in-

law was very inclusive in her attitude towards her having been brought up in a society disability was considered as a lesser problem compared to India. They had been exposed to a disability way of life much more than Indians that Natasha, who became more than a sister-in-law to Chib took care to include her automatically without showing any signs of deviance. Chib states that she later got a male friend online. Chib accepts her reality in a positive manner which urges her to contribute to the family and society. She believes that a conventional marital relationship is not necessary to live a balanced and contented life.

Monga seemed to have imbibed the conventional norms of beauty. She confesses that she always strived to conform herself to the ideals of beauty. She took extra efforts to look beautiful and maintain her feminine figure by dieting and exercising in order to confine to the norms of feminine beauty she is conditioned to believe being in the family of a typical Indian elite class. She even takes pride in her dressing sense and aesthetic appeal. She read romances as a teenage girl and was swayed away by the notions of ideal beauty depicted in those.

She confesses how she started having romantic desires when she was swept away by the image of a "tall, dark and handsome" hero of the story and began to have romantic dreams of having such an ideal man in her life (54). She suddenly became conscious of her own image and began paying attention to her appearance. Monga doubted whether she would fit into the normative appearance of the gender category. She states that her mother too encouraged her to work out and shed the extra kilos so that she would look more attractive. Her mother confined herself to the ableist norm that she believed that her daughter would look more attractive if she

maintained a slender figure and her vision impairment would become less significant.

Monga felt depressed when she did not get any proposals even after a certain age. Most of her cousins got married but she did not receive any. During one of her visits to Calcutta, she got an opportunity to go for a date with a medical student. She recounts the happiness she felt at the prospect of being asked for by a medical student. Monga had long association with the doctors only from a patient's point of view but she felt enamoured when a budding doctor sought to establish a romantic relationship with her, and she mentions: "It was therefore extremely flattering to have a "doctor in the making," find me attractive enough, and that too. In the face of all my flab, plus my disability to actually ask me out" (67). This statement proves that Monga had imbibed the normative notion that she had something deficit due to her impairment.

However, she felt uncomfortable as the relationship did not turn out the way she expected. The young medical student seldom spoke during the conversations and she considered him boring. Although they met a few times later and exchanged a few letters which Monga considered silly, she felt that this relationship will not go further. She understood that it was a ridiculous affair and it was she who eventually stopped replying to the letters. She writes with confidence that in spite of her disability, she considered herself much better than the silly medical student.

Instead of feeling hurt, she said that it left her with greater confidence and self-esteem. She felt isolated and sad when the elders in her family did not look into prospects of her marriage when "husband hunting," as she terms it already had begun for people of her age in the family (73). Having concluded with her first silly

love affair she was having a deep desire to get a good life partner. She herself took the initiative as she wanted to marry and settle down as it was the norm with other girls in the family.

Monga had framed a set of standards and expectations in her mind about her life-partner. Her relationship with her pen friend Narendra ended abruptly as he was not sure whether his father would allow him to marry a lady with impairments. Monga was furious at his confession when asked by her father about the prospects of marriage. Narendra had proclaimed his deep love for Monga but she felt surprised to see how lightly he took the rejection. She had to eventually realise that the prospects for marriage were less as she had to live with an impairment.

She received a proposal from a Sikh Air force officer whose first wife had left him for reasons unknown. Although she did not initially like the prospect, she confesses how she had to come to terms with the reality: “If I took an honest look at the present state of affairs, there were not many men who would readily marry a blind girl” (Monga 85). She accepted the proposal of the Sikh Air force officer as she had by then realised that in reality, not many proposals came the way of a girl with a vision impairment. The wedding was planned in a fortnight and the entirefamily reached Chandigarh.

Monga felt ecstatic at the thought of a caring husband and a home of her own: “He must be a truly wonderful human being, I thought, a man who could just like that without even knowing me, be willing to marry me, fully aware of my disability, had to be wonderful” (86). She was planning for the wedding saree and jewelry when the shocking news arrived that the proposed man had found another suitable alliance and backed off from the proposal. She did not like the prospect of

this marriage initially and when she had come to terms with it thinking about the kindness of the man, she was dejected. She could not understand why the man had to ever bring up the proposal, convince all her family members to gear up for the wedding and then back off from it. The event was disheartening for the entire family, but Monga withstood the pressure of the incident because she believed that marriage was not her aim in life.

Later her grandfather advertised in the matrimony section of the Sunday newspaper without mentioning her vision impairment. Although her father did not approve of this way of finding grooms for his daughter, he had to give consent as they thought that they would inform the prospective grooms about her disability when they came to see her. Though Monga did not physically present herself in front of the prospective grooms, she states that it was painful to know that people declined the proposal as soon as they came to know of the impairment: “Thankfully, I never had to go on display, but it was certainly a nerve shattering experience to watch prospective grooms and their relatives sprint out of our home when they learnt of my impaired vision” (93). These experiences aggravated the pain and neglect Monga felt as a disabled woman but she always felt that the problem was with the attitude of the society and not her. The pain she felt at those times were momentary because she developed the courage to mock those who were not ready to accept her with her disability. She detested being the object of pity and a life partner on account of sympathy, and preferred to remain single.

Monga mentions that due to social conditioning, people think it is abnormal to remain single for a girl at the young age of twenty-one: “I was just about twenty-one, but it seemed that I was committing a cardinal sin in still remaining single, and

in my parental home" (93). The thought that she was being a burden on her family affected her deeply, and she acknowledges that her mother shared her suffering because she could understand Monga better. Her relationship and marriage with Keith, an Anglo-Indian young man made her feel happy that her disability did not come in the way of their mutual love for each other. Keith was the elder brother of Jones, her brother Sandy's friend. She felt that her prayers were answered and was relieved that Keith had accepted her as she was. His acceptance of people with impairments made her fall in love with him. She proceeds further to relate her relationship with Keith and how he settled in their family when his parents did not approve of their marriage. Although she was confident that she was capable of running a family on her own, Keith was apprehensive about this and he insisted that they stay with her parents to which she and her family approved.

Gupta had to face similar rejections in the beginning. She was abandoned by her boyfriend Sunil when she became bed ridden and thought of living her life independently. But Vikas who worked along with her in the center for disability became acquainted with her and later he was the guiding force in her life. He brought about a lot of positivity in her life. The relationship was complementary in nature and together, they learnt and empowered themselves by learning about disability and accessibility. Together, they established their firm. They went far beyond the traditional gender roles assigned to them and proved themselves to be individuals who are able to positively contribute to society through applying their knowledge about disability and creating awareness. They conducted 'Access Audits' which measured the accessibility parameters for a wheelchair user in many places (Gupta 123).

When Chib and Monga write about unrequited love, Gupta has a different experience of a healthy relationship with Vikas, who was her friend and mentor. She confesses how self-centered she was before she had acquainted with Vikas and fallen in love. Although her narrative stands testimony to their mutual love and companionship for each other, she confesses that it would have been really tough for Vikas to have lived with a disabled wife. Vikas had to sacrifice his family, his friends who did not accept her and constantly challenged the dogmatic beliefs and attitudes towards the disabled women in Indian society.

Although Gupta did not know why Vikas found company in her and became close to her she grew attracted towards him and sought his company as it was only Vikas who did not consider her disabled: “He was the only person I knew who did not consider me disabled and actually tried to get to know the person I was, within my physically imperfect body” (105). This quote suggests that their love transcended the limitations of physical body and Vikas loved her for what her inner self was beyond her physically debilitated body. Her friends, relatives and colleagues considered her disabled but Vikas expected her to reciprocate his affection and love towards her in the same measure without giving her the excuse that she was suffering from any sort of impairment or disability. Although, when they confessed love for each other, Gupta wasn't sure as she had by then imbibed the idea that a disabled woman couldn't have any man interested in her romantically. The gradual waning of her romantic relationship with Sunil soon after her disability might have proved her this already.

Gupta confesses that since it was a dreaded issue, both of them did not discuss it with each other. Although they were in love with each other, the

probability of a non- disabled man marrying a woman with spinal injury was considered impossible and unacceptable to society. The individuals involved in this affair were also conditioned by such norms that they did not dare to discuss this matter openly with themselves. Gupta writes in this regard: “Whether we had a future together was too difficult to think and therefore never discussed” (106). The affair was therefore, not disclosed and they kept it to themselves. They themselves had thought that therelationship would not materialise as it was not normal for a person with impairment to marry an able-bodied individual. The ableist norms had been imbibed by even people with impairments and those professionals closely associated with them. Gupta and Vikas were professionals involved in the betterment of people with impairments.

Gupta always had the inferiority complex of not being woman enough which comes naturally to a woman conditioned of prescriptive gender roles of woman as a care-giver. She compensated for her limitations by pampering Vikas. Gupta speaks out her feminine urge to announce to the world that she too is loved by someone and that someone has found her attractive. The notion of appearing beautiful and attractive and longing to be so are identified as typical feminine traits. When Monga strives to attain the idealised form of beauty, Gupta too has internalised the same which is reflected in her words. Chib yearned for companionship and wanted to be treated normal but accepted her situation in a positive manner.

Sinha detested these ideals of beauty when she proclaimed that she could not fare well in the beautician course offered to her by the renowned make over artiste Shahnaz at the All-India Institute of Medical Sciences. Sinha and elder sister trained themselves with a prospective of securing an employment in the sector. Attaining

the training in beautician course and gaining a diploma helped Sinha divert her attention from the pain of recouping and the medical procedures performed on her leg. She was constantly learning something and improving. She thought although she could not play volleyball any further or join the Central Reserve Police Force, she could earn a living by setting up a beauty clinic on her own.

Sinha had to become financially independent and had no time for romantic musings in her battle to survive. Moreover, having been moulded and brought up in poverty and other tragic situations like losing her father and brother early in life, she had to set a goal for herself. Being an athlete full of vigour, enthusiasm and energy, she had to prove to the world that she was capable of achieving high dreams and had an indomitable fighting spirit. She was for a while in negative news, when people started making false acquisitions and fake news about her. She wanted to counter these allegations with her determination. Anybody who was not focused and prepared physically, mentally and spiritually as Sinha could not have achieved the ordeal. Sinha got married and is at present a mother of two children, but her life narrative does not record this phase of her life as it was written before she got married.

Having traversed through the theoretical understandings of disability, Gupta and Chib detest their roles as only care-receivers. However, they acknowledge the support system they received from family and beyond in helping them live with an impairment life-long. Sinha and Monga, acknowledge the support system they received from the family and community although they were not equipped with theoretical understandings of living life with disability like Chib and Gupta. They represented the embodied experience of disability in more practical terms.

The relationship of such a family with the community, neighborhood and formal services is different from that of a family constituted by able-bodied members. Disability places a burden on the families with disabled members and their quality of life will be poor should be challenged. While doing so it should be asserted that it is not to evade from acknowledging the problems faced by these families. Indeed, the families face the problems of meeting the expenses of treatment for the impairments, the family members might have to spend extra time for the care of the disabled which might result in them losing focus in their career. Disabled families are assumed to be problem families. The disabled child in such a family attains a value that signals the child's centrality and its importance to the lives they are part of. The families have to readjust their lives in such a way that taking care of the person with impairments is prioritised.

Chib acknowledges the role played by her parents and relatives in believing that she would do better if given proper treatment and care and would not remain a 'vegetable' as proclaimed by the Indian doctors. Although her parents got legally divorced at a later stage, her step-father became instrumental in helping and mentoring her along with her mother. She also gratefully acknowledges the role played by her cousins, grandparents and even her brother and his girlfriend who took her along for a holiday to Goa.

While writing about her exercises and daily routines, she reminisces about the time her parents invested in making her do the exercises to improve her physical-motor skills and agility. Chib writes: "I was pushed, wheedled, persuaded and coerced by my mother" (6). She was provided with chocolate bars as a reward if she performed well. In spite of these trials, her physical mobility was restricted. Her

parents were reassured about her improvement when they found that she could comprehend and discern things around her. Chib's father used to read out a lot of stories to her and this helped her improve cognition. She could follow all the stories and remember the chronological order of events that happened in them.

Although Chib could not speak, she could comprehend everything around her well. It was due to the suggestion of her uncle Samiran, who worked as a physician in London that the family moved to London for better treatment and care. Chib acknowledges that the fact that she hails from a privileged, educated, elite family helped her to get opportunities to improve the condition of her impairment that would have been denied to a similar girl in India from a less-privileged background. Sharada Devi, an academician from Kerala also reinstated that she could get access to higher education and get employed in University College, Trivandrum due to the supporting system she received hailing from a privileged family. Chib remembers how her parents had to willingly abandon the precious furniture and amenities designed and customised by themselves for the sake of migrating to London for their daughters' betterment. It is evident from her words that her parents loved her unconditionally and that they valued her treatment and care more than their material assets and luxurious comforts of living in India, their home country. She mentions how her condition was instrumental in bringing about a change in her mother.

While Chib grew from strength to strength with the nurturing, kindness and support she received at Cheyne, her mother too evolved and developed into an empowering lady. She enrolled for a post-graduate degree at University of London and became a special educationist. Chib notes that her mother became one of the

first and finest special educationists in India. While recording the support she gained from her family reinstates the fact that she could improve a great deal only because of the intellectually stimulating environment provided by her family. She felt that the important factor that paved the way for her development was that all her immediate family members considered her "normal" and that was indeed a strong foundation upon which her personality grew (36). Chib delineates how her parents' consulted doctors before having a second child due to worry of something going wrong. But doctors in London reassured them that having a second born would normalise and stabilise a family with a disabled child even more. Along with her parents, she was excited and happy to have the new addition of her little brother to their family.

