Exploring Disability Identity in Preeti Monga's *The Other Senses* and Shivani Gupta's *No Looking Back*

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Certificate

This is to certify that the dissertation entitled *Exploring Disability Identity in Preeti Monga's* The Other Senses *and Shivani Gupta's* No Looking Back is a bona fide record of sincere work done by, Aneesha P. J, Register Number: 210011004023, Bharata Mata College, in partial fulfillment of the requirement for the degree of Master of Arts in English Language and Literature under the Mahatma Gandhi University, Kottayam during the year 2021-2023.

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<center>Declaration</center>

I, hereby declare that the presented dissertation *Exploring Disability Identity in Preeti Monga's* The Other Senses *and Shivani Gupta's* No Looking Back is based on the research that I did on under the supervision and guidance of Ms. Maria Sharol Cherian, Guest Faculty, Post Graduate Department of English, Bharata Mata College, in partial fulfillment of the requirement for the award of the Degree of Master Of Arts in English Language and Literature from Mahatma Gandhi University, Kottayam. This is a report of my hands based on the research done on the selected topic and it is my original work and interpretations drawn therein are based on material collected by myself. It has not been a previously formed basis for the award of any degree, diploma or fellowship, or other similar title or recognition.

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Chapter 1

Introduction

Disability denotes any physical or mental condition that makes it more difficult for the affected person to engage in certain activities or communicate with others. Cognitive, Developmental, Intellectual, Mental, Physical, or Sensory problems can all contribute to disabilities. A disability can be present at birth or develop over time, but it does not define a person and may manifest differently.

There are numerous reasons why a person may become disabled. A variety of factors can lead to physical and mental disabilities, including accidents, injuries, genetic conditions, developmental abnormalities, and long-term illnesses like Parkinson's disease or multiple sclerosis. Disabilities can take many forms, from visible impairments like using a wheelchair to invisible struggles like chronic pain or mental health issues. While a disability may impact an individual's ability to perform daily tasks, engage in activities, or pursue employment opportunities, it's essential to recognize that a person's worth and capabilities are not defined by their limitations.

Identity creation is a difficult process that depends on a wide range of elements, such as individual experiences, cultural background, societal conventions, and more. It is important to understand that the experiences of handicapped individuals can vary greatly. The difficulty in forming an identity for disabled individuals compared to able-bodied individuals may not be the same for everyone. Nevertheless, certain factors can make it more challenging for disabled individuals to develop a sense of identity.

Individuals with disabilities acquire a very individualized and developing sense of self known as Disability Identity. It includes how people view and describe their disability, how it affects their life, and their status within the larger disability community and society. This identity can bring feelings of empowerment, pride, and perseverance, but also societal

shame and Prejudice. One's Disability Identity can greatly affect their self-esteem, attitudes, and perspectives. It can also contribute to a sense of community and belonging within the disability community. This identity can impact one's choices regarding their professional path and relationships. It is important to recognize and value the diverse identities and experiences within the disability community.

Henri Tajfel was a prominent figure in the field of Social Psychology throughout the twentieth century, with significant contributions to social perception, inter-group connections, and social identity. He is widely recognized as one of the most influential figures in this field. Tajfel's Social Identity Theory is considered to be one of his greatest academic achievements. This theory builds upon his previous research on social categorization and delves into various phenomena associated with group memberships, such as in-group loyalty and disaffection, in-group bias and inter-group discrimination, social stereotypes, and motivation for promoting or opposing social change. He defines Social Identity as "that part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with emotional significance attached to that membership" (qtd. in Ellenmers and Haslam 380). It aims to understand how people adopt and behave based on social identities instead of personal ones.

Social Identity is a person's awareness that he or she belongs to a social category or group. Simply, a social group is a gathering of individuals who share common interests, beliefs, values, or goals and interact with one another regularly. Members of a social group engage in various activities, discussions, and shared experiences, forming interpersonal connections and fostering a sense of belonging. These groups differ from one another in terms of how members of each group communicate with one another. A person can participate in each of these groups while playing a different role, which is one advantage

of identifying various groupings. "Social identity theory also explores the phenomenon of the 'ingroup' and 'outgroup' and is based on the view that identities are constituted through a process of difference defined relatively or flexibly depending on the activities in which one engages" (Benwell and Stoke 25).

The social identity approach is based on specific presumptions about how people and society function and interact. It also focuses on how people perceive themselves as belonging to one group category (the in-group) in comparison to another (the out-group).

An in-group is a collective of individuals who share a common identity, and it is comprised of individuals who are recognized as members of that group. Members of an in-group view each other in a positive light and extend preferential treatment. On the other hand, individuals who do not belong to the group are labelled as out-group. Out-group members are typically treated with less kindness and may even experience hostility when compared to members of the in-group.

Whether they belong to an in-group or an out-group, every member needs a means of self-expression. Each person has unique qualities and characteristics, preferences, and methods of relating to those around them. Writing or storytelling can be viewed as a powerful form of self-expression in various contexts. It promotes personal development and self-awareness. One develops insights into their identity, values, and aspirations when one writes down their ideas. It provides a chance for reflection and self-awareness, fostering a better understanding of oneself and one's place in the world.

Narratives about the self not only describe events that happened at a particular time and place but also provide an evaluation of past deeds considering the self and a sense of historical continuity. By expressing their experiences and vulnerabilities, writers foster empathy and understanding.

Psychologist Jerome Bruner once suggested that "stories are used to make sense of experiences, particularly experiences that violate our expectations, or the canonical narrative. That is, storytelling facilitates managing 'trouble' in the world as we seek to make sense of experiences that are new or unexpected." (qtd. In McLean 2) People use narratives to make sense of their experiences, especially those that challenge their expectations or conventional beliefs. In other words, when we encounter unexpected situations, narratives help us cope with them. As a result of this problem-solving process, we begin to develop a narrative self.

With the use of MLA 9th edition, the objective of this dissertation is to scrutinize the theme of 'Disability Identity' by delving into the personal accounts depicted in Preethi Monga's *The Other Senses* and Shivani Gupta's *No Looking Back*. These accounts offer insights into the social and narrative identity of persons with disabilities. The chosen theoretical frameworks for analysis are Dan P. McAdams' Narrative Identity Theory and Henry Tajfel's Social Identity Theory, which will help to examine how an individual's Disability Identity is influenced by society.

Dan P. McAdams points out that people utilize life stories as a tool to make sense of the past, the present, and the experiences they will have in the future. According to McAdams, Identity development is a lifelong job because one's life story is continuously being rewritten; "Narrative identity links together episodic memories and future goals to define an adult life in time and social context. The story tells us who we are, even if in its details and scenes it is not exactly true" (86).