Chib recalls how her mother and extended family members played a pivotal role in establishing Spastics societies in major cities of India. She elaborates on her relationship with Juneima who was her maternal aunt. Juneima was a close friend of her mother from the age of four and she joined the spastics society of Bombay. Chib writes in this regard: "Juneima was such a special person. She believed that assisting disabled people and children was akin to nectar for her soul" (32). Chib recalls the sorrow she felt at the demise of her dear aunt. She also acknowledges the care she received from her mentor and teacher Zubin towards whom she had a romantic inclination. He was the person who understood and took care of her needs perfectly in spite of being outside the family. She also speaks about her career Maya who helped her navigate the intricacies of every-day life. Throughout Chib's narrative, there are plenty of similar references to people who helped her feel normal and loved.

Monga writes about the role of her parents, brother, her maternal aunt Frake and her second husband Ashwani who were instrumental in caring for her. Monga elaborates that her children Mark and Fiona were so understanding and stood with her in her ups and downs in life. Ironically, the interaction of stereotypes can generate resistance which consists of an embracing of stereotypes for example, disabled women may be perceived as inappropriate mothers and only have status as receivers of care by others so their resistance may consist of asserting a desire for a traditional female carer role in relation to their own children.

Similar to the ways by which a society questions the sexual agency of disabled individuals, it also assumes they are unfit to be parents. Disabled women face unique pressures regarding heterosexual practices that differ from those experienced by able-bodied women. They are often more vulnerable to sexual abuse and rape, while simultaneously being perceived as lacking sexual desires or functions such as motherhood, which leads to them being viewed as less feminine. The idea that disabled people cannot handle the responsibilities of parenthood is a pervasive stereotype rooted in the traditional assumptions about care-giving, competence, and physical or intellectual capacity.

Parenting or motherhood as a social construct, then is presented as something that requires physical strength, intelligence, and emotional steadiness that the ableist discourse insists people with disabilities do not have. This stereotype negates the fact that parenting is not just a physically demanding process and that there are several other aspects that one needs to consider. Disabled women often face that reproduction rights are stripped of them and are subjected to a higher degree of scrutiny when it comes to their reproductive capabilities.

Monga expected that all her sufferings of enduring domestic violence would end if she could die during child birth but at the same time despised the thought that it would deeply sadden those around her. But she did not wish to live a life of dependency. The fact that she could not earn and live for herself disturbed her. In spite of all the suffering, the process of becoming a mother and the magical or special feeling of giving birth to a child is recorded by her. Her words reflect that a woman is capable of forgetting all her pain and trauma when it comes to matters of her children. Nothing in life seems to be as important for a woman as the relationship she has with her children.

She writes how blissful she felt during the moment of child birth. She also expected that the arrival of the girl baby would change her relationship with her husband and he would become a better person and far more responsible being the father of a girl child. The inexplicable feeling of being elated at the experience of giving birth is narrated by Monga:

> It was a moment of pure bliss when I heard my little baby cry her first little cries. Had I been able to create a human life? As all mothers would agree, no music anywhere is as enchanting as their baby's first cries. I had always wanted a daughter, and God had bestowed me with a little doll. Keith too was in raptures at the birth of his daughter, and this gave me hope that this would generate a rapport that would bind us together once more. I longed to see my little girl through the eyes of the man whom I still seemed to love so much. (107)

The elation at being a mother is reflected by Monga through these words. When Monga could no longer bear the distress of domestic violence, she shared her

concerns with her mother. She acknowledges the role played by her mother during these tough times. Her second baby was too little and fragile. Mark returned from hospital after three months of birth. Monga says that it was her mother who took care of all the necessary arrangements to take proper care of the baby as she could not see and do it herself.

During the instances of performing the role of a caregiver Monga had to depend on her mother as she acknowledges her limitations to do the same. But she later writes how she became an expert in leading an independent life doing the cooking and housekeeping responsibilities and that too doing it perfectly that others often got surprised to see her prowess in spite of the fact that she lost vision. Gupta had a personal carer named Ritu. In the beginning of her narrative, she records the help she receives from her cousin Latik, her paternal aunt before her father and sister Jiya arrive at the hospital.

One person whom she terribly missed during her phase of coming to terms with disability was her mother who had left the family forever. She recounts the years of childhood bliss when she was perfectly loved and cared for by her parents and grandparents. Gupta also records her relationship with her pet-dog Ubbu, who considered her as a mother. She had limitations in taking care of Ubbu and Ritu and her father took up the responsibility to do the same. Yet, Ubbu was so close to her that she considered her the master. Ubbu's presence was a solace to Gupta while battling her emotional turmoil after the second accident and losing her husband.

However, coming from a less privileged family, Sinha has a tale of childhood struggles but records how her family stood with her to ensure that she could receive proper compensation from the railway department and the Indian

government. Sahib also stood by her firmly in making her dream of scaling Mount Everest a reality. Sinha acknowledges the help of the Union-minister for railways, Ajay Maken and all the support system she received from various political parties and many organisations. She has no reservations in saying that there were many people like Pintu Kashyap, who spotted her first lying in the track; B C Yadav, the pharmacist at the Bareilly hospital who donated blood for her surgery and the countless Indians who supported through her recovery to battle a life of disability.

Chib writes that she was engulfed with the love of close relatives that included her cousins who were of her age. This gave her a reassuring feeling of being loved even if she had no friends. Her aunt Juneima, and her mother's younger sister cared for her and she notes the good moments spent with all of them during family vacations. Gupta had the help of her sister Jiya and her paternal aunt while she was hospitalized and bed-ridden. Monga always had a fascination for her German aunt, Aunt Frake who shaped her personality to a great extent. Sinha on the other hand records the help she received from Bachendri Pal, her instructor and well-known mountaineer in helping her accomplish her goal. Sinha acknowledges the role of her sister in perfectly understanding to what extent she sought the help of Sahib, her brother-in- law and how her sister had to manage the family affairs without Sahib's help while he was away helping Sinha ascend Mt. Everest.

Although these authors have no reservations in acknowledging the care they received from their families and dear ones, they also defy the notion that all disabled people are only care receivers and not care givers by becoming independent emotionally as well as economically in their own unique ways. When Monga works as an aerobics instructor and looks after her entire household chores, Sinha is

successful in gathering the monetary funds and investment required for setting up her dream project of sports academy for the disabled. Gupta asserts that her 'Access Audit' projects should be paid and that is also a source of income for her. Chib takes part in carrying out the household chores in her own little ways. These little chores that the disabled women perform as caregivers not only bring relief to their families but also come as reassurance to themselves about their own self-worth.

The body plays a central role in others recognizing good compliance with gender norms. Physical abilities that are socially expected for the sex category constitute an important dimension of being perceived by others as gendered in the proper manner. This implies that the society attributes certain normativity to a body and it defines certain gender specific features to be present in the bodily features of a person. Disabled people may not embody all these features and hence they are considered as not confining to the gender norms. Although Sinha, Gupta, Monga and Chib had to struggle in their own different ways in achieving the sense of accomplishment in their lives, the path they chose was different. The supporting system, the process of learning, unlearning and relearning were all unique in their own ways. A commonality found in these narratives is the positive attitude with which the authors value their relationships. While their relationships continued to shape their personalities, they in turn gave their best towards their families by being not just care-receivers but also care-givers. A stigma that disabled people encounter from society is that they are deemed as care-receivers only when they are dependent on others for their daily needs. If people have to depend on others for their basic needs, then how will they help others is the question encountered by disabled people alike.

Chib takes up the responsibilities of shopping the groceries, taking the clothes for laundry and helping her parents in doing the household chores while her parents worked. Chib has no reservations in being critical about Indian society and states that all this independence was possible only because she lived in London. Her stepfather taught her to ascend the stairs and her parents realised that she could manage life on her own. She could easily navigate her wheel chair and did not have to depend on anyone while she travelled to college or work in London.

Gupta learnt to accept people as they were from Vikas. When Gupta felt accepted, understood and encouraged by Vikas, she too became more accommodating. Gupta until then had detested her father's second marriage to Meera but now she realised that her father was a sort of person who simply could not manage things on his own and yearned for companionship. Gupta became more understanding and self-less when she experienced a relationship. Her bitterness towards the relationship between her father and Meera eventually evaded and she became closer to her father in the wake of this new understanding.

Gupta had to change and adjust herself a lot for the sake of her relationship. While Gupta's life was more slow-paced, Vikas' s was too fast and energetic. Despite her disability and tiredness, she had to host countless parties at her home even past midnight. While Vikas liked socialising with as many people as possible, Gupta felt comfortable only with a close group of friends. Although Gupta and Vikas had striking differences in their characters, they blended well with each other. Even while Vikas did not bother about Gupta's visible disability and he insisted that Gupta meet his friends after work, she being a disabled woman having already faced a lot of stigmas, was reluctant and felt self-conscious. She was worried about their

reaction on seeing a disabled woman and also because she was older than them by a few years.

However, Gupta recognises that her strength to face the world and reactions of Vikas's friends came from his strong support. Vikas insisted that all his friends accept Gupta as they had accepted him. Vikas even gave up his friendship with those segregated Gupta for being disabled. He firmly believed that it was not necessary to have such friends who could not empathise with a disabled person and accept them as they were. Gupta asserts that this way Vikas proved his friendship towards her and it was then her turn to reciprocate.

Although professionally, they were not happy with what they were doing, they craved for the evening party time together at Gupta's house where Vikas would invite all his friends. Gupta lists the difference in perspectives and tastes of Vikas and herself to say that despite those differences, they loved each other so well. She speaks about the innumerable fights they would indulge in and yet how the majority of them were silly or light-hearted. She makes a major point while speaking about the difference in their characters. While Vikas was a perfectionist, Gupta accepted mediocrity.

Vikas critically questioned everything while Gupta accepted whatever came her way. It was Vikas who was instrumental in instilling disability pride in Gupta asking her not to settle any sort of "poor treatment just because she was disabled" (112). Although they were so different from each other, they were mutually attracted towards each other. They had become so close to each other that they could not consider the option of parting. Vikas's and Gupta's relationship is a perfect example of how a disabled woman could lead a meaningful relationship with her partner.

Although Gupta had to struggle hard to keep up to the expectations of Vikas to become a care-giver, she enjoyed doing it for his sake out of love for him.

Vikas was one person who encouraged Gupta to always do her best and encouraged her not to find excuses because of her disability. Vikas always stood by her and in spite of the reluctance from the part of marrying a disabled lady from his parents, he convinced them and married Gupta. She desired to make her partner as happy as possible by being a hostess for countless parties they hosted for their mutual friends. Although she could not cook or clean by herself, she gave directions to her maid and navigated her wheelchair around the house busying herself to make herself as well as others believe that she was capable of performing the gender roles expected out of her by the society.

In a condolence letter, after the demise of Vikas, a friend of Gupta wrote to her that she was blessed to have been reciprocated with the same intensity of love from her husband. Gupta intends to transcend her journey beyond the corporeal and embody the love and spirit of Vikas living a life he wanted to and wished to. Here, she asserts her place as a care-giver although not in the strict sense of embodying gender roles or gender norms. Monga took care of her children with the help of her parents. She had to endure domestic violence during this time which increased her difficulties. She managed the cooking and cleaning and all household chores with the help of her little children even after they moved out of Monga's parental home.

She notes that Mark and Fiona, her children, were understanding and helpful. They used to accompany her for shopping and take her hand while navigating the traffic. She took up the onus of being a single mother when she had to be separated from her husband and saw to it that the children understood her perfectly. However,

Monga was separated from her children when she remarried, which initially was traumatic for her and the children. Her children were cared for by her parents. She believed in making her children independent and meanwhile she mastered the skill of "remote-control parenting" (163).

Sinha is happy that her trials and ordeals inspire her younger brother Rahul and many others. She wants to help her family by taking care of the monetary needs and also set up a sports academy for the disabled which she considers an extended family. This way, she is able to achieve the role of a care-giver. Her mother and younger brother were not financially independent and Sinha had realised that attaining economic independence was not a choice for a girl like her. Although her family stood with her throughout the ordeal of recovering from the surgery, Sinha did her best to ensure that her family was provided for. She utilised a part of the donations and compensations she received in this regard, reinstating her role as a care-giver. Women with disabilities are at a significantly higher risk of experiencing sexual abuse and violence. The intersection of gender-based violence and ableism means that women with disabilities may be more vulnerable and less likely to be believed or supported when they report abuse. Moreover, societal attitudes may make it difficult for them to express their experiences of sexual harassment or violence.

Monga describes that the joy she felt at the wedding was short-lived since Keith proved himself to be an alcoholic on the very first night soon after the wedding. He showered her with abuses and behaved in an entirely different manner. Monga was shocked to experience this kind of behaviour from her husband and soon realised that she was deceived. She thought that it was probably because he was too

drunk. She writes that after showering many insults at her and her family her husband ended up vomiting in the room and fell asleep soon after this.

She understood that he had consumed quite a lot of alcohol although he had told her earlier that he did not have the habit of consuming hard liquor. The entire episode shattered her. She even felt that it was far better to have not married at all rather than go through such an experience. The transformation from a young cheerful girl to a woman trapped in a toxic relationship is depicted by Monga: "All was not as it used to be; the fiery, happy girl had died last night, leaving in her place a frightened, sad, and insecure young woman" (96). The terrifying feeling of domestic violence and how it affected the psyche and emotional balance of a woman was unbearable but being a responsible and loving daughter, she kept the entire episode to herself. She developed the resilience to face the situation and fight for herself than resign to the whims of her husband who remained quiet about the incident although he acted indifferent.