Women with disabilities often use their writing to express themselves and create complex identities that reflect their personal experiences and strengths. Their stories explore the challenges of navigating gender roles and societal conventions while managing their disabilities. By sharing their experiences, they bring attention to the triumphs and

struggles of women with disabilities, dispel stereotypes, and inspire empathy in readers. Two examples of such writing are *The Other Senses* by Preethi Monga and *No Looking Back* by Shivani Gupta.

In her memoir *The Other Senses*, Preeti Monga shares her journey of growing up blind, the hardships she faced in her marriage, and how she overcame these obstacles to become a successful aerobics instructor, public speaker, and corporate director. The memoir consists of sixty-seven chapters that showcase her courage in challenging societal norms and creating a sense of community among the blind.

Monga grew up in a household filled with love and care, but she often felt guilty about how her handicap affected her family. She tended to blame herself and felt like a burden, even though her family never made her feel that way. Monga mastered typing and is sceptical of the use of Braille in connecting with the world outside since "no matter what is said and believed about teaching and training persons with disabilities in special ways, we eventually must coexist in this one world with all its inhabitants" (60). She was particularly pleased with hiding her blindness because "typically not many people guessed that I was blind, and instead wondered why I acted somewhat peculiarly in doing certain things" (92).

Her physical disability was a significant barrier, but ultimately it turned out that her lack of a formal education and any kind of professional training was even more problematic. Monga considered marriage as a way to settle down in life but her marriage with Keith became a disaster and the worst thing of her life. Her inspiring comeback after giving up on the idea of "saving the marriage" showcases her everlasting determination and resiliency. Sadly, disabled women are often unfairly expected to avoid the roles of wife and motherhood because they do not fit into able-bodied norms. Society often labels them as damaged or broken, treating them like infants who require constant supervision or care.

Overcoming her inhibitions and belief that her impairment was a negative factor was a difficult hurdle to overcome. However, with the unwavering support of her loving family, she dispelled this misconception and expressed her desire to enjoy life to the fullest while still achieving her goals.

Shivani Gupta's *No Looking Back* tells the inspiring tale of a young, independent woman who, at the age of 22, met with an accident that left her with tetraplegia. After that accident, Gupta's life was entirely flipped. She had to relearn every movement like a baby and required assistance to complete everyday tasks.

Gupta gives an account of her truly inspirational journey of accepting disability and learning to live a full, purposeful life entirely on her terms. She does this by taking each day as it comes, making small improvements along the way, and accepting that she will spend her entire life in a wheelchair. Before her accident, as described by Gupta, she had no desire for a distinct identity. But after receiving care for four years, she yearned to leave her family's comfort and safety. She chose to live apart from her family to be independent. She was obsessed with not being a burden to her father. "I had compromised enough because of my disability—I didn't want to make any more compromises. I wanted to live on my terms, take risks, and carve out my identity" (82).

While working at the Indian Spinal Injury Centre, she developed a friendship with Vikas, an occupational therapist and fellow employee. He was the only one who did not regard her as disabled and tried to understand the person she was hiding underneath her physically flawed body.

The parents of Vikas and Gupta first disapproved of their relationship, but after a solid ten years together, they agreed to let them get married. Although she had a difficult time accepting the notion that someone like her was not suited for marriage, she writes that "strangely enough, the proposition seemed to heal me somewhere within and bring back

my faith in life. It seemed to calm the anger I felt towards society since my accident…

somehow the thought of getting married seemed to wash away all my negative disability

karma" (188).

Gupta's book delves into her journey of navigating new relationships while sharing

the success story of her partnership with Vikas in an accessibility consulting company.

Throughout the pages, she candidly shares her fears and doubts, while also discussing how

her work provided her with a sense of purpose and fulfilment. Unfortunately, Gupta's life

took an unexpected and tragic turn when her husband passed away in a car accident.

Currently, she is struggling to move forward and find new meaning in her life. Writing the

book has provided her with an outlet to process her experiences, release negativity and gain

a deeper understanding of her life. She also states that it was the process of "writing the

book that allowed her to reflect on her life, make sense of it all, and let go of the negativity

that had been impeding the free flow of understanding" (238).

Disabled individuals often form their 'Disability Identity' through memoirs by

recounting personal experiences, challenges, and triumphs related to their disability. These

narratives allow them to reflect on their journey, acknowledging the impact of their

condition on their life. Memoirs also serve to challenge stereotypes, offering an authentic

and often inspirational perspective on disability. As they share their stories, disabled

individuals often find a sense of empowerment, resilience, and advocacy for disability

rights. Memoirs provide a platform to articulate their unique narrative, shaping their

disability identity as they navigate their place within the broader societal context,

emphasizing self-acceptance, and promoting understanding and inclusivity.

Chapter 2

Disability and Identity

Disability is a complex condition that encompasses a range of neurological, cognitive, sensory, and behavioral challenges, all of which can have a profound impact on an individual's daily life. Such challenges can make even routine activities difficult or impossible, hindering movement, communication, learning, and social involvement. Moreover, disability can restrict employment opportunities, leading to financial difficulties. Unfortunately, discrimination and stigma can further magnify these issues. Julie Smart in one of her works provides definitions of disabilities which are divided into three major categories:

> The first category is physical disabilities and includes sensory loss, such as blindness and deafness, orthopaedic impairments, and chronic illnesses. The second broad category is labelled cognitive disabilities and includes intellectual disabilities and developmental disabilities, such as ASD (autism spectrum disorder). The third category is termed psychiatric disabilities and, typically, includes mental disorders, alcoholism, and other chemical and substance abuse conditions. (6)

People with disabilities often experience discrimination and exclusion in society due to widespread misconceptions and preconceived notions. This lack of understanding and empathy can give rise to negative attitudes and prejudices towards them. The prioritization of able-bodied norms in society can create a sense of alienation and even cause disabled individuals to feel like a burden.

Generally, people consider 'Disability' only in terms of the Biomedical Model being unaware of the other models. Each model of disability is a by-product of the historical time it was created, reflecting larger cultural and political ideals. Understanding

and accepting that these models are human creations opens possibilities for deconstructing specific features of the various models. All these models are important and helpful in explaining lives. In addition to the Biomedical Model, there are other models such as the Social Model, Moral/Religious Model, Functional Model, Economic Model, Civil rights model, Identity Model, and so on.

The Medical and Social models are more prominent. The Medical Model sees disability as a personal deficiency or impairment in the individual that must be identified, treated, and managed by medical experts. Deborah Beth Creamer gives a brief idea about the medical model:

> The medical model emphasizes body parts that do not function. Labels such as "invalid," "cripple," "spastic," "handicapped," and "retarded" all stem from this model. Two interrelated assumptions constitute the medical model. First, this model sees disability as primarily a medical or biological condition (what we defined earlier as impairment). It claims that the disabled person's functional ability deviates from that of the normal human body. As a result, this model accentuates ways that people with disabilities are disabled and are dependent on others for help. According to the assumptions of the medical model, if one displays any of a number of physical conditions, one is automatically labelled "disabled." According to this model, it would be nonsensical to suggest that a person who is unable to walk or hear might not be disabled. Key to the medical model is the presumption that disability is a problem that is experienced by an individual (making it a uniquely Western model) as a deviation from an assumed state of normality. (22-23)

The social model of disability, also known as the 'Minority Model', is a revolutionary idea that changes our perspective on disability. It shifts the focus from

personal disabilities to societal problems, emphasizing that environmental and social barriers contribute to disability rather than being solely a physical or mental characteristic of an individual. This model recognizes that exclusion and barriers in society play a significant role in creating disability. Deborah Creamer identifies the social model of disability as follows:

> The minority model begins with the notion that disability is a sociopolitical category. It argues that disability is not so much about what one can or cannot do but rather about how individuals are treated in their daily lives and by society at large. In other words, "to be disabled means to be discriminated against." Disability under this model is socially constructed and results from society not being organized according to the needs of disabled people. This model highlights the fact that individuals are often more handicapped by the physical and attitudinal barriers in society (e.g., lack of access to employment, education, and health care) than by their own abilities. (25)

> Tom Shakespeare states "The social model is distinguished from the medical or individual model. Whereas the former defines disability as a social creation a relationship between people with impairment and a disabling society the latter defines disability in terms of individual deficit" (193).

The Social Model holds that impairments are regarded as a normal aspect of human variation and that it is the environment that renders people disabled, by posing barriers to their involvement. Inadequate policies, inaccessible information, discriminatory attitudes, and physical impediments are a few examples of these challenges. The Social Model emphasizes the importance of removing these barriers to enable full inclusion and equal opportunities for everyone, regardless of their abilities. It promotes empowerment, independence, and the realization of the potential of people with

disabilities by moving the emphasis from fixing individuals to altering the environment. It acts as a catalyst for the development of a more equitable and inclusive society, one that values each person's contribution and celebrates diversity.

Both the Social Model of Disability and 'Disability Identity' challenge conventional ideas about disability and help to create a more inclusive view of personal experiences, therefore they are inextricably linked. The Social Model encourages people to identify themselves in ways that consider their strengths, difficulties, and contributions while recognizing their experiences and supporting the development of a positive disability identity.

Henry Tajfel's Social Identity Theory provides a deep understanding of 'Disability Identity' under the Social Model of Disability. This framework explains how individuals define their self-concept and self-esteem through their membership in social groups. It also explores how people's sense of identity and self-worth are influenced by their identification with various groups, such as nationality, ethnicity, gender, religion, and other social categories. Tajfel provides the four notions under which this theory can be examined:

> The theory is concerned with an individual's self-definition in a social context and may be described in terms of the four notions of social categorization, social identity, social comparison, and psychological distinctiveness. Social categorization is the starting point for the theory, referring to the segmentation and organization of the social world in terms of social categories or groups. Social identity consists of those aspects of an individual's self-image that derive from the categories to which that individual perceives him or herself to belong, in addition to the value and emotional significance ascribed to that membership. It is proposed that individuals strive for a positive social identity, by means of social

comparisons between their own and other groups. The aim of these comparisons is to establish psychological distinctiveness for one's own group or to achieve intergroup differentiation. (Hewstone and Jaspars; Ch. 19, 380-381)

Individuals automatically classify themselves and other people into various social groups based on similar and different characteristics. A social group or category with which a person identifies and feels a sense of belonging is known as an 'in-group'. It's the group that a person believes they belong to and frequently has a favourable opinion of. Being a part of an in-group fosters a sense of loyalty, belonging, and cooperation among its members.

An 'out-group' is a group of people whose behavior differs from that of the in-group. For instance, if a person identifies with a specific nationality, persons of other nationalities may be viewed as belonging to their out-group. To enhance their sense of identity and belonging, people frequently favourably compare members of their in-group to members of other groups. This comparison may result in prejudice and favouritism towards one's own group. People get some of their sense of self from belonging to certain groups. By highlighting the positive traits and accomplishments of their in-group in comparison to out-groups, people attempt to preserve or improve their sense of self-worth.

According to Tajfel, individuals strive for positive social identities just as they desire positive personal identities, which contribute to their distinct personalities. In situations where there is limited interaction between groups, people can only create a positive differentiation between their own group and others by showing favouritism towards their own group, without knowing much about the worth of the other group.

The central theorem of social identity theory is that people strive for a positive social identity. As Tajfel argues, this can be achieved by establishing a positively

valued difference of the person's group(s) from relevant comparison groups. This

goal can be pursued in several ways: changing group membership when its

contribution to social identity is unsatisfactory or, when changing group

membership is not possible, changing group characteristics in a more favourable

direction or changing evaluations of existing group characteristics in a more

favourable direction. (Knippenberg; Ch. 27,563)

The link between group membership and self-concept is defined in the Social

Identity Theory, which then invokes the goal of the individual to develop a good, socially

mediated self-esteem. People frequently belong to several social groups at once, and these

intersections can affect how they experience the world, how they see it, and how they feel

about themselves. Intersectionality acknowledges how diverse facets of identity influence

and interact with one another. It also highlights that individuals belong to multiple in-

groups and may also experience marginalization within certain groups due to intersecting

identities. This can lead to different levels of acceptance and belonging within different

contexts.

The development of the Identity-based Model prompted handicapped people to

write autobiographies. Previously, the non-disabled substitutes of the disabled have

served as representation for them. Many people began writing about their pain, suffering,

and struggle to deal with impairments as part of the process of claiming their handicap as

their identity. Elizabeth Brewer identifies how people acquire this identity model:

Under an identity model, disability is primarily defined by a certain type of

experience in the world – a social and political experience of the effects of a social

system not designed with disabled people in mind . . . While the identity model

owes much to the social model, it is less interested in the ways environments,

policies, and institutions disable people and more interested in forging a positive

definition of disability identity based on experiences and circumstances that have created a recognizable minority group called 'people with disabilities.' (5)

This theory explores how individuals form and communicate their personal stories to shape and comprehend their sense of self. It suggests that people construct their identities by interweaving various life events into significant narratives. These stories offer a sense of coherence and guidance, helping individuals make sense of their past, present, and future. Those who share their life stories with others, whether through speech, writing, or other modes of communication, develop a sense of social identity and receive feedback that enhances their self-esteem. Narratives allow people to make sense of their experiences, transforming ordinary situations into memorable events that imbue life with greater purpose.