She thought that he had forgotten about it as he was too drunk and could not remember what all he did or said the previous night. But such abuses continued and at times, he apologised to her for his behaviour. When Monga asked him to abstain from alcoholism, she was again showered with abuses: "With my wedding having changed the course of my life so drastically, my self-esteem and confidence crushed and diminished, I went about life as if in a night mare!" (101) She felt that she lacked something and she was unfit for being a partner only when her husband proclaimed the same. Monga had by then attained a sense of self-esteem and confidence that her impairment did not matter to her much.

The toxic relationship with her husband resulted in Monga losing all her hard-earned confidence. She was perplexed at the behaviour of her husband and she could not confess her feelings to her parents either as she did not want to upset them. But soon after the church wedding, Keith appeared normal and started going for work as a responsible family man. Relieved at this, Monga too went about her routine life. Soon she was expecting and everybody was glad that she was pregnant. The happiness lasted only for a few months and once again her husband resorted to alcoholism. Keith had some work- related assignments there but soon he announced to Monga that he had resigned from his job. He did not pay attention to the fact that all the violence and abuse would be heard and known by her grandparents. Feeling hopeless and not knowing what to do, Monga tried to commit suicide by consuming the liquor Keith had stored in the bag. She was ill for a few days following this although she was relieved that it did not do any harm neither to the baby nor the mother.

Keith convinced her to ask her father to lend him ten thousand rupees to start a new business with assurance that he would return it as soon as he began earning. But nothing materialised as promised. The stress and trauma a pregnant woman feel with a jobless and alcoholic husband is reflected in Monga's words. Monga had to endure all the distressing encounters all by herself as she did not want to cause additional burden to her parents. Keith did not start a business as promised and did not return the money he had borrowed from her father. She was overpowered with a feeling of helplessness and all that she could do was to cry in desolation.

She did not want to cause suffering to her parents but she did not know how to manage things with her irresponsible husband either. Life had taken an

unexpected turn on her. A pregnant woman has to cope with the physical and emotional changes of that condition. The fact that Monga had to endure domestic violence only due to her impairment compounded her vulnerability: “Till the time I married him, I had never felt I was blind, but now my blindness rubbed into me as often as possible: “Hey you blind brat” (105). The abuses pointed at her disabled identity leveraged the inflict and harm caused emotional distress to her. She confesses how hurting it was when her disability was pronounced often that too from a man whom she loved and believed so deeply once. The threat, the horror a wife is subjected to feel in the presence of her husband is reflected in these insulting words.

In fact, Monga’ s experiences of having been subjected to domestic violence reveal that such instances were far more disabling than her actual impairment. She expresses concern about several women in Indian society who silently endure toxic relationships so that the conventional, and believed to be normal institution of family is not broken. She voices the concern of women in a similar situation irrespective of whether they are disabled or not. But in her case, definitely the reason which her husband uses to accuse her is her impairment. Keith made Monga realise at every instance that he had every right to exploit her as he had accepted to marry a woman with impairment.

The attitude of her husband perplexed Monga as he had convinced her and her family that he did not have a problem with her vision impairment. The turn of events in her narrative declare that he used her disabling condition or impairment to exploit the financial resources of her parents and make her feel all the more miserable. He used every chance he got to shatter her confidence by reminding that

she was disabled and hence should serve him for life long as he married her in spite of the disability.

Despite her fighting spirit and hopes for a better future, Monga too lost emotional balance. This was very natural for any woman in her condition due to the abuse, the physical torture and trauma she was subjected to. She writes about this state of mind thus: “I was both mentally and physically weak and vulnerable, abused and taunted by my husband, and in addition, completely helpless, dependent and disabled” (111). Monga lost the hope that her husband would start working and make things right. Eventually, she took up the responsibility of finding a job and earning for herself and her two children. She understood that it was not right on her part to expect that her husband would look after them and sit idle without working and complain about her destiny.

After contemplating and searching for many job options as she had only the qualification of tenth grade pass certificate with her, she decided to learn aerobics and become an aerobics instructor. She mastered the skill within a short span of time and established her own fitness class. Monga becomes an example of empowering oneself with occupation and money. She acquired fame and money but her personal life was still a failure as Keith always harassed her and the children.

When her parents left for Germany, following the retirement of her father for a few months, she had to do multi-tasking. Although she managed quite well, she had to depend on her husband to get the children ready for school and the quotidian chores of the household. Beyond experiencing personal trouble, Monga had to also go through the harrowing experience of her husband mistreating her children which

was even more painful for a mother. When she no longer could tolerate the trauma and harassment, she decided to divorce her husband.

Her divorce from Keith was living a life without any fear of abuse. She mentions: “Though I was aware of the tremendous strength and courage entailed in actually taking this huge step, I realised it was the only alternative” (122). She became bold enough to take the decision of taking a divorce from her husband. What had encouraged her to do this was her will-power that she could live independently in spite of the impairment. She was confident that there was a full world of possibilities. She gave her husband another chance when the man returned after a prolonged absence with the assurance that he would abstain from alcohol and take care of her and the children.

After a few months, the same things reappeared and she had to make the final decision of discarding him from her life. She tried her best to forgive her husband, but could not endure his toxic behaviour. She had to tolerate domestic violence for so many years as she felt that she was helpless as a woman with impairment and also because she was conditioned to tolerate domestic harassment. Monga found her way to empowerment through acquiring skills and becoming independent. Economic independence gave her the confidence in life to move forward and put an end to abusive relationships. She learnt aerobics and trained herself to become an aerobics instructor. She started a class of her own and started receiving income from her classes. This prevented her from being concerned and depressed all the time and instead focus on the constructive aspects of life. Monga proved through her life taking risks and becoming bold is pivotal to survive and

succeed in life. She was assertive in her rights and she could no longer tolerate abusive behaviour from anyone.

However, Sinha is vocal about the gender bias and discrimination in the country for disabled and able-bodied women alike. She was not impaired when she had to encounter the voyeuristic male gazes inside the general compartment of a night train. She compares the general compartment of a train which is dominated by men to the gender biased scenario of the country.She condemns this situation vehemently. Sinha writes: “Despite girls having invaded several so-called male frontiers, they are still seen and referred to as the weaker sex” (8). She opines that such descriptions of women only strengthen gender stereotypes. She remarks that even if a woman is emotionally or mentally superior to her male counterparts, she is considered a weaker sex because of her physical attributes.

She speaks about women who fight the battle of discrimination in the country and who make it to the top in spite of all the hurdles. She describes how women are belittled and are subjected to character tests based on morality. She speaks about instances of “casting couch” and how even successful women celebrities are accused of being victims of such practices (9). Sinha drew inspiration from her family, especially her mother. She writes: “I told myself I am the daughter of a brave woman. I cannot give up the fight. I will survive. I will win this battle for my mother” (41). Sinha testifies the struggle of a poor Indian woman who was widowed at a young age with many young children as her dependents while speaking about her mother’s life. She was falsely accused of killing her own husband by his relatives to acquire his wealth and property.

Her elder brother on whom their family relied after the demise of her father too was murdered by his business partners. Although the marriage of her elder sister to Sahib, a young gentleman who supported their family was a relief to them, Sinha had to take up the responsibility of making the two ends meet at a young age. It is with the hope and aspiration of becoming economically stable and independent that she applied for a post in the Central Reserve Police Force. She was thrown out of the moving train in the middle of the night by a gang of robbers who considered women as mere 'objects' and tried to snatch away her gold chain. She was astonished to notice that none of the male members present in the compartment came to her rescue when she was attacked by a group of drunkards. These incidents narrated in her narrative reflects the ambivalent nature towards women in Indian society, especially in rural parts of northern India.

If a woman, who is considered normal according to the ableist norms is mistreated this way, it goes without saying the miserable condition of a disabled woman. Chib and Gupta had to face harassment and had to face insults only because of their visible deformed bodies but the fact that they both came from privileged families decreased the opportunities for them to be vulnerable and open to such harassment. Gupta had to face segregation at the work place when her colleagues at the spinal centre she worked tried to exclude her from the leisure time they spent together.

The hindrances faced by women with disabilities to secure access to employment opportunities is a barrier that is challenging. Women with disabilities face compounded discrimination in the workplace. They often encounter both gendered barriers such as sexism and disability-based barriers such as ableism,

leading to challenges in gaining employment, advancing in their careers, and achieving financial independence. Even though women generally face lower wages than men, women with disabilities are more likely to earn significantly less than both men with disabilities and non-disabled women.

Monga was appointed as house-keeping personnel in a five- star hotel as the general manager of that hotel was an acquaintance of her father. She was getting inducted to the house-keeping duties two days after she joined when the same manager informed her parents that they could no longer accommodate her as the fellow workers went on an ad-hoc strike demanding the authorities to terminate her from the workforce. She could not decipher why they had to curtail her right to employment. Later, Monga became an aerobics instructor as it did not require formal education to become one. It was definitely after a lot of persuasion that her instructor Veena Merchant agreed to accept her admission into the instructor training programme. Monga learnt the basics and began teaching at her instructor's class three months later. She established "Preeti's Keep fit" aerobics class and had a considerable number of people learning under her (120). Monga affirms that the income from this source was sufficient for her to run the family. She could not continue her classes in the same place as she was battling domestic violence about the same time and had to relocate her house a number of times when she had to return to stay with her parents. She had to accompany her parents and brother, Sandy when they relocated to Bombay. She did not gain as much popularity in Bombay as in Delhi and Monga found it difficult to thrive on her income from aerobics classes alone.

Monga received the opportunity of becoming the aerobics instructor at National Association for the Blind, New Delhi although the salary was very less. She had to spend much of her income for her travel and it was only sufficient to afford her clothing and toiletries. She also taught typing to blind children at this place. When Monga found that the income she received from these jobs were insufficient, she sold pickles and was appointed as a marketing manager at the company owned by Sunil, her former husband, Keith's friend.

Monga's involvement and hard work made the business flourish beyond what Sunil had expected. Monga proved that a visually impaired lady could work so vigorously and achieve results in spite of her disabling conditions. At the request of Sunil, Monga gauged the amount to be invested in his business assuring her that he would make her a partner. Believing this, Monga applied for a loan at the Delhi Finances Corporation. Monga had to fight a legal battle when the banks refused to open a current account citing that she was blind. She fought and won the same and the verdict had a positive impact as no longer a visually impaired person could be denied the opportunity of opening a current account anywhere in the country.

Believing Sunil, Monga invested in his business but was not made the partner formally as no agreement was signed in this regard. Monga had to encounter a setback when she realised that her disability was being exploited and in spite of her investments, she only received the salary she was working hard for and not her due share of profit. Whenever asked, Sunil used to evade the interrogation saying that she could work there forever and he would soon repay her loan. Monga and her husband Ashwani were dismissed from the job when they had differences of opinion with Sunil, following their marriage.

Monga demanded Sunil to return her two lakhs which he had borrowed. She was provided post-dated cheques by Sunil. Both Monga and her husband had to resort to job hunting together once again. They battled the financial insecurities attempting transcription jobs in the meantime. Monga was employed in "Katha," a non-governmental office where she worked as a public-relations and revenue manager (168). However, soon after the initial admiration and curiosity over the efficiency of Monga, her colleagues started expressing their resentment towards her: "Their resentment was expressed in various forms, some in the form of unsolicited sympathy while others went out of their way to find faults, and yet others pointedly ignored me or placed needless obstacles in my path" (170). The hostility meted out to people with impairments at work place is reflected in Monga's account. Monga later got a better job at a prestigious hospital but she had to take leave from her responsibilities due to an auto-immune disease. Things were not the same when she rejoined after a prolonged leave of three and a half months and unable to bear the discrimination and hostility, she resigned from her post to start her own firm. Monga's experiences at various work spaces indicates the segregation people with impairment have to encounter at the workplace.

Gupta had to face similar discrimination while working at the Indian Spinal Injuries Centre in Delhi as a peer counsellor. Gupta had to live in a secluded shed which was not at all hygienic and neat as the centre did not have any staff quarters built. She had a very tough time living in miserable conditions but she preferred it as she wanted to be independent and did not want to bother her family any further for her care. This motivated Gupta to face the difficulties with courage and the idea of becoming independent instilled confidence in Gupta. She had to work with young

therapists who were younger to her and who had graduated from college. Gupta felt that she blended well with her colleagues until a revelation disheartened her. She had joined with her colleagues at the spinal centre on a road trip to Nainital.

She realised at a later stage that except for Vikas, none of them supported the idea as they suspected that the presence of Gupta and her personal carer Putul would spoil their fun. Gupta recalls her difficulty to believe this: “It seemed my disability outweighed me even in the eyes of my colleagues who worked with me to help other disabled people” (100). The irony of the fact that her colleagues were supposed to be people who cared for the disabled people and who were supposed to support them bewildered Gupta. The incident made her retrospective and she started acknowledging her limits while being accommodated in social spheres and became less demanding. Gupta later worked with Vikas to create barrier free working environments for people like her.

Sinha wanted to assert that people with impairment need not lead a life full of neglect and insecurity. They had every possibility of positively contributing to society. Her dream of setting up an international sports academy for people with impairments was born out of this desire. She realised that it was an ambitious dream and it meant that lots of money and efforts had to be utilised for fulfilling the dream. She believed that by asserting the disability identity, people can live their lives with dignity and overcome the segregation and seclusion in work places and social spheres. The funding for participating in such programmes will enable them to get rid of their poverty to a certain extent. The employment opportunities in India for people with disabilities are generally considered less but in the case of Chib, it was not so.