Dan P. McAdams' three-level personality framework is an invaluable tool for understanding an individual's Narrative identity. By delving deep into a person's self-concept, it helps shed light on how they develop and comprehend their life stories. This framework is especially beneficial in exploring how people make sense of their past, present, and future, and how their narratives influence their personalities.

Dan P. McAdams' three-level personality framework consists of the following three levels:

Dispositional traits are a person's general tendencies. For example, the Big Five personality traits include Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. Characteristic adaptations, are a person's desires, beliefs, concerns, and coping mechanisms to deal with unmet needs. Life stories, the stories that give a life a sense of unity, meaning, and purpose. This is known as Narrative Identity. (Greco)

Personality Psychologist Jennifer Pals identifies how people use their life narratives to create or relate memories of past life experiences to their present selves. Pals suggests:

> that adults who emerge strengthened or enhanced from negative life experiences often engage in a two-step process. In the first step, the person explores the negative experience in-depth, thinking long and hard about what the experience felt like, how it came to be, what it may lead to, and what role the negative event may play in the person's overall life story. In the second step, the person articulates and commits the self to a positive resolution of the event. Research suggests that the first step is associated with personal growth—and the second, with happiness. (qtd. in McAdams and McLean 234)

Negative events may be reinterpreted by people in ways that emphasize their own development, understanding, and resilience. They include these events in their narratives as crucial turning points of change by reinterpreting them as chances for learning or transformation. The ability to negotiate difficulties and take the initiative to overcome hardship can show a feeling of agency and empowerment. This can result in a narrative that promotes willpower and courage. People frequently create narratives that underline how they overcame difficult situations with a fresh sense of purpose, empathy, or a determination to support others going through a similar situation.

> Narrative identity links together episodic memories and future goals to define an adult life in time and social context. The story tells us who we are, even if in its details and scenes it is not exactly "true." This is perhaps the key point about the stories we live by. They are not objective replays of the past. Research in cognitive psychology shows conclusively that episodic memory is highly selective. (McAdams 86)

The Narrative Identity of a handicapped individual is shaped by their experiences, perspectives, and social interactions surrounding their disability. This encompasses the stories they tell themselves and others to make sense of their challenges, triumphs, and how their impairment impacts their sense of identity as they navigate through life. Geethu Vijayan explains this concept as:

> The autobiographies of disabled persons reveal the fact that they make their life meaningful in spite of their disabilities due to the impact of literature. The life they achieve for themselves is the result of their determination and self-confidence. Though the disabled people are a minority in society, many of them have succeeded in their life. Their perseverance, resolution, optimism, and courage have crowned them with success in their endeavors and inspired them to lead a better life than the able-bodied who are ill-equipped to face misfortunes. (19)

Individuals with disabilities often create Narrative Identities that incorporate their disability as a significant aspect of their life journey and how it has impacted their identity. Disability Identity and Narrative Identity are interconnected through the way disabled individuals construct and communicate their sense of self, experiences, and perspectives. Narratives can be a useful tool for disabled individuals to understand how their condition fits into the larger context of their lives. By expressing their thoughts and feelings through storytelling, we can gain a better understanding of their unique 'Disability Identity'.

Chapter 3

Identity Synthesis within Society

Identity is a broad and nuanced concept encompassing a person's sense of self and understanding of who they are. Numerous factors influence it, including personal experiences, societal and cultural influences, beliefs, values, and self-perception. According to the Psychologist and Narratologist Michael Bamberg, "identity designates the attempt to differentiate and integrate a sense of self along different social and personal dimensions such as gender, age, race, occupation, gangs, socio-economic status, ethnicity, class, nation states, or regional territory" (132).

Social Identity refers to a person's perception of who they are as a result of belonging to various social groups. It arises from the complex interaction of numerous factors, including socialization, life events, and self-perception. Henri Tajfel defines Social Identity as "that part of an individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with emotional significance attached to that membership" (qtd. in Ellenmers and Haslam 380).

A person with a disability develops their social identity through a combination of personal experiences and societal attitudes. This begins with their own perception of themselves, which is influenced by their impairment, how it impacts their daily life, and how they cope with it. The attitudes, behaviours, and perceptions of society towards disability also play a significant role in shaping the self-identity of people with disabilities. To foster positive identities and self-esteem in handicapped individuals, society must create an inclusive, welcoming, and supportive environment.

The Social Model of Disability is a perspective that changes the emphasis away from seeing disability as an innate characteristic of an individual and places more emphasis on the fact that disability is mostly a product of how society is set up and how it

reacts to functional differences. This approach argues that social restrictions and prejudice render them into handicapped people rather than his/her physical or mental limitations. It draws attention to the necessity of both societal and environmental changes to build a more inclusive and equal society for people with disabilities.

People with disabilities often have their identities defined by the social concept of disability. The Social Model of Disability explains that a 'Disability Identity' is formed by having an impairment, experiencing the effects of that impairment, and identifying oneself as a person with a disability.

The Other Senses by Preethi Monga and *No Looking Back* by Shivani Gupta are both examined using the Social Model of Disability to learn how a disabled person's identity is moulded in society. To understand how people use their social group membership to define their self-concept and self-esteem, the Social Identity Theory of Henry Tajfel is also employed.

Henry Tajfel's Social Identity Theory (SIT) has been significant in advancing our understanding of how people describe themselves and others in terms of membership in social groups. It has had a substantial impact on the discipline of social psychology and has significant implications for comprehending intergroup connections. The theory can be explained using the concepts of social classification, social identification, and social comparison.

The key components of Social Identity Theory include Social categorization, Social identification, and Social comparison. The act of placing oneself and others into different social groups according to noticeable traits is known as social categorization. These traits can be anything that separates one group from another, such as ability, nationality, or some other feature. Social identification is the psychological process through which people take on the identity of the group or groups they are a part of.

People compare their group(s) with other groups to judge their relative position, value, and competency. People frequently view their group(s) favourably and attach good traits to them, while viewing out-groups as distinct.

Focusing on the classification and identification within society, we can understand how people naturally categorize themselves and others into groups based on shared characteristics. Tajfel puts it, "When individuals are classified into same groups, they are thought to share some central group defining features, which distinguish them from others who do not possess this feature" (qtd. in Ellenmers and Haslam 381). Being a part of an in-group can increase self-esteem since members feel proud of and valuable as a member of the group. The successes and accomplishments of the in-group can also help people feel more confident.

A social group consisting of individuals who have a disability is known as a disability 'in-group'. Those with disabilities identify with the in-group and regard non-disabled individuals as the 'out-group'. Disability in-groups are formed due to members' comparable experiences of challenges and discrimination caused by their impairments, as well as their mutual dedication to advocating for disability rights, raising awareness about their issues, and providing each other with support.

An in-group is a community of individuals who share visual impairment-related traits. This group comes together through shared experiences and obstacles, fostering a strong connection among members. Within the in-group, individuals identify with one another's challenges and triumphs, forming a shared sense of identity. Monga states "I had come in contact with other blind persons; and had been greatly inspired by their talents and achievements. A whole new world of possibilities opened its arms and now the onus was on me to take the appropriate action and reach out to fulfil my dreams" (122).

Shivani Gupta observes that other wheelchair users are her in-group. These people frequently discuss the same difficulties, events, and viewpoints about mobility and disability. The in-group offers support and role models, as well as a space where people may openly discuss their struggles and triumphs without fear of judgment. The out-group consists of physically fit people. This difference can occasionally result in feelings of exclusion or differentiation. The perception of disparities between the in-group and the out-group might be influenced by stereotypes, misconceptions, and a lack of knowledge about the experiences of wheelchair users.

Most often, members of the out-group may have prejudices, assumptions, or misunderstandings about persons who use wheelchairs. They may exclude the disabled or treat them with contempt. Indian society shows sympathy for those who are confined to wheelchairs. A handicapped person is typically seen as someone who needs treatment to become normal in this society. Gupta talks about the unpleasant feeling of having a wheelchair pushed by someone else; "Having someone push my wheelchair was not a pleasant notion; it seemed to evoke a feeling of pity, symbolizing my dependence – it was not that I wanted for myself" (52).

Being a part of an in-group usually leads to in-group favouritism, which is the formation of a preference for members of one's group over those of other groups. They identify with a group that values their unique point of view, and this sense of belonging forms an essential component of their social identity. In-group favouritism may empower persons who are disabled by reiterating the idea that they are not only defined by their impairment. Recognizing the strengths, resiliency, and abilities of their community may boost one's self-confidence and sense of competence.

Once a disability has been recognized, every impaired person must go through the process of looking for that "archetypal reality" (Ghai 2) which is known as a cure. The

diagnosis's cure signifies the patient's reinstatement into the 'normal' surroundings. Practically all the authors and academics who are disabled describe the many hardships they faced in search of a cure. As Monga puts it:

> I had certainly not opted willingly to face multiple challenges, like losing my eyesight plus my right to be like everyone else, and that too all of a sudden…I therefore decided to carry on living life, ignoring at all costs, the attitude that surrounded me, convinced that things would automatically fall back into place. I pushed my tears and sadness aside and flung myself into the usual timetable of life." (28)

Monga achieved this 'cure' or 'normality' by gaining an independent living. Monga believes that "the first step to independent living was economic independence" (149). Her profession as an Aerobics instructor was developed when Vikram Dutt invited her to Calcutta for the Disabled Peoples' International (DPI) conference as a resource person for the 'Sports and Fitness' session as the expert on Aerobics. "The overwhelming experience of meeting 300 persons with various disabilities and the limitless admiration and accolades I received reinstated my lost self-esteem and confidence" (153).

She then became a member of the National Association for the Blind in Delhi and began instructing typing and aerobics to the school's blind students. Monga's attainment of financial security allowed her to become self-sufficient. As a result, she gains a sense of empowerment and independence, which enhances her sense of self. As a result of the efforts of her organization, "Silver Linings" (176).

Monga gained employment as a teacher for several training programmes. The money made from this work was used to support workshops for self-improvement and encouragement for disabled and underprivileged persons. She says, "My mission now becomes to inspire, guide, and motivate people all over the world to teach and share what

I had experienced and imbibed and to help others discover and develop their own personal talents and experience a sense of joy and fulfilment" (176).

The way society treated a person with a disability with contempt infuriated Gupta. She completely realized the importance of being independent, the need for it, and the reality that she could not rely on the goodwill of others. "I wanted to someday become completely independent – and the only way to do so was to take responsibility for myself and stop relying on anybody for anything. Everyone had looked after me adequately, but I did not want to be a burden any longer. I had to find a way to be self-reliant" (65).

A disabled person's fight against social prejudice shapes his/her identity as a defender of justice and builds an atmosphere of empowerment. Shivani Gupta takes painting as the first move to reclaim her identity and freedom. "Painting was the only constructive thing she was able to do at that time, so she spent most of her time on it" (57). Although she wasn't a competent painter at first, her abilities developed, and she decided to pursue painting as a new career. Painting for a wheelchair user transcends physical restrictions and becomes an effective form of identification and self-expression.

> Painting brought some meaning back to my life and helped in heal my self-worth. The hurt I felt each time people sympathized with me was mitigated when someone appreciated my work, my talent, and my ability. Besides, painting gave me an identity. Often, one is judged by what one does. Painting gave me an answer to the question 'What do you do?' I was a budding artist! (68)

Gupta took part in a two-month peer counselling training course in the UK. She obtained employment at the Indian Spinal Injuries Centre in Delhi after her return from the UK. She was thrilled to be offered a position there because, in addition to being employed and having a steady source of money, she would also join an organization that would improve the lives of individuals just like her. Workplaces frequently need

teamwork and social engagement, enabling wheelchair-bound people to form connections and become part of the community. As they are regarded as valuable employees, this lessens isolation and fosters a sense of normalcy. Additionally, having a job helps individuals become more independent, lowering their need for others, and raising their self-esteem.

Another key idea in Social Identity Theory is Social Comparison. By offering a point of comparison for assessing the group's functioning, norms, and behaviour, the social comparison may be extremely helpful in spotting issues inside an in-group. Members of a group may recognize problems or difficulties that the in-group is encountering because of collective social comparison. This widespread understanding may act as a spark for addressing and fixing issues.

Education is a major challenge for handicapped individuals. Preeti Monga faced consistent denial of her right to education. Due to her vision disability, traditional schools denied her admission. Monga shares how she felt isolated as friends gradually abandoned her and excluded her from social events. She "seemed to have been transformed into a strange pitiful object to be handled with extra consideration or simply left alone!" (27).