Chib had to return to India when she was confronted with unemployment in London in spite of having completed two masters' degrees. She applied for many jobs and was called for many interviews. She was rejected because people found it difficult to decipher her speech. Chib recalls: "The actual fact is that employers could see only my disability, not my capability" (174). The gap between the recognition of the capabilities of people with impairments and limiting them into the visible difficulties due to their impairments is voiced by Chib here. She considers that this was the most terrible period in her life. The impairment becomes their overpowering identity and the individuals struggle to overcome disability creep by being positive. In spite of facing this attitude from the society, she was not ready to give up as she was confident that she was capable of being employed.

After persistent job hunting, Chib was surprised when she received a job as a senior event manager at Oxford Bookstore in Mumbai. She used the digital platforms and her assistants helped her to meticulously execute her plans and do the job efficiently. Chib asserted her rights and vocalised her identity to overcome the discrimination at work place. Although Chib lists her accomplishments due to her stay in London, she feels that it was her home country that offered her an employment opportunity much to her surprise. Having secured employment, Chib created a work-place setting where she could vocalise her campaigns for an inclusive environment.

The unequal treatment meted out at the workplace motivated Gupta, Monga, Sinha and Chib to establish their own projects and work spaces where they could establish their disabled identity and emphasise their individuality. Chib began working as an event manager. Monga became a motivational speaker and

established a firm recruiting disabled individuals. Nazeema, an acclaimed disabled writer and activist also has created such an organisation that employed people with disabilities in various forms. Gupta's firm AccessAbility also contributed to their inclusiveness in the society while Sinha motivated disabled young people to concentrate in sports activities that enabled them to establish disability pride and escape from disability creep.

Gupta, Sinha, Monga and Chib offer distinct accounts of disability that are determined both by individual expression and social, environmental factors. They are elaborate acts of defiance of medicine's habit of reducing the whole person to a set of symptoms, and they respond to recent calls for a renewed focus on the embodiment of disability. In turn, these stories insist on autobiography as a capacious form that can accommodate a range of subjects and articulations of self. Chib had the opportunity to visit London when her mother had enrolled for her PhD. Navigating the streets of London with her electric wheel chair, she attained autonomy. She dared to venture out without the help of her carer Maya. She visited bookshops and shopping malls all alone when Maya had to leave London due to her personal inconveniences. Chib's parents were worried as her mother had to submit her thesis and she had to work for eight or ten hours a day. Taking care of Chib would be another additional responsibility for her mother when Maya left. Yet, Chib managed many things on her own and assured her parents that she could manage herself which enhanced her self-esteem and sense of autonomy.

She felt happy and contended that the social environment of a city like London offered her the freedom and accessibility to feel so. She recalls this feeling of embodying the gender role of a care giver and not a care receiver thus: "For the

first time, as a woman, I had a choice of choosing my own things and choosing what I wanted to do, where I wanted to go. I got used to managing the days on my own and doing the shopping, whether it was buying the medicines the family needed, the toiletries or the cleaning detergents" (Chib 120). She does not hesitate to make a comparison of such a situation with her home country to say that this autonomy for a disabled person would not have been possible for a disabled woman in India. She was happy to have elevated herself from the passive role of a care receiver in the family dynamics to that of a care-giver. She acknowledges the role played by her mother and her step father Sathi in encouraging her to do chores and making her as independent as possible. Chib loved shopping in London as people there only came in to help. She notes: "Nobody stared, nobody asked me rude questions" (121). The entire experience gave her a feeling of security and contentment as she felt that she could contribute to the family doing her little share of work, however small it may be.

Gupta concludes her book narrating her visit to Leh Ladakh, a place which Vikas had wished to go. She felt his presence in spirit and affirmed that the tapestry of memories of a life lived with Vikas which she holds so dear to her is so alive. She ends her life narrative in affirmation about finding a meaning in life. She describes the process of writing her life and acknowledges that for a dyslexic person like her, it was definitely a difficult process. The entire endeavour was to find purpose and meaning into her life. When everyone around her was doubtful whether she could overcome the second tragedy of losing her husband and also ending up with more injuries, she had to reassure all of them that she was mature enough by then to know

what to live for rather than simply live a life without attributing any value into it. She had the purpose in life to take Access-Ability further.

Nevertheless, she wanted to document her life and relive to capture the memories of Vikas vividly before time faded her memory. She asserts her subjectivity and identity as a disabled Indian woman who has battled and survived hardships, yet emerged content and satisfied with life. She even counts disability as a blessing at this juncture that had she not become disabled she would not have met Vikas who helped her lead a meaningful life with love and passion. She accepts his loss as a reality although she yearned for a longer life with him. She came to terms with the reality of losing her life partner that had she hoped or yearned for him to live longer, it would have altered his journey.

The confidence, self-esteem and dignity with which she writes the concluding lines reflect her acceptance of her condition in a positive way. Gupta concludes by saying, “I had lived the life I wanted to and not because someone else had wanted me to live it that way” (239). She got over the shock of losing her husband and began focusing on her projects. She documents her journey as a disabled Indian woman who in spite of facing the stigma and segregation surrounding disability, emerged independent economically and through dis activism is actively engaged in making accessible environments for those similar to her. She is involved in projects with the government, corporate and private sectors in building environments for her.

Monga seemed to be happy and content with her life when she wrote in the concluding lines of her narrative that “I am one of the very few people who are completely happy and fulfilled, living my life on my own terms” (177). Although

she narrates the feeling that she had limitations in performing the role of a conventional mother as much as an able-bodied mother, she realises that she could make her children successful and independent in their own respect. She reconciled with Ashwani's parents and was able to defy their prejudices against a disabled daughter-in-law. She had to strive hard to establish as a motivational trainer and ended up being hired as a consultant at US based company National Opportunities Alliance. Her role was to persuade, instruct and motivate partner companies to hire and employ people with disabilities in their organisation (176). This way, she has risen above the discrimination at the workplace and has become a harbinger of hope not only for herself but also for other people with disabilities irrespective of their gender.

Sinha becomes more focused in her work for people with impairments like her and the satisfaction of having achieved her goals contributes to her sense of worthiness. While the authors narrate their bodily experiences, stigma, prejudices and limitations in conforming to the traditional gender roles, they do not hesitate from acknowledging the support system they received. Narrating the experiences of disability in relation to the socio-cultural, economic and political factors enable them to better understand themselves and the magnitude of discrimination meted out to them being gendered disabled individuals. Yet they defy the gender norms and conventional gender roles by doing their part even though at times they have to conform to the gender stereotypes. By projecting their inclination towards conforming to these gender roles they reinstate their vulnerability and precarity as any other Indian woman who have been conditioned by these for centuries. Yet, they

emerge triumphant in asserting their individuality and identity and living their life on their own terms.

The engagement in dis activism and the role of agency is well portrayed in these writings but they do not valorise their difficulties and sufferings and become idols of suffering and sacrifice as traditional Indian Women who do it for the sake of their families. These authors exhibit no reservations in vocalising the physical difficulty of living with disability and the mental and emotional trauma of dealing with impairment while engaging with the world. The essential vulnerability of our embodied selves is reflected in these narratives. The normative illusion of a single, acceptable human body is challenged and they advocate accepting difference not as a deficit or deviance, but which heralds human diversity.

# Chapter 4

## Transformation: Reconstruction for Empowerment

Living with disability involves enduring physical pain from bodily injuries or dysfunctionality. The instances of psycho-emotional disablism as well as attitudinal and physical barriers contribute to the suffering encountered by the people with impairments. Reconstructing traumatic past may provide a means to healing oneself. The act of narrating the past may begin with the intention of healing but it actually exposes the wounds. The depiction of suffering becomes vital to document the challenges of actual embodiment of living with impairments as well as to advocate for a social change in attitudes towards the people with impairments. The individual suffering becomes social suffering when the individual suffers as a consequence of societal stigma.

Writing wounds can provide an outlet for reiterating the painful experiences and thereby trying to cope with the traumatic experience in a better way. It can also provide a therapeutic effect when the individuals who have experienced trauma in their past assert that they have overcome it and found purpose and meaning in life navigating the disabling conditions or experiences. The identity as a disabled self is asserted when the narration of traumatic events intertwines with the social construction of disability. The individual trauma becomes part of cultural trauma. The multidimensional experiences of living with impairments provides an opportunity to narrate the disabled self's entanglement with trauma. Vocalising the sufferings of the disabled and identifying societal aversion helps them reconstruct the traumatic past, adapt to changing notions of disability and carve a new path towards empowerment.

The exploration of the ways in which the notions of disability and impairment are reciprocally related with trauma is important as much as analysing the traumatic antecedents and consequences of disability categories. The focuses on exploring the role of self-narrated experiences of disabled people and trauma survivors in advancing understandings of trauma-informed disability politics and the ways in which trauma shapes and is shaped by lived experiences of disability, impairment and their interactions are also areas that demand attention for people interested in dealing with the lived experiences of disability.

The experience encountered in a hospital like All India institute of Medical Sciences is expressed by Gupta. The odour of disinfectant, the hapless condition of patients waiting to be allocated rooms, the dirty corridors with flies buzzing around all contributed to the feeling of discomfort. Gupta writes that the pain and wailing of other patients she witnessed around aggravated her distress. She brings forth her feeling of exasperation: “I felt like being in hell. I wanted to just get away” (14). Numerous doctors appeared and repeated the same tests which accelerated her annoyance. After hours of lying on a stretcher and waiting impatiently in the hospital corridor, she was admitted to the All-India Institute of Medical Sciences.

Gupta acknowledges the suffering of her relatives as bystanders accompanying patients at such junctures. If this was the condition in a leading medical care institution, the plight of less privileged medical colleges with lesser medical care facilities and infrastructure raises significant concerns. Gupta pondered about such hospitals with lack of adequate facilities in India when she underwent such a situation at the All-India Institute of Medical Sciences. She vocalises the anger and irritation she felt when she was transferred to the operation theatre

following a scan and not being briefed about what the doctors were going to do to her body. The sight of a drill going to pierce her scalp and skull terrified Gupta. Although the doctor reassured that she would not have any sensation as she had been administered local anesthesia, she could not imagine the process she had been subjected to while performing the surgery of skull traction. Lack of knowledge in the implications of such a surgery aggravated her fear and sense of helplessness. She could not tolerate the feeling of the blood oozing out of her skull and rolling down through her scalp to her ears. What disturbed her more was the callous attitude with which the doctor performed the task by whistling a melody.

Gupta detests of not being informed about the surgery and she opines that she could not have undergone such a horror if the doctors had informed her about the procedure in detail prior to the surgery. The negligence on the part of Indian doctors is indicated and although the medical practitioners designated the entire surgery as a simple procedure, the implications of the same on the body it was performed were not so seemingly simple for the patient. The experience had bemused Gupta to a great extent, making her suffer. She further describes the experience of being shifted to the Intensive Care Unit bed where the relatives of other three patients crowded the room and the premises were pervaded by the foul odour of disinfectant. While getting accustomed to the atmosphere she describes what she had gone through preceding that. She writes: “The twenty long hours before this, it seemed to me, had been the most harrowing of my life” (16). The acutely distressing turn of events in her life bewildered Gupta and she yearned to return to normalcy. She reassured herself that the trauma of dealing with spinal injury would get over soon. This was actually a false hope and little did she realise

that she would remain the same for the rest of her life. She points to the lack of care and humane treatment from the medical fraternity. Gupta reflects on these experiences and expresses them in her narrative with a hope that the attitude of medical professionals would change.

Gupta states the difficulty of her family to adapt to the new order. It was disheartening for her father, sister Jiya and many others. Her boyfriend Sunil felt remorse initially as it was, he who drove the car which met with the accident. Sunil's mother and sister visited Gupta at hospital and they were also feeling sorry for her. These visits actually made Gupta happy as she thought that Sunil's family approved of their relationship and their visits were a sign of consent for their marriage. However, nothing materialised and Sunil gradually deserted her when he discerned that she would remain a quadriplegic for the rest of her life. The thoughts of Gupta reflect the notion of individuals who desire that the trauma would get over as soon as it is normal with anyone in such a predicament. While Gupta wanted to recover from her debilitating trauma soon, Sinha was bold enough to undergo a surgery even without anesthesia as she wanted to prevent her other organs from being affected with gangrene. The trauma Sinha had to undergo due to lack of medical facilities is reflected in her narrative. Sinha is assertive and she feels proud of herself that she could endure the sufferings with courage and determination.

Chib also had a similar false hope that she would become normal once she grew up. Monga too had a yearning for being normal and hoped that she would be able to better adapt to her impairment. Monga wanted everybody else to consider her normal despite her condition of impairment. This indicates that these authors had imbibed an ableist notion of normalcy themselves at the beginning stages of life.

They had to accept the reality and counter these ableist norms in the course of their lives and only after living long enough with impairments did, they begin to vocalise the trauma and accept it. However, Sinha was focused on her immediate treatments and recovery. She was more pragmatic in accepting that herself will never be the same and she had to part with her left leg to prevent her rest of the body from being affected from gangrene.

Before being moved to Bareilly district hospital, Sinha was examined by a lady doctor at Chaneti railway station where Sinha had to lay for a couple of hours. The procedure was unnecessarily delayed on accounts of paper work and Sinha felt terrible at this. She wondered why the Indians bothered to pay respect to the dead bodies when they did not give a person alive the same respect. The perturbation of being subjected to the stares of onlookers is stated by Sinha. She wondered why people had to prioritise paperworks than provide emergency treatment to a person in a wounded and debilitated state. The pitiable medical conditions in government medical hospitals like Bareilly district hospital aggravated the pain of Sinha.