People in the out-group have preconceived notions about those who are visually impaired, thinking that they are more terrified, helpless, or dependent. These fallacies might lead some people to think that blind people require help. While it is true that they require care and attention, members of the outgroup should instead acknowledge their strengths, autonomy, and independence-seeking tendencies. The emphasis should be on respecting their decisions and providing assistance when it is truly necessary, making sure they are not overprotected or given undue sympathy.

Monga quickly assessed her situation as the people around her changed. Rather than condemning herself or isolating herself, she reasoned; "Never mind what they all

make me feel, I just can't sit around sulking and depressed, waiting for life to get back to normal, when nothing at all is wrong with me" (28).

Before her tragedy, Gupta had led an independent life, taking care of her extended family. Returning to normalcy was her main aim after the accident. Gupta claims that despite its importance, being confined to a wheelchair is only one aspect of their existence and neither their identity nor their main driving force. An individual cannot be viewed solely through the lens of disability since that is not how they perceive themselves.

Continuing education to obtain a career felt like a distant, unreachable dream for Gupta after the accident. She had already been rejected by the world because of her impairment, so there was no assurance that she would find employment after finishing her studies. Meanwhile, Vikram Dutt, who offered guidance in the early days after Gupta's spinal injury, arranged for her to attend a two-month peer counselling training course in the UK. Her visit to the UK brought in many changes in her life:

> The most important learning for me from the trip was the realisation that disability was not the end of the road: rather, it was an obstacle to be overcome through rehabilitation. It was in Salisbury that I understood the true meaning of rehabilitation. I also understood disability a little better- that being disabled wasn't a big deal. All the patients at the rehabilitation centre projected an attitude of being regular people who happened to be using a wheelchair. There was not an ounce of sympathy or charity that their demeanour invited. It was amazing to be there – an absolute eye-opener. (76)

Upon her return from the UK, Gupta was hired by the Indian Spinal Injuries Centre in Delhi. Her desire to get further degrees, nevertheless, has not found support in

India. She had a hard time at the institution when she enrolled in a design course at

Faridabad.

> One of the challenges that I faced in college was that I was almost twice as old as
>
> my classmates, and older than most of the lecturers too. It was quite awkward for
>
> me to be sharing the classroom with young eighteen-year-olds straight out of
>
> school. There was a vast generation gap. I didn't know what to take them, and all
>
> of them felt awkward about spending time with a thirty-two-year-old disabled
>
> lady. (150)

A wheelchair-bound person needs more resilience in an educational institution

than a non-disabled person. Due to a lack of understanding of disabilities, classmates may

exclude or discriminate the wheelchair-bound students. The educational journey of

students who use wheelchairs should be facilitated, thus efforts should be made to address

these obstacles by increasing accessibility, raising awareness, and making sure that the

right accommodations and support are accessible. Gupta, however, through her schooling

sought a Master's in Architecture design from EDEXCEL in the UK. She then went on to

get a Postgraduate degree in MSc in Inclusive Environments at the University of Reading

in the UK.

By engaging in Social Comparison, we can identify issues with creating an

inclusive environment for individuals with disabilities. Preeti Monga and Shivani Gupta

have participated in various workshops outside their country. Gupta has observed that

Indian society is unwelcoming to those with physical disabilities. Unfortunately, her

physical handicap has been used as a justification for being denied employment

opportunities on multiple occasions. "I had never thought about disability before my

accident. Neither had I known anyone who was disabled. Disability had meant social

work sessions at school and a feel-good factor from having assisted a disabled person in crossing the road" (45).

All individuals have the right to inclusive and accessible environments, especially those with disabilities. However, in India, accessibility infrastructure is not consistent. While larger cities have improved accessibility, many areas still lack proper facilities. Poorly maintained sidewalks, missing ramps, and overcrowded public transportation hinder mobility for those with disabilities.

Inaccessible settings and infrastructure perpetuate a cycle of disadvantage for wheelchair users. Gupta describes how Delhi being a metropolis excludes individuals like her from the mainstream, and also includes work and education:

> The only places accessible to me in the whole university were my studio and the computer room. There was no other place I could go to – not even the restroom. As always, my biggest challenge was managing my incontinence. My bladder training and practice of remaining thirsty and not drinking any liquids for hours together helped me attend my classes. (151–152)

Gupta's journey to the United Kingdom showed how a foreign country would create an accessible environment for impaired persons. The UK has a well-developed infrastructure that adheres to accessibility standards. Public transportation, buildings, and public spaces are typically wheelchair-friendly, with ramps, elevators, and tactile pavements In India, one is not used to seeing disabled people out on the road. Most of them remain cooped up inside their home. But in the UK disabled people, especially wheelchair-bound ones lead a happy life. This accessible atmosphere encouraged her to raise questions about the inaccessible environment in India.

Gupta got an opportunity to participate in a fifteen-day training programme organized by the United Nations Economic and Social Commission for Assia and the

Pacific (UN-ESCAP) in Bangkok, Thailand. She attended the workshop with Vikas, her friend at the Indian Spinal Injuries Centre who later became her husband. The workshop made them realize the extent of benefits that non-handicapping and accessible environments could have on the lives of disabled people. As Gupta puts it "I also started 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).

For sure, people with disabilities were excluded from education, employment, or even a regular social life, and the biggest culprit in this was the inaccessible environment. Vikas and Gupta felt empowered by this new understanding of disability, accessibility, and disability rights. The impairments of disabled persons were not the reason for his or her exclusion from society; in fact, it was society that posed handicaps in environments, that restrained disabled people from participating in them to the fullest degree. This understanding made Gupta form the "AccessAbility"(169), a Non-Governmental Organization (NGO) that promotes the inclusion of people with disabilities.

The way people with disabilities view themselves is greatly influenced by how they are compared and categorized by society. To help them feel proud of their identities, we should focus on shared experiences instead of differences, create supportive groups that foster a sense of belonging, and acknowledge their unique qualities. By promoting inclusion, eliminating prejudices, and building a sense of community, we can help people with disabilities discover their strengths and contributions. This will create a more diverse and inclusive society where everyone has the chance to succeed, regardless of physical health, and ultimately lead to stronger, more inclusive social identities.

Chapter 4

Identity Enhancement Through Narratives

Narratives have always played a vital role in human communication and society. They serve as powerful tools for sharing knowledge, shaping our perspectives, and connecting us with the experiences of others. Narratives can take many forms, from personal recollections and historical accounts to news reports and mythology. At their core, narratives are organized retellings of experiences or events, and they are not limited to fictional stories.