She deciphered from the doctors that her left leg had to be removed below the knees and surgical procedures had to be done on her bruised left leg. But what held the doctors back in rushing with the surgery was the absence of an anesthetist. The entire hospital scenario shocked Sinha when she notes the absence of doctors and nurses sufficiently trained to meet an emergency situation like hers. Sinha mentions the lack of proper surgical equipment and blood bank to perform the surgical procedure. She had to brave the pain of removing her left leg without being administered a local anesthesia. Although the doctors were reluctant to proceed, Sinha reassured them saying that she had endured more pain and trauma the

previous night lying in the tracks. After persuasion and several rounds of discussions, the doctors agreed to carry on the procedure. Sinha did not take much time to realise that critical cases like hers were either referred to elsewhere from Bareilly district hospital or did not survive.

She had to subject herself to the pain of enduring surgical procedure due to the fear that if she had not agreed to such a condition, she would have to lose her entire leg or even her life due to gangrene. She was determined to endure the pain of undergoing the surgery without anesthesia in order to save her life. Sinha writes in this regard, “No one enjoys pain. But hearing the hospital staff discuss my situation had left me in no doubt that a surgery was required urgently” (36). Although Sinha had geared up the courage to endure the pain, her description of the actual surgical procedure indicates that she had to endure a lot to adjust to this “new pain” as she addressed it (37). She naturally screamed when the pain was unbearable at times but acknowledges the fact that it was the detached look on the countenance of doctors that motivated her to endure the suffering. This situation is in contrast to that of Gupta. When the detachment of doctors while undergoing surgical procedure aggravated the distress of Gupta it helped Sinha to tolerate the physical pain.

Sinha narrates that what tormented her more than the physical pain of undergoing a surgery without anesthesia was the thought of bidding farewell to her left leg. (37). She states that for a person like her who became emotional during school farewells, parting with a part of her body was unimaginable. She witnessed the surgeons handing over her amputated leg to an attendant who carelessly placed it under her bed. Sinha was overwhelmed with the pain and surgical procedure that she lost the track of time.

On hearing the verdict from the doctors about the successful completion of the surgery, Sinha fell asleep only to wake up to another disgusting and traumatic sight. She spotted a dog visiting the ward and was amused at the sight of this intruder initially. But soon her amusement paved way to horror when the dog spotted her left leg lying beneath her bed and started licking it. The odour of raw flesh had invited the dog to perform this action which made Sinha scream. Sinha vocalises the trauma she feels even while memorising the incident. Being an athlete her legs had proven her agility and her steadfastness many times.

Life had brought her into such a situation that she had to part with a bodily organ upon which her pride and identity as a sportsperson relied much. Her shock and terrifying feeling escalated when the negligence and irresponsibility of the hospital administration had caused an animal to devour her body part right in front of her eyes. Sinha shouted and the dog was chased away easily although "chasing those memories away is difficult" (38). The sight of an animal devouring her leg which was so dear to her as she relied heavily on them being an athlete terrified Sinha. She describes the pain of travelling in an ambulance while being shifted to Lucknow Trauma Centre. The bumpy roads made her stitches open up widely and she had to scream every now and then to control the excruciating pain. Her Leg was in a very bad shape by the time she was admitted to Lucknow Trauma Centre.

What comforted Sinha while dealing with the trauma of dealing with the new reality or mishap is that her family dealt with it more stoically. Her mother being a brave woman herself and brother-in- law rose up to the situation and moved ahead with pragmatic plans to help Sinha recoup from the debilitating condition of having to lead a life with an impairment. Sinha comments that her hospital experience of

painful surgery with affirmation that enduring this pain was for her own good compared to the previous night when she had to lay in between the railway tracks uncertain of her fate. Sinha made use of these experiences of suffering and capitalized on them to gauge the courage of attempting greater tasks. She was not ready to return in the worst of situations before reaching the summit even when her Sherpa advised her to do so.

Sinha was thrown out of the train and the plight of enduring the suffering all alone in the darkness of the night away from the family was traumatic. Although she cried for help there was nobody to save her from such a situation. She felt that she would not live to see another when each train approached and ran past her. She was scared by the hisses of the train and she could smell the stink of human waste thrown away from the moving train. The disgust she felt lying in such a deplorable state is expressed by her. The excruciating pain he underwent when she clutched two stones lying on the gravel-filled trackside to control the pain and her entire body was soaked in blood when her left leg was run over by the train and the right one battered, leaving her drained. Her bones were broken and ligaments were damaged. This made her motionless even if she wanted to move away. The agony and pain were so unbearable that she kept on crying for help until she got exhausted and fainted.

Although Sinha regained consciousness after a while the pain got worse and reached an extreme situation where she felt numb. She describes the horror of being attacked by rodents as she lay on the tracks who, smelling blood, attacked her. She felt that the creatures might have thought that she was dead. Although she tried to hush them away, she could not move as her body had gone numb. Lying in such a

pathetic situation she managed to count the number of trains that went past her and stated that she had a feeling inherent in her that she would survive this mishap.

Sinha restates that it was her survival and ability to deal with the suffering that night, which instilled confidence in her. She attributes her increased courage and resilience in overcoming the physical challenges of ascending the mountain to her survival that night. She suggests that this experience fostered an ability to endure hardship, making the physical demands of the Everest climb more manageable. Essentially, she views the trauma she endured that night as a catalyst for developing the fortitude needed to achieve her goal.

Monga was subjected to numerous medical examinations as a little girl, and the pain she had to ensure during these situations started becoming uncontrollable. This was in perfect contrast to the otherwise heavenly existence she enjoyed growing up in the foothills of Himalayas being cared for and adored by her parents. Monga denotes the shift in perspectives of those around her with pain when they discerned that she had an impairment of optic atrophy. Monga felt that it was the trauma of being ignored by her teachers and peers at school that aggravated her disabling condition. The appearance of skin allergy after being administered small-pox vaccine increased her pain of being avoided from her peers. She felt humiliated and depressed when none of her friends came near her out of the fear that her skin allergy was contagious. Monga had to suffer psycho-emotional disablism when she had to encounter the stigma from her friends and teachers.

The onset of an impairment was not known to Monga and it was difficult for her as well as her family to accept the situation. It was hard for her at that age to realise that life would never be the same again. She wondered why everybody else

including her friends at school, teachers and neighbours started looking at her with pity: “I seemed to have been transformed into a strange pitiful object to be handled with extra consideration or simply left alone” (27). She had to suddenly confront this isolation when it was least expected in the course of her life. She was shocked to experience this attitude especially from her peers as she wanted to inform them of her experiences in Calcutta, how she enjoyed the days at the “big, bustling city” and share her good experiences in spite of the traumatic experiences of diagnosis and medical examinations (27). She felt offended when everybody else considered her a “problem-child” and offered her sympathy which she disliked (28). The sudden transformation from being a girl who used to get a lot of affection from family, friends, neighbours and teachers to the person who was looked upon with sympathy shattered her confidence and hopes for the future.

While Gupta, Sinha and Monga had to battle the problems of living with the impairment during the course of their lives unexpectedly, Chib had to suffer disabling experiences right from her birth. Chib’s mother was subjected to endure labor pain for forty long hours and this resulted in the baby suffering from a condition termed medically as anoxia. This implies that the child’s brain did not get adequate oxygen for a few seconds which eventuated in making the baby live with an impairment life-long. The umbilical cord had stuck around the child’s neck causing the situation. Although doctors were apprehensive of the survival of the new born baby, Chib survived although with a life-long disabling condition of cerebral palsy.

Chib reminisces the difficulties her parents had to encounter to adjust with the situation of having a child with cerebral palsy. The migration was essential for

her treatment that they did not have second thoughts about it. Chib's mother became worried when her daughter was not showing any signs of progress like other children of her age. She notes that it is the lack of knowledge about her condition in India that led her mother to suffer from depression. She refused to believe the doctors that her child had a problem. Initially, the doctors pronounced that it was a result of her prolonged labor.

Chib recalls the numerous medical tests she was subjected to as an infant. The passivity and indifference of doctors terrified her and her family. The medical practitioners did not bother to prepare her parents emotionally before they disclosed that their child was spastic and had cerebral palsy. The declaration that she would remain spastic forever and would be a "vegetable" unable to do anything by herself deeply affected her parents and immediate family (5). Chib's family had to return to India when she was six years old. She had by then acquired considerable improvement studying in a school at Cheyne, England. To their bewilderment, conditions in India had not yet improved. The doctors would speak about Chib in front of her as if she did not understand anything. The paramedical staff treated her and spoke ill about her without understanding that she could comprehend whatever they said. She reiterates the contrast of treatment of the disabled children in London and in India in this context.

When the staff and medical facilities at Cheyne were warm, friendly and egalitarian, the Indian system was largely indifferent and rude. Chib vocalises how the treatment made her weep. Chib writes in this regard: "These people were rough, hierarchical, domineering, intimidating and wanted to prove that they were superior professionals" (17). The grief Chib felt as a consequence of this attitude of medical

professionals is well reflected in her words. She recalls that in England they treated her as a child first and only then her impairment and condition as a handicapped child. Whereas in India the system was not equipped to accept such a person which aggravated her disability.

The obvious disregard of her condition by the doctors created a shock for the young Chib aged six: “Their treatment of me made me weep. My mother and grandmother wept with me. What were we to do? “(14). The impairment became visible in India and it contributed to the trauma Chib and her parents underwent making her condition disabling. She notes the impact her distress had on her mother. The change of attitude of people who were supposed to help Chib, affected her mother to a great extent. While writing about her mother’s grief, Chib notes: “She had no one to talk to about her grief and became quite distraught.” (17). The societal attitude towards her daughter made her feel isolated and grief-stricken. The positive outcome of her mother’s trauma was that she was instrumental in establishing the Centre for special Education in Bombay to cater to the needs of children with multiple difficulties.

Chib elaborates the problems she encountered while doing her degree course at St. Xavier’s College, Bombay. These were not accessibility issues alone. She was allotted extra time for writing exams and enduring the scorching heat of summer in May for six long hours for writing exams itself was exhausting. Verbalising the lessons learnt using the canon communicator and making her scribe decipher her language was a strenuous process. Her speech could not be easily deciphered by the scribe. She had to take extra efforts to make her scribe understand what she was trying to convey. Writing the exams or attending classes would not have been as

hazardous a task for a non-disabled student but for a student like Chib who had mobility issues and impairment, performing these quotidian tasks itself was challenging.

Similarly, Gupta mentions the difficulty of being unable to use the toilet when she was left alone in the staff quarters all alone after her carer left in the evening. She had to control her intake of water as she had apprehensions about her incontinence. Monga acknowledges the help of her mother in taking care of her children and how she was helped by her children in household chores. It was with great determination and practice that she became adept in cooking and doing the everyday chores. This would have been such a difficult task for her, but comparatively an easier task for a non-disabled person. Sinha could manage the Everest expedition surpassing the pain of adjusting to an artificial limb only due to her perseverance.

Even though all people can experience and be variously affected by trauma, persons with disabilities are more susceptible to being subjected to various forms of trauma due to their perceived individual pathology, vulnerability, and deviation from arbitrarily fabricated notions of being normal. This quote implies that bodily dysfunctions compound the experience of trauma. The kind of physical pain and suffering endured by a person with an impairment cannot be compared with that of an able-bodied person. A person with an impairment experience suffering due to their attributed deviance from normativity.

While Gupta and Sinha dealt with acute trauma, which is a consequence of a single, distressing event, such as an accident, natural disaster, or violent attack, Chib and Monga suffered from Chronic trauma which is an outcome of long-term illness.

The individual may experience intense, immediate reactions that can include shock, denial, or disbelief in case of acute trauma. This trait is visible in Gupta when she was not ready to accept her life-long disability in the first few days after her accident and she thought that she would return to normalcy soon. Sinha had a more practical approach and she denied not the reality but the usual practice of being dependent on someone for the rest of the life. She was ready to accept it and survive it through overcoming the trauma.

Monga had to endure the chronic trauma resulting from her vision impairment since childhood and to couple with it, the trauma of enduring domestic violence, abuse and bullying. While Chib had to suffer the chronic trauma of cerebral palsy and the stigma of the society, she considered it a way of life rather than a problem to be addressed. She had geared up to live with cerebral palsy with the support system she was privileged with and hence, it was not a trauma anymore. Although Chib, Monga, Sinha and Guta underwent complex trauma, they overcame the situation with the supporting system they had.

Trauma experiences can have lasting impacts on mental and physical well-being. It emphasises the importance of recognising and addressing trauma, considering its effects on individuals and communities. Additionally, trauma theory acknowledges the diverse ways people cope with and respond to trauma, highlighting the significance of empathy and support in the healing process. These authors acknowledge the support system they had while also narrating the complexities in their relationships alongside battling the disabling conditions. The fact that their impairment has caused traumatic experiences to their families too torments all four of them alike. They are also vocal about the strain in relationships

they experienced, the trauma of losing loved ones during the course of their lives and the desire for companionship.

Chib describes the traumatic experience of the divorce of her parents: "However much they said that their divorce is amicable, the break-up of any home is hugely traumatic" (28). She notes that her parents did everything possible to keep away the pain from each other so that the peace of their children was not affected. But it was more painful for her mother, who said that "a divorce is always a divorce and is always painful and challenging" (29). It was painful for her to drive back after leaving their father and home after the break-up of her parents. Chib and her brother had friends from other apartments in the flat and it was like a secured nest for them. Leaving her kaka, her father meant leaving all the comforts of their home and neighbouring friends. However, Chib points out that it was not because of her disability that her parents broke up.

While both her parents were engrossed in their careers, her father wanted to socialise with his friends and demanded that his wife care for him and his needs. Her mother wanted to spend as much as time with her children, especially her daughter who had cerebral palsy. They could not find quality time for each other and eventually, they discerned that they were incompatible in many ways. Chib is of the opinion that had she been able to live in the same place she would have had better opportunities to socialise with friends of her age which would have contributed to her development in a much better way.

Divorce was still considered a taboo in Indian society then. Chib's parents broke the social conditioning and stereotypes by accepting the situation and by deciding to part with each other. The separation of her parents and the ensuing

suffering affected her even more than her brother as she could not get admitted to a school. Inclusive education that accommodated children with impairments was still not the norm in India while her brother could attend an elite school (28). Chib felt the desolation more as she had to simultaneously endure the separation from her father, her neighbourhood friends and not having company as she was not admitted to a school. The pain of losing a loved one is depicted when she speaks about the death of her aunt Juneima. Losing Juneima meant losing a friend, mentor and a second mother who had loved and supported Chib through all trying times. Juneima was her maternal aunt and married her uncle and her mother's childhood friend.

Chib is tormented at the thought that her disabling condition is a burden on the family. She is grateful that her parents did make many sacrifices for her sake but she did not want to become a burden for them. Chib is fortunate enough to be supported by her parents, step-father and the extended families from both the parents' side. Her cousins, her brother Nicky and his wife provided an inclusive atmosphere to Chib unlike the social life she had with friends. While doing a masters' programme, the help of a few teachers and friends contributed to her sense of feeling good.

While Chib spoke about the pain of a divorce in her family, divorce came as a relief for Monga. Monga describes her trauma of living with her abusive husband Keith. Interpersonal violence exposes the interlocking oppressions of systemic violence. The importance of refusal to depoliticise abuse and trauma is evident in patriarchy, where the sufferer is silenced. On the first night of their wedding, Keith was drunk and in an inebriated condition, began showering accusations at Monga. She mentions that she felt she was disabled only when he started pronouncing her

disability, addressing her as ‘blind brat’ (54). Monga endured the trauma of domestic abuse for quite a long time as was the case with many other Indian women who were conditioned to silently endure toxic behaviour. This was largely due to the fact that she did not want to torment her parents who had already made many sacrifices on account of her disability.

Moreover, she gave birth to two children and thought that the arrival of the children would help her improve the relationship with her husband. It did become better for a few months soon after the birth of her daughter and later her son only to last a few days. Soon the abusive nature of her husband would overpower him causing emotional struggle for Monga. There were times she even contemplated suicide. She did not submit to that emotion because she was concerned about her children and her parents who had always supported her battling her disability.

When Monga could no longer tolerate the agony of watching her children being beaten up by their alcoholic father, she decided to divorce her husband. She had to find a source of income after a certain point of time in her life as her husband did not go for any job and they had to depend on her parents for monetary support in spite of being a separate family. The fact that Keith never returned the money he borrowed from her parents in the guise of starting a new business after he had quit his job also tormented her. She began working to generate income for her family but while working she had to depend on her husband for child care, which gave her husband an upper edge to torment her.

Monga finally had to take the decision of divorce after giving her husband many chances to mend his ways. All these years were hugely traumatic for Monga and she had to go through years of depression and suffering. In fact, For Monga

divorce came as a solace and an end for her years long torture and abuse. She suffered from chronic trauma all these years. Monga faced a dilemma in her life when she found out that she could not excel in music playing Sitar even after practising for eight to ten hours a day as a teenager. She had turned to this hobby making it her passion when she was not given admission in high school due to the unavailability of inclusive education in India. She confesses that she had got the idea from her social conditioning that those who could not see would have some magical abilities like that of being an extraordinary musician.

When she expressed her wish to learn music, her parents agreed and made all possible arrangements that she could pursue her passion under a master. She carried on with this newly found preoccupation which was essential for her to keep her thoughts away from the emotional trauma she faced due to the stigma of being blind. Yet, even after years of relentless practice, it was proclaimed in an audition by Ustad that she could not recognise ragas and even master the basics. This left her in utter despair and she had to give up learning Sitar. The thought that her sense of listening and music would enable her to come back to normalcy in the absence of sight did not materialise and this inability to excel in one's hobby tormented her. This was mainly due to the fact that pursuing a career as a musician would enable her to live a life where her disabled condition would be accepted, which is unlike her experience as a disabled woman being avoided by friends and society.

Monga was also tormented by depending on her parents too much even after her marriage. When her husband turned out to be an alcoholic and irresponsible man, she had no other choice but to depend upon them for her monetary and other needs. Monga was a smart woman who had trained herself in skills like cooking,

cleaning and knitting. She always desired to have a home of her own with the company of a loving husband and children. She deeply wished to move out and not cause any more trouble to her parents. On the contrary, things unfolded in such a way that her husband Keith suggested that they live with her family as Monga would find it difficult to manage a home on her own on account of her impairment. Keith's parents did not approve of their marriage initially due to the Monga's impairment. The fact that she should not cause suffering to her parents who had already sacrificed much for her sake prompted her to silence her emotional trauma of domestic violence and suppress it within herself. She did this not to traumatise her parents further as they would get hurt if they witness or come to know about the torture their daughter had been subjected to.

Another disheartening incident in Monga's life was parting from her children when she remarried. Her mother advised her that it would be better if the children lived with her instead of living with her and their step-father. She reminisces that it was a tough decision for her to take being a single mother for many years. The idea that the children will not have both their parents together tormented her to a great extent but she had to choose to get married and get settled as that would be a solution for most of her problems. In the end, she had to resign to that and mention the mixed emotions she felt on her wedding day which brought her joy of getting a companion she desired life-long as well as parting with her children. She reconciled with the idea that a happy parent would be able to raise happy children and she states that she mastered the skill of remote parenting. Monga asserted her individuality and did not hesitate to break the stereotypes. She believed in defining happiness in her own terms.

Gupta experienced her first desertion from her boyfriend Sunil when she became disabled. But this betrayal did not cause her much trouble as she was more preoccupied with developing her agility and improving her bodily dysfunction after the first accident. Being a disabled woman, quite embarrassed and depressed to have bothered her extended family in taking care of her, she expresses how much she missed her mother who had passed away a few years back. She feels that if she had her mother with her, her emotional trauma of depending on others would have been much lesser. Moreover, she had always been a mother's child who found her comfort zone in confiding with her mother.

Gupta had to confront the sudden demise of her dear mother. She considers that it was the first traumatic incident in her life which had shattered her to a great extent. She gradually became independent and started living her life on her own after her father had left abroad and her sister got married. But soon after her accident, she became bedridden and had to rely on the help of her sister Jiya and her father. The fact that her father remarried soon after the demise of her mother also disturbed Gupta emotionally. She could not reconcile with that decision of her father until Vikas, her husband made her understand. Gupta documents the trauma she felt when her relatives, Jiya and her father, were finding it difficult to adapt to the new reality of her disability. Gupta was shocked to accept her destiny when she lost Vikas and her father-in-law due to an accident a few months after their marriage.

Due to her social conditioning that it was not right for a disabled woman to get married or they were not eligible to be in a relationship, Gupta did not accept Vikas's proposal. Soon she understood that they could relate with each other so well and were perfectly compatible with each other irrespective of their differences. The

conflict of losing Vikas forever if she did not verbalise her affection towards him as well as the self-doubt of making him live with her disability traumatised Gupta in the beginning days of her relationship. Moreover, she detested being a burden on Vikas. Yet, it was Vikas who took the initiative and convinced Gupta that they could live forever together and her spinal injury was only a condition of impairment and not a disability if she got proper access to all the places.

Together, they trained themselves, enriched themselves academically and worked towards the goal of betterment of conditions of the disabled. After long years of waiting, Vikas's parents approved their relationship and gave their consent for their marriage. But even this happiness was for a short while in Gupta's life because Vikas and his father passed away soon after the second life altering accident in Gupta's life. This definitely was a great blow for Gupta and she found no purpose in life to live. After the initial shock and days of mourning, it was surprising for Gupta herself that she recoupled and attained stability as none of her relatives or friends, including her sister Jiya or father had thought that she would be able to adjust to the new situation.

Gupta's recovery was speedy as she had already internalised the coping mechanism after living with disability and trauma of various other kinds prior to this. The pride and self-confidence Vikas had instilled in her also urged her to move on further in life. She gained purpose in life when she thought about the unfinished projects of AccesAbility which Vikas had left behind and was determined to do her best for the betterment of the disabled community.

Similarly, while describing her injury and subsequent hospitalisation, Sinha consoles herself by reassuring that she had undergone many traumatic events in her

childhood and that she will be able to overcome the loss of a limb too. Her father being an army man had instilled a lot of courage and bravery in her. Making her grow up in a family environment where she was treated equally with her brothers helped her boost her courage and gave her self-confidence. She was given equal responsibilities and equal rewards unlike other Indian families which treated their children with gender bias. She recounts that it was this training which helped her develop the fighter spirit in her when it was much needed after her impairing situation. Her peaceful family was shattered due to the unexpected demise of her father in mysterious circumstances. This was naturally traumatic for her mother and the children including Sinha.

The false accusation by a few family members of her mother and elder brother that they had killed her father in order to obtain his wealth aggravated their suffering. Sinha and her younger brother were too small to digest the intricacies of the case but she recounts that she would never forget the days and nights spent all alone in their cow shed when her mother and elder brother were arrested by the police due to false accusations from a few envious relatives. She states that it was a cow they domesticated that provided them with its milk all the three days and the shock and terror of that incident had traumatised her to a great extent.

Sinha grew up witnessing how her mother fought legal battles and the actual difficulty of rearing up three children without depending upon anybody else. They won the legal battle and were beginning to get settled in life when her brother had started sharing the family's burden with her mother. He had established a business and was generating decent income from the same when one of his friends volunteered to be a partner. Together, they went about doing the business until one

day they fell apart. Soon, her brother died under mysterious conditions and it was orchestrated in such a way that everyone thought it was a suicide. This was unbearable for Sinha's mother and herself as well as her siblings. But this time the family did not have the capacity to fight a legal battle again. They were literally tormented and suffered a great deal to pull along. These were the most traumatising periods in Sinha's life which actually prepared her for tougher battles in life.

When her elder sister got married, the onus of taking care of the family fell on Sinha which she eagerly took up. She wanted to somehow support her mother and ensure her well-being. Being a national level volleyball player, she had won acclaim by then and she planned to utilise her merit in sports to secure a job. On the advice of her brother-in-law who worked with the Central Reserve Police Force, she applied for the post in Central Industrial Security Force which she expected that she would crack. When the chance of being attacked by a gang of robbers tried to snatch her gold chain, she was actually trying to save herself and her family from years long suffering and poverty. The thought about the plight of her mother and siblings when they came to know about her accident aggravated her suffering. She did not express her grief in front of them as she did not want to cause suffering for them further.

In this manner, the trauma of losing loved ones, the discomfort of being a burden to their families and friends, the strain in relationships all figure in these life narratives. They acknowledge that they had to endure such suffering mainly due to their disability although there are other factors that contributed to their suffering. All of them have been conditioned by ableist norms to an extent and even when they vocalise their resentment towards the prevalence of wrong notions of normalcy, their

lives stand testimony to the fact that they themselves had imbibed the same. Yet, their evolution from thinking about themselves and living for themselves towards creating a community or moral imagination is evident in the lives of these authors.

These narratives become examples of social suffering because these authors represent the discrimination and sufferings they had to face due to the social conditioning of ableism. The social conditioning in which they live reinforces their suffering and thereby they are victimised. It is only when they vocalise or narrate their traumatisation they become part of the social and cultural process of acknowledging the presence of disabling conditions. By being part of the discourses of suffering they also come out of it by vocalising their trauma. Chib, Monga, Gupta and Sinha are also keen on commenting on the bias and prejudices of the society.

Gupta narrates the incident where she was offered alms thinking that she was a beggar. The societal attitude towards the deformity is reflected here. Chib records that she had the opportunity to read and know about various articles and books related to disability that she understood that it is a necessity that they speak out so that it may help to reduce the socio-cultural barriers encountered by the disabled population. Sinha was adamant that she deserves compensation from the Government and the railways and considered that all the media coverage and publicity which visualised her suffering body helped her gain the support system required to survive after the traumatic incident.

Monga narrates her suffering in order to record the resilience with which she lived and survived the double trauma of living with disability as well as domestic violence. They become effective by being part of the discourse of social suffering thus as social suffering demands the proper mediation from discourses that require

public intervention, representations, and media coverage in order to expose social, cultural and economic structures that cause suffering. Chib discusses the role of her family in establishing the spastic society in India. She writes that it is only when her mother earned the post -graduation in special education, she became aware of the condition of her daughter and became confident in handling her daughter. She became instrumental in improving the condition of disabled children in the country thereby helping not only her daughter but also similar other children with impairments as well. Gupta contributes to this public discourse by emphasising the need of ensuring accessibility everywhere. She points out that it is only because of lack of accessibility in public spaces that disabled people suffer. The accessibility is not just physical but also emotional. She thereby speaks about inclusion not just talking about physical mobility but also being in an inclusive society which is not prejudiced by the notions of ableism.

Chib asserts her plea for rights in the workplace when she faced discrimination. She was instrumental in creating Abled Disabled All People together society which worked towards the goal of an inclusive environment in India. Gupta spoke about access ability and worked for making the public sphere access friendly. She wanted to pursue her projects professionally as she demanded that economic independence was a basic right of people with disabilities. Monga could identify and vocalise the abuse she encountered from her husband only when she began to socialise with people with disabilities when started her training in aerobics and yoga. She started earning a living and she became confident enough to retaliate and fight for her basic rights at work due to the connectivity she developed with other people. Similarly, Sinha could raise the adequate funds for her Everest expedition and later

her sports academy when she was ready to project her individual problem as a social problem.