Narratives that connect a person's experiences, ideas, feelings, and reflections are called personal narratives or life narratives. They provide people with a way to articulate their identities, make sense of their lives, and share their experiences with others. These narratives might be written as autobiographies, memoirs, personal essays, blogs, and so on. Readers who discover similarities in their own lives tend to connect with personal accounts. They can give motivation, direction, and reassurance to individuals facing comparable difficulties.

The development and expression of a person's Narrative Identity are influenced by personal tales. Dan P. McAdams states "We use the term narrative identity to refer to the stories people construct and tell about themselves to define who they are for themselves and others. Beginning from adolescence and young adulthood, our narrative identities are the stories we live by" (4). These tales provide people with a feeling of continuity and coherence, helping them to make sense of their experiences and develop a sense of self. By narrating their life experiences, individuals gain insights into their motivations, aspirations, and the factors that have shaped their identity.

When individuals share their personal narratives, they reveal the truths and weaknesses they've encountered throughout their lives. For someone with a disability, it's

important to examine their life history to understand how their identity has been shaped. They might tell stories of overcoming challenges, adapting to their circumstances, and finding strength in their vulnerabilities.

A disability narrative is a type of personal narrative in which people with disabilities discuss their experiences, difficulties, and victories about their physical, cognitive, sensory, or emotional impairments. These stories provide a forum for people with disabilities to share their viewpoints, consider their identity in light of their impairment, and promote social inclusion and awareness.

In these narratives, people or characters with disabilities are, amongst other things, isolated, oppressed, othered, feared, objectified, talked past, dehumanized, exterminated, excluded, ignored, sentimentalized, shamed, and pitied. These narratives also, however, intermix preferences for able-bodiness, able-mindedness, the fictions of independence, normative communication, and traditional aesthetic hierarchies with counternarratives of alternative embodiment, cognitive and sensory difference, interdependence, protest, survival, inclusion, pride, accessibility, and accommodation. (Joshua 306)

Disability narratives frequently focus on themes of resilience, empowerment, and authenticity, illuminating the complicated relationship between a person's disability and other facets of their identity, including gender, race, and culture. By humanizing the experience of disability and fostering acceptance, handicapped people fight stereotypes, promote empathy, and work towards a more inclusive society.

The books *The Other Senses* by Preethi Monga and *No Looking Back* by Shivani Gupta depict the challenges that visually impaired and wheelchair-bound individuals face in their daily lives. Using Dan P. McAdams' Narrative Identity Theory, this chapter explores how personal narratives shape and express one's identity. The analysis focuses

on two personal narratives to understand how they establish their narrative identities. People with disabilities often highlight their resilience in their narratives, emphasizing their ability to overcome obstacles. McAdam's theory helps us understand how these narratives contribute to a resilient sense of self.

Dan P. McAdams is noted for his research on how narrative identity and personality emerge. He has put up a "three-level framework" (Greco) that takes behavioural features, distinctive adaptations, and life experiences into account to comprehend personality and identity. This framework aids in offering a thorough understanding of a person's personality and how it changes over time.

The three-level framework of personality developed by Dan P. McAdams includes Dispositional traits, Characteristic adaptations, and Life stories. Stable personality qualities like Extraversion and Neuroticism are included in dispositional attributes. A person's objectives, values, and coping mechanisms are examined in characteristic adaptations, which are modified by experiences.

Life stories serve as the narrative identity, integrating the past, present, and future to create a cohesive sense of self. With an emphasis on the dynamic interaction between intrinsic features, adaptive responses, and personal narratives that examine each person's particular experiences and identity creation, this framework offers a comprehensive picture of how personality develops.

The dispositional trait level of Dan P. McAdams' three-level personality framework can be explained using the "Big Five personality traits" (Greco). Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism are among the Big Five personality qualities. The Big Five personality qualities provide insight into how a person with a disability may approach issues, interact with others, and adjust to their

circumstances, which may be useful in understanding and explaining many elements of a handicapped person's life.

Focusing on the Big Five personality traits, Neuroticism can provide insightful information about the lives of people with disabilities. The tendency to feel unfavourable emotions like tension, worry, and anxiety is referred to as Neuroticism. High levels of neuroticism in the context of disability may suggest that an individual is more likely to experience emotional discomfort linked to their impairment, such as irritation, grief, or worry over their disease and its effects on their life. When a disabled individual faces unpleasant experiences related to their disability, these emotional responses can be intensified. Managing physical limits, discrimination, or social isolation are just a few of the specific problems and pressures that people with disabilities may have to deal with.

Preeti Monga experienced partial paralysis of both of her optic nerves when she was quite young. She had to face the terrible fact that there was no viable cure for her disease anywhere in the world. As she puts it:

> …much disappointed, … I had left behind ever so abruptly. Little did I know that life was never going to be the same again, everything had changed! Friends, teachers, and neighbours all looked at me with pity; I seemed to have been transformed into a strange pitiful object to be handled with extra consideration or simply left alone! … How was I to live a dull and sad life, and that too without my friends and everyone else I was so fond of? I was completely bewildered and felt guilty for some unknown crime I had committed. (27)

Narrative Identity research refers to how an unfortunate event may play a significant role in a person's entire life story, as well as how an individual articulates and commits to an effective handling of the situation. People commonly develop narratives that highlight how they overcome hardship with a renewed sense of meaning and

understanding. As for the disabled person, their narrative will highlight their hardship on disability. Shivani Gupta states, "It is sorrow that gives me the courage to listen to my heart instead of my head. It is easy to make decisions when you have nothing to lose. It is only now that I can see that all I ever had to lose was my love, but love is never lost, so in reality, I never had anything to lose. It is only love that has any value; everything else is meaningless." (234)

Personality Psychologist Jennifer Pals identifies how people use their life narratives to create or relate memories of past life experiences to their present selves. Pals suggested:

> … that adults who emerge strengthened or enhanced from negative life experiences often engage in a two-step process. In the first step, the person explores the negative experience in-depth, thinking long and hard about what the experience felt like, how it came to be, what it may lead to, and what role the negative event may play in the person's overall life story. In the second step, the person articulates and commits the self to a positive resolution of the event. Research suggests that the first step is associated with personal growth—and the second, with happiness. (qtd. in McAdams and McLean 234)

Shivani Gupta's memoir *No Looking Back* recounts all her tribulations. The book describes her horrific tragedy, the anguish and hardship connected with spinal cord damage and wheelchair-bound existence, and her determination to conquer all obstacles.