Living a life with disabilities shapes the identity of individuals and they are viewed primarily as disabled persons and only then their education, skills, employability, social status and all other categories of identity become visible. Autobiographical narratives from people with disabilities and trauma survivors reveal the role of trauma in disability politics and the ways in which it shapes and is shaped by lived experiences of disability, impairment and their interactions. Chib discusses the isolation she felt during break times where she encountered accessibility issues. While it was meant to be a time for relaxation and socialising with friends, it turned out to be depressing for Chib. She had to depend on her girlfriends to move towards the lift at the end of the corridor as there were ledges at the end of each classroom. In spite of using an electric wheelchair, she had to depend on her friends.

She felt that these gestures curtailed her sense of independence and felt irritated by the structure of the building which did not take care of the needs of people with impairment. She interrogates the norm of accessibility at this juncture. Chib writes in this regard:

> Why do all normal people think that everyone in the world must keep to the norm of the walking pattern and if one does not walk like everyone else, one will be left out of life? As I passed each classroom, the lecturer would stop speaking, and the whole classes' attention would turn towards me, until I passed through. It was terribly painful being the cynosure of all watchful and those few minutes always seemed like agony. (53)

This happened due to the lack of vision in architecture while constructing the college building. In fact, Chib was the first student with special needs to be admitted to St. Xavier's, which had the legacy of many years of excellence. Chib needed to acquire it because the principal of the college, elite and educated privileged norms of ableism and deviants of the norm were often considered worthless and imbecile. Chib also speaks about the dichotomy of visible and invisible disability in her narrative. She asserts that disability is fluid and most people have invisible disabilities. All these authors recognise these systemic inequalities and attribute them to their trauma.

Gupta could not enter Kanyakumari temple due to accessibility issues. She felt humiliated and frustrated when she had to sit all alone in the theatre watching the movie as the chairs and pavement inside the theatre was not accessible for her. She writes about the torment she felt at all these incidents: "I had been humiliated, made to feel sorry for myself and torn to pieces countless times when, because of inaccessibility, I was either excluded from things or I had to take help from someone" (120). She realised these and started expressing her anger only when she underwent a course in Bangkok in accessibility. Monga appeared not to be visibly blind and had to face tribulations from people mistaking that she had been given access to touch the objects displayed in the museum due to partial treatment. The complaining tourists made a ruckus of the whole situation and the authorities found it hard to convince the tourists that she had obtained special permission to do so. Sinha had to battle the rumours about the credibility of her narrative. She could not discern how people could create tales where they depict that Sinha had inflicted self-

harm on herself to incite sympathy and gather monetary help as well as get media attention.

Acknowledging the centrality of trauma in disability experience not only provides more nuanced insights into the heterogeneous, complex, evolving, contingent and idiosyncratic nature of disability experience, but also elicits the ways in which all human beings are dependent on other people's actions that can either be supportive and empowering or traumatising and disempowering. Chib, Monga, Gupta and Sinha resonate this idea of human interdependencies in their narrative. Chib voices her thought in this regard that everyone is interdependent. She opines that when one lives in a family especially irrespective of the fact whether you are disabled or not, people become co-dependent socially, emotionally, physically and intellectually. She normalises the dependency of disabled people upon carers or others to dependence on skilled people by a family like plumbers and electricians. Chib reinforces the idea that man is essentially a social animal and all human beings are interdependent.

Gupta relied largely on her carer Ritu who was with her for many years. Chib also had a personal carer, Maya. Both these careers did not overpower them and were perfectly compatible with their masters. Ritu was a source of comfort and companionship when Gupta was recovering from the loss of her husband. While Monga and Sinha did not have personal carers, they sought the help of their family members. Monga was helped by her parents, children and her husband, Ashwani in navigating her daily routines and going about in life. Sinha depended on her sister and mother while recovering at the hospital but relied largely on her brother-in-law Sahib to prepare for her expedition. He highlights the important role of self-

advocacy groups in promoting participatory forms of decision-making processes (213). Trauma survivors become harbingers of change in this manner.

Accommodating the perspectives of people with impairments and trauma survivors is essential to create emancipatory plans of action that enable them to overcome the trauma. This process will not only address human rights violations to social policy domains but will also proactively address the social determinants of trauma. Even though all people can experience, and be variously affected by trauma, persons with disabilities are more susceptible to being subjected to various forms of trauma related to human rights violations, social inequities, asymmetrical power relations, oppression and discrimination. The traumatic ramifications mediated by these forms of trauma have historically been an endemic aspect of disability experience.

The embodied experience of disability should, therefore, not only be conceptualised against the notion of impairment effects but also against the acute and or cumulative forms of traumas which pre-exist and are enmeshed in the lived experience of disability. Comforting others' anxieties through normative performances and disguising trauma means that positive and authentic disability identities remain elusive. The authors do not do this in their performance of pursuing normalcy. On the contrary, they are engaged in pronouncing and narrating the trauma and suffering of disability. Yet their narratives become discourses of hope as their narratives do not limit to depict their individual pathologies but also, desire to become harbingers of social change. Monga, Gupta and Sinha narrate this self before and after disability, but Chib enumerates the days before the diagnosis and how she was different from other infants of her age.

The performance of normalcy should be restricted or limited and why vocalising trauma is important can be deciphered from these narratives. The idea of trauma also allows for an interpretation of cultural symptoms-of the growth wounds, scars on a social body, and its compulsive, repeated actions. Ultimately, their narratives advocate for a deeper understanding of the relational aspects of trauma and the importance of community in healing. This viewpoint challenges conventional wisdom by acknowledging trauma as a strategy of survival and resistance as seen in the lives of these disabled Indian women, rather than merely as violence or damage. This perspective goes beyond the medical model's emphasis on personal disability and recovery, and it is consistent with more general crip feminist viewpoints that stress interdependence and relationships.

Rather than viewing trauma as something solely in the past, this concept recognises it as an ongoing body mind experience that shapes how people navigate the present. All the four authors become individuals who focus on individual as well as collective betterment. These narratives become crucial to the authors' recovery from the trauma of disabling conditions and their efforts to improve their conditions continue to reinvigorate their experiences as well as those of others. They reconstruct the societal attitudes that stigmatised them by creating awareness about the marginalisation and segregation of the disabled. By engaging in dis activism they become advocates of social change and their narratives affirm an inclusive society built on the pillars of social justice and egalitarianism.

The insights into the ways in which trauma-informed policies and services can contribute to fostering more inclusive policies and professional practices can be explored and might become beneficial in attaining a sense of well-being or

contentment. Chib, Monga, Gupta and Sinha articulate their trauma and their wounds become expressions while writing about the representation of trauma. Their texts navigate through the cultural space and the personal trauma of Indian disabled women tend to become cultural trauma. The traumatic experiences in the lives of these Indian women have nevertheless made them evolve as mature individuals and attain fulfillment in life. Monga and Gupta revive their spirits after numerous setbacks in life yet they do not intend to sit and brood about their traumatic past, instead focus on living a contented life.

Sinha focusses on her resilience and is determined to achieve her ambitions. She is happy that she could recover from impairment and achieve a magnanimous task by proving that her impairment is not a limitation. Gratitude is an emotion that can be visible in all these four authors when they acknowledge the supporting system they were privileged with while enduring the trauma of dealing with disability. They elevate themselves from the harrowing experiences and simultaneously try to bring in betterment for others in a similar situation.

Preethi Srinivasan became a quadriplegic after an accident. She was a state-level gold winner in swimming before the accident. Preeti led the Tamil Nadu's cricket team into national championships before the disabling accident. Her own trauma led her to create *Soulfree,* a foundation that helps Indian youth with disabilities and mentors them on rehabilitation techniques. Like Sinha, she focuses on her project and uses her talent for the betterment of others. Both Sinha and Preeti were athletes who used their bodies as epitomes of agility and sted-fastness and who later became disabled. This aggravates their emotional trauma. Sudha Chandran had to dance with a prosthetic limb. People in such professions that relied on their bodily

organs would find it even more debilitating and traumatic to accept the new order and adapt to the new lifestyle with the impairment of their limbs. Raghavi Shanker is another disabled Indian woman who works for the betterment of disabled community. In a similar manner to Monga, she works as a human resource consultant. She began *The Headway Foundation* to help and mentor the disabled. Ruma Roka established the Noida Deaf Society and is engaged in the mission of empowering and supporting those who suffer from hearing impairment. The foundation helps in increasing the employment opportunities for them.

The authors become citizens who have the ability to transform lives when they manifest themselves as actively engaged in enhancing their capabilities by acclimatising with the disabling conditions in which they live. Chib, Monga, Sinha and Gupta become harbingers to change, which is evident in their struggle to make the society inclusive and in their trials to deliberately deconstruct the binary perceptions of abled or disabled and redefining the concept of normalcy. They emerge successful in communicating their traumatic experiences and assert their subjectivity by reconstructing their past.

Although they take pride in their disabled identity and acknowledge the limitations of corporeal dysfunction, they pursue attainment of personal goals. Their sense of belongingness and acceptance of interdependence help them realise the importance of being positive contributors to the society's development. The individual self attains contentment through acceptance of the bodily condition and the individual then progresses to an engaged self that contributes positively to the society.

Monga says that she was included in all the games and played throwball and basketball. She mentions: “I felt no different from the other girls. No one girl was like another in the school, and I knew that no one was perfect” (44). She expresses how comforting it was to not have to get into the ‘ableist’ norms. However, depicts that she was expelled from the same school in the next part of her narrative. She is grateful to the principal when she narrates that it was this exclusion which prompted her to acquire the skills she possesses. The benevolent Principal who had admitted her to school was succeeded by a person who issued her a transfer certificate. She considers this the most depressing and dark period of her life: “No school, no studies, no play, no friends, and nothing to look forward to” (45). What aggravated her trauma was the pitiful words and glances that surrounded her during these days.

The hurt that disabled people felt while discerning the sorrow their plight brought to the family members is expressed in Monga. She confesses that this experience nearly shattered her. Gupta also speaks about this situation when her family members found it hard to adapt to her disability. For Chib, this pain is evident in her narrative when she speaks about how her mother wept at her condition and how the sorrow of her mother in turn affected her grandmother. Chib reminisces that she was fortunate to gather support and encouragement from her extended family in her formative years: “They all treated me normally and spent quality time speaking to me about life and reading me stories. I could not have a more cognitively stimulating environment” (12). She reinforces the idea through these lines that it is inclusion in the family that helped her develop her skills and stimulate her cognitive abilities.

The trait to assert their individuality while narrating their stories and their claim to live life independently are reflected in all the authors alike. Chib, Gupta, Monga and Sinha pursue their vocations and earn a living for themselves in spite of their seemingly dependent disabling condition. The need for gaining economic independence is advocated by all of them. This trait is visible in the narratives of other disabled women like Sudha Chandran, Anita Ghai and Malini Krishnamurthi Holla who do not allow their impairments to limit them. The new disability rights movement challenges the perception of disability as inherently tragic, advocating for civil rights and social inclusion. Legislative changes have marked significant progress in addressing discrimination against individuals with disabilities. It highlights the shift from viewing disability as a personal issue to recognising it as a social problem rooted in discrimination and environmental barriers. Chib had taken part in an exhibition where children with disabilities exhibited artistic skills. Gupta too regained her self-confidence when after hours of relentless practice, she could make post cards and paint pictures. She also was given the opportunity to exhibit her paintings and this became sensational news. Gupta received media coverage and gained a lot of popularity.

In a similar manner, authors engage in social activities that are performed with a goal to uplift the disabled like them. The engagement in the socio-cultural aspects in order to create awareness and finding solutions to the problems faced by disabled is a consequence of dis activism. Sinha, Chib, Monga and Gupta can be called as activists as they indulge in the betterment of themselves as well as others. Sadhna Dhand is a disability activist who had vision impairment like Monga. She contributes to the society through her spiritual writings and motivational talks.

Chib writes about her stance of writing about the disabled experience, which is a strain of thought found in various other disability activists all around the globe. She quotes the slogan, “Nothing about us without us,” (21) that is used frequently by disability activists to proclaim her conviction on the issue. The determination to voice themselves is reflected here. Sinha writes to verbally express her resentment against the discrimination towards women and how she had to prove her strength to those who accused her of her capabilities as a sportsperson. She needed to prove to herself that her disability did not limit her from achieving her potential as a sportsperson. Gupta admits that through writing she tries to rediscover herself. What it means to go through two life shattering accidents, battling with disability and the distress of losing loved ones is well depicted in her work. Monga faces battle with adversities to live with optic atrophy. While narrating their impairments, these authors specifically voice the socio-cultural concerns they have about being disabled subjects who are marginalised by society.

Sinha is setting up a free sports academy for the poor and differently abled persons. Sinha dedicates her book to the countless anonymous Indians who in their own way help the needy. She gratefully acknowledges the support of Bachendri Pal and the Tata’s. Chib’s family was instrumental in the formation of The Spastics Society in India. She has been the founder of an organisation called Abled, Disabled All People Together. Gupta has worked on many international projects to bring in the concept of ‘accessibility’. In India, she was instrumental in conducting access audits in many government offices, institutions and also in corporate sectors.

Monga continues to deliver motivational talks and do personality training programmes. Chib works as an event manager. Along with their professions, they

engage in such social activities which is indeed a part of their attempt to do their own part for the society. In such cases the personal becomes political and their endeavours can be considered as dis activism as they try to create awareness among the public and reduce the stigmatisation of the disabled. By involving in activities that work towards the goals of betterment of themselves and others, they are trying to ensure betterment for themselves as well as others.

# Chapter 5

## Conclusion

The life narratives by Malini Chib, Shivani Gupta, Preeti Monga and Arunima Sinha are counter-narratives that recognise disability as a social construct. These narratives testify the presence of disabling barriers in the Indian society, which are conditioned by ableist norms. The authors problematise the hegemony of ableist perceptions and expose the aversive emotions that dwell in the non-disabled imaginary. While Chib and Gupta battle for their rights through the influence of Western education and participation in courses related to disability, Monga and Sinha adopt a pragmatic approach with solutions to their immediate problems through agency. The authors are aware of the discrimination they face in their home country and understand the need for support systems at all levels of interactions such as public awareness, government policies, non-profit organisations and the family. Their experiences of disability are unique and contribute to the welfare of the society in different ways.

Critical Disability Studies offers insights that are centered on activism. The subjective perspectives of the people with impairments are mentioned in the life narratives, which depict the attitudinal and environmental barriers faced by the people with impairments. The instances of psycho-emotional disablism are delineated in these narratives. The resilience, optimism and survival are documented which helps people with impairments achieve a sense of accomplishment.

The embodied reality or corporeality of living with impairments in India is documented in these life writings. The hardships of dealing with impairments and negotiating the experiences of disabled embodiment is articulated by the authors for

recording their transformation from desperate, and marginalised individuals to self-assertive and empowered women. The journey that begins from facing traumatic situations, undergoing suffering, fighting with resilience, dealing psycho-emotional disablism in the form of prejudices, stigma, stares as well as the barriers of accessibility and being unwelcome in social gatherings have contributed to making their lives worthy of emulation. Responses of the affected subjects to stigmatisation is relevant because they transcend despair and sorrow and attain contentment through dis activism, to recommend for a better future for people with impairments. Their narratives reinstate the idea that emotions have an affective sociality and it is essential to pronounce the suffering in order to effect a positive change.

To write the disabled self is to assert disabled subjectivity, and oppose the idea of normalcy that is predominant in every society. The course of events in the lives of these Indian women attest that disability is fluid and human beings are temporarily-abled bodies. Unlike Chib who was born with cerebral palsy, Monga became visually impaired after six years in life. Sinha and Gupta met with accidents in their twenties. Accepting, adapting and acclimatising with the new reality instills the sense of being independent in these authors. Their narratives delineate the practical implications of living with impairment that escape their categorisation as restitution stories or narratives of triumph. These authors achieve a sense of meaningfulness and worthiness in accepting their bodily limitations and moving forward.

Their narratives are quest stories that portray quotidian ways of dealing with impairments, and in this manner, the authors gain self-esteem, develop a sense of autonomy, regain self-confidence and the strength to overcome impediments. These

life narratives document the lives of individuals who are interdependent and contribute effectively to the society. Chib proclaims her disabled identity by voicing her resentment against ableist prejudices in educational institutions and intervenes to ensure accessibility in work places. Gupta becomes an advocate of accessibility and in the course of her life accepts and voices the rights for justice. Monga becomes empowered by enhancing her skills and is involved in delivering talks that motivates people with impairments as well as others. Sinha proved to the society that she is able to overcome her barriers with determination and courage. She has ascended all the highest summits of five continents of the world.

The writers narrate their subjective experiences of living with disability against the objectifying treatment by doctors and professionals in the medical field. Chib states that her entire family refused to believe the doctors when they proclaimed that there would be no improvement in her condition. She would not have achieved whatever she did if her parents and family members believed the Indian doctors. Gupta's comments on the mistreatment of doctors in India even in hospitals of high repute and Sinha's surgery without anesthesia to prevent herself from gangrene question medical efficacy in the country. Monga detests the treatment of doctors when they did not inform the patients what they were going to do to them. These instances shed light on the need to have a more humane approach in treatment processes of disabled persons.

The stares and stigmatising comments are another form of disabling barriers they encounter. The authors master their insecurity and inferiority complexes by focusing on attaining their individual goals in order to make them productive. They become care-givers and they attain a sense of worthiness and satisfaction when they

are able to do so. Chib proves herself useful to the family when she helps her parents in their daily lives. Monga considers herself smarter at the workplace and she feels that it is the professional jealousy of her colleagues that contributes to her isolation. She emerges as a motivational speaker and establishes her own Human Resource recruiting firm. Gupta establishes AccesAbility and carries forward her projects to ensure wheelchair-friendly environments. She is content with herself and is able to cope with the trauma of losing her companion and facing suffering from a second accident. Gupta's recovery from the trauma of the first accident enables her to adapt to a life-changing situation the second time.

Similarly, Sinha survives challenging conditions while attempting the feat of ascending Mount Everest as she had a previous experience of surviving a worst situation of lying between two railway tracks in the middle of the night with many trains running past her. Sinha always felt that there was a greater purpose in her life, and that is the reason for her survival. After the success of hoisting the Indian flag on the summit of Mount Everest, Sinha wins acclaim, and she succeeds in similar feats in different continents of the world. Sinha's narrative is filled with a sense of fulfilment because she is engaged in establishing a sports academy for her fellow disabled. Gupta, Chib, Sinha and Monga are recognised for their contributions and have won acclaim.

Their experiences of being disabled are different from the experience of women living in Western and developed countries due to stigmatisation and lack of facilities in India. Being women, they face gender marginalisation. When Chib suffered from the trauma of unrequited love, Monga had to suffer from domestic violence. Gupta had a healthy and happy companionship with Vikas, although it was

short lived. Sinha struggles being the bread- winner of her family and asserts her independence, and Monga struggles and learns a new skill to achieve financial independence. Sinha marries later but her notions on relationships are not documented in her life narrative. These women challenge the dichotomy of categorising women into the roles of care-givers and care-receivers. They are empowered women who have achieved financial independence and asserted their rights to gain employment and acceptance in the workplace.

The authors acknowledge the role of technology in improving their living conditions and state that dependence on technology has made their lives easier. They recommend that all disabled people should be able to enjoy the benefits of these supplements irrespective of whether they can afford them or not. Sinha was not wealthy enough to buy the prosthetic limb but she received it as a donation. Gupta and Monga approached the governmental sector several times in order to receive housing facilities allocated for such people in budget. Chib's privileged status enables her to move to London, where she nurtures herself to strength.

Vocalising the sufferings of the disabled and identifying societal aversion helps them reconstruct the traumatic past, adapt to changing notions of disability and carve a new path towards empowerment. The space to narrate trauma and its impact is important for trauma survivors as it gives them the opportunity to acknowledge its presence and move ahead in life. Although Chib learns to deal with her own trauma, she heals by being a part of an inclusive community. She receives companionship by establishing friendship with people who understand and accept her beyond her impairments.

Moreover, Chib acknowledges her limitations and realises that she need not hope to have a conventional marital relationship due to her impairments. Instead, her focus is on her strengths, and she contributes to the family and society in a positive manner. She achieves autonomy as an individual and contributes to the betterment of those like her. She takes pride in stating that her family is instrumental in establishing the Spastics Society in India. Chib forms the organisation named Abled, Disabled All People Together to convene programmes and create a platform for the disabled people to announce their rights.

Chib effects changes in the treatment of the disabled as much as possible in her country rather than enjoying the benefits of an inclusive environment in a foreign country. This way, she is an example of a relational monitor that brings forth a sense of contentment and betterment for herself and the community. Chib's mother, aunt, step-father and other relatives come together to make things better for children with special needs. Learning to deal with Chib's condition prompted them to do so and by being in charge of different centers of Spastics Society in India in Delhi, Mumbai and Kolkata, they have enhanced facilities for the disabled.

Monga marries Ashwani who accepts her with the impairment. It is her bold decision to step into a second marriage that contributes to her sense of fulfillment and empowerment. She had numerous reasons to deny the proposal as she had experienced a traumatic marital relationship and endured domestic violence for several years. She had to part with her children while doing so but she defied conventional attitudes and mastered remote parenting. Her entry into a new, healthy relationship enhances her contentment in life. Indian women traditionally have a tendency to prioritise themselves the least for the sake of their familial

responsibilities, but Monga, Sinha. Gupta and Chib practice self-love to ensure their happiness. Marginalisation and mistreatment of a gendered disabled subject is challenged, the perceptions of normalcy are interrogated and the identity as a disabled woman is asserted through these life writings.

These narratives depict the embodied experiences of living in a country, which has few provisions to accommodate people with impairments in the social realm. They are optimistic but do not portray cruel optimism as they attain their goals in life and have set only those that are attainable for them within their limitations. Chib and Gupta detest being inspirational and they problematise treating people with disabilities and representing their lives as inspirational. In contrast, Sinha and Monga do not consider it as a problem as they reinforce the idea of disability pride through their narratives.

These narratives are significant in their own ways because they do not adhere to the cultural scripts of well-being found in self-help narratives, therapy cultures, reality shows and similar discourses available in popular culture, rather they narrate lived experiences of disability. In doing so, the authors assert their disabled identity and enunciate their subjectivity. They refuse to comply with the strictures of the society that pronounce them to be gendered disabled subjects. They participate in activities that foster betterment for other disabled people, and offer opportunities for those like them to develop and empower themselves.

The authors are transformational citizens that improve the self and then acquire cultural membership in a society that tends to exclude disabled people to the margins by designating them as weak and dependent. These narratives assert that they are capable of contributing positively to society and the authors engage in

creating cultural well-being. They create a new social order and advocate for social change, where the society becomes inclusive by accepting the diversity of human beings as they are and where no individual is considered deviant and their impairment is not considered a deficit. The authors overcome adversities by reinventing themselves, resisting dictates of the society and its cultural scripts, and asserting their agency in their own manner.

They are engaged and interdependent selves who proclaim the dependency of all living beings, irrespective of whether they are abled or disabled. The authors survive a desperate situation, become successful in their own right and do good for the disabled community as well as society in general, so they are relational monitors and in this manner are transformative citizens. The authors evolve in the course of their lives and ensure individual well-being as well as cultural well-being. They effect reconstitution and reformation of the society through their efforts. They are realistic in their ambitions and goals and recognise their limits while doing so. Chib, Monga, Sinha and Gupta do not consider their impairments as impediments and achieve their individual as well as social goals. They are transformative citizens and their narratives are narratives of hope and well-being as they ensure betterment of people with impairments and contribute to the society in constructive ways.

# Chapter 6

## Limitations and Recommendations

This study explores life narratives by select disabled Indian women that serve as instruments of hope and well-being. However, the study falls short of encompassing certain dimensions of disability experience as well as other discourses of hope and well-being like self-help narratives and narratives that contain therapeutic value. Specifically, this analysis lacks an investigation into the experiences of disabled men and other gender non-confirming individuals. The narratives of disabled women across different cultural contexts and other parts of the world are not under the scope of this study. The analysis does not consider the narrative style in the selected books, thereby it refrains from exploration and interpretation of techniques and structures present within the chosen works. Moreover, the theoretical framework of Reader Response theory is not made use of and any surveys to analyse the impact of these narratives upon the readers as to whether they consider them as narratives of hope and well-being are not undertaken.

The study has not included representations of disability in new media and digital platforms like TED Talks, Youtube, Podcasts, Twitter and various other social media platforms. The role of new media in the deliberations of disability studies can be investigated. An examination whether mass media cement archaic notions of disability or does it function as a tool to liberate disability studies from the clutches of prejudices and bigotry is necessary. The study recommends areas for further research that encompasses Care Ethics, Emotional Voyeurism in analysing life writings, and intersectionality of disability studies. Critical Disability Studies is informed by insights from diverse disciplines but not limited to philosophy, history,

sociology, law, media studies, economics, human-rights, gender and sexuality. that implore the intersection of these could be studied. Disability and childhood, Disability and ageing, Disability and inclusive education are areas that could be researched upon. Indian representations of disability in other literary genres offer scope for further studies.

The relatively nascent field of disability and environmental humanities explores disability from an environmental standpoint, while concurrently examining and limiting the environmental imagination through the lens of disability studies. This intersection of disciplines connects disability studies, neurodiversity studies, literary ecocriticism, environmental justice, and critical animal studies employing these perspectives to examine issues including slow violence, race, toxicity, ableism, and speciesism. Points of convergence include the exploration of the dichotomy between wild and built environments in the environmental humanities and the interest of disability studies scholars in the contingency between environments and disabled bodies.

Physical Disability Studies, Deaf Studies, Blind Studies, Intellectual Disability Studies, Schizophrenia Studies, Learning Disability Studies, Mad Studies, Fat Studies, Invisible Disability Studies are some specific areas of knowledge that have branched out of Critical Disability Theory, which can be explored. Disability in the posthuman era is another promising area of enquiry. The area of enquiry that explores the cultural politics of emotion also offers diverse scope for further research. The kind of well-being and hope encoded in self-help narratives that alludes to the politics of refashioning the self can be analysed and compared with the same depicted in real life narratives.

The scope for further research in disability studies and narratives of hope and well-being is not limited to these but the above mentioned is only a suggestive list which can incorporate a deeper understanding of the disabled experience. Hope and well-being as perceived by other marginalised communities can also be a potential area of research. By undertaking and analysing such topics researchers can enrich the existing discourses on disability, hope and well-being contributing to a more inclusive and supportive societal framework.

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## Appendix

## List of Published Articles

| SI No | Article title | Name of the Journal | **Name of the Author** | **UGC Care List/Peer Reviewed with ISSN** |
|---|---|---|---|---|
| 1. | Affective Constructions of Disability in Bollywood Cinema: Analysing Emotional Responses and Societal Perceptions in *Taare Zameen Par*(2007) And *Badhaai Ho* (2018) | International Journal of Research and Analytical Reviews | Krupa and Dr C G Shyamala | UGC peer-reviewed journal- Journal No: E-ISSN 2348-1269, P-ISSN 2349-5138, 2025. |