Gupta writes about the terrible experience she had at the hospital, where the staff was rude and unpleasant and didn't care about the privacy of the patients. The All India Institute of Medical Sciences (AIIMS), which was regarded as India's top government hospital, was insufficient to care for someone like Gupta. In Gupta's words:

AIIMS shocked me. I lay on a stretcher for hours in a dirty and overcrowded corridor, along with so many others, in line to get admitted. Pained cries of people waiting to get medical assistance, or a hospital bed filled my ears. Patients lay on the floor, not being strong enough to sit up – or perhaps just fed up of waiting to get a hospital room. … It felt like being in hell. I wanted to just get away. (14)

Gupta recounts how she was subjected to harsh social treatment and how frequently she was mistaken for a beggar or destitute. She narrates:

While I was in the queue to enter the temple at Haridwar, a poor middle-aged woman from the village walked up to me and handed me a twenty-five paise coin. … This was something that had never happened to me before, and I had not imagined that it would ever happen – she had thought that I was a beggar! The only thing that distinguished me from everyone else there was my use of a wheelchair. The woman had thought me a beggar simply because I was disabled! (63)

The challenging circumstances she faced enhanced her because they helped her acquire resiliency and determination. These difficulties encouraged her self-improvement and self-confidence, turning adversity into empowerment. Wheelchair users end up advocating for accessibility and disability rights, which would transform society for the better.

Preeti Monga talks of her innate desire to find a devoted, understanding partner. She feared that if she were single, she would burden her family. "I wondered why the world around was leaving no stone unturned to see me married so that I would be off my parent's head … it seemed that I was committing a cardinal sin by remaining single, and in my parental home." (93) As friends and family members in her age group were getting married, there was a great deal of pressure for her to get married. She writes, "… 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. None mustered courage or courtesy to so much as meet me" (93). She was deeply affected by how people turned down marriage offers without even trying to understand her and her personality.

Monga's unpleasant experience was her marriage to Keith, which turned out to be the worst and darkest time of her life. Along with the difficulties of blindness, she had to endure domestic violence from her husband. "With my wedding having changed the course of my life so drastically, my self-esteem and confidence were crushed and diminished, and I went about life as if in a nightmare!" (101).

Monga began her married life with a heavy dosage of abuse and threats of violence from her drunken husband, which was drastically in contrast with her idea of love, friendship, and domestic happiness. She had always desired to live independently and believed she could do it with Keith's help. But her dreams shattered on the very first day of her marriage, and she felt that "the hurt was only mine and mine alone" (99).

Due to the difficulties of surviving in a world without sight, Monga's condition already makes her more prone to worry and mental anguish. Her husband's abuse and drunkenness further exacerbate her neuroticism because she lives in continual worry and uncertainty. Living in an abusive environment can cause emotional instability that can result in mood swings, panic attacks, and an increased risk of depression. Her condition may also make it more difficult for her to get assistance or leave the abusive environment, which would heighten her emotions of hopelessness and despair.

However, Monga was able to conquer her negativity by drawing power from the inside. She puts it, "I turned a blind eye and a deaf ear to every negative word and action that I was confronted with. I no longer struggled to pretend that all was well with our marriage, nor tried to suppress my protest against his unpleasant treatment." (136) She

reconnected with her interests, and with renewed tenacity and resolve, and became the first probably in the world, visually impaired aerobics instructor. Monga eventually managed to escape the abusive relationship, proving that even in the most awful circumstances, one can come out stronger by getting assistance, finding, healing, and starting again on their terms.

Characteristic Adaptation is regarded as the second level in Dan P. McAdam's three-level theory of personality. Characteristic Adaptations represent an individual's values, coping strategies, and self-concept. They demonstrate how a person adjusts to their surroundings, experiences, and obstacles to create their unique identity.

A wheelchair-bound person's characteristic adaptations in life reflect their own coping mechanisms, values, and self-concept. For Gupta painting was the first move she took after the accident to reclaim her identity and freedom. "Painting brought some meaning back to my life and helped in heal my self-worth. … painting gave me an identity. Often, one is judged by what one does. Painting gave me an answer to the question 'What do you do?' I was a budding artist! (68)

People who use wheelchairs frequently experience increased resilience and emphasis on flexibility to overcome mobility obstacles. Their core beliefs may be diversity acceptance, promoting accessible settings, and inclusion. Gupta found employment at the Indian Spinal Injuries Centre in Delhi, where she developed resilience and acceptance in addition to financial independence. In response to her constant quest for a setting that was accessible to persons with disabilities, Gupta formed the "AccessAbility" (169), a Non-Governmental Organization (NGO), that promotes the inclusion of people with disabilities.

Additionally, her experience has formed her self-concept, highlighting her distinct identity as a person who endured and succeeded despite physical restrictions. As a result,

Gupta's distinctive adaptations highlight her amazing fortitude, social awareness, and self-empowerment in the face of hardship, revealing a complex tapestry of human development and adaptability.

In the life of a visually impaired individual, characteristic adaptations are very important. Using technological aids will help them in education and independence. Monga has learned to type with a typewriter which "very rapidly, soared my self-confidence and self-esteem, and banished to obscure recesses of the past, as was the grief and trauma of being ejected from school" (61).

Characteristic adaptations for people who are blind or visually handicapped emphasize their willpower, advocacy, and ability to flourish in a world of sight, demonstrating amazing perseverance and personal progress. Monga set an example for others as a blind aerobics instructor by dispelling stereotypes and exhibiting what is possible with hard work and ability.

Along with providing financial stability, her job as an aerobics instructor empowers her and enhances her sense of self. Monga served as an instructor for many training courses through her nonprofit organization, "Silver Linings", (176), and the money she earned from this was used to pay for motivational and personal development programmes for underprivileged and disabled individuals.

Life Narratives is the third level in Dan P. McAdams' three-level framework. It includes the personal narratives and stories that people create to make sense of their experiences. These stories provide a person's past events, present, and future a coherent, meaningful account that shapes their entire identity and feeling of purpose.

David M. Engel and Frank W. Munger view life-story narratives as "the device all humans use to make sense of their experiences, to assemble the pieces of their remembered past into a story that makes sense to them and explains who they are" (86).

People with disabilities can utilize narratives to understand how their condition fits into the greater framework of their lives. They may convey their ideas and feelings in the stories they tell, which can help us better understand their 'Disability Identity'. As for Shivani Gupta:

> Not only did the journey of writing her book give me a chance to relive my entire life but it also allowed me to make sense of it all and let go of the negativity that blocked the clean flow of understanding. It gave me the courage to accept what fate had meted out to me and be strong enough to carry on … I learned to put in more emotion rather than just narrate things that had happened. The writing of the book became about redefining things again and again and looking at my life from a different perspective. (238)

Gupta tells tales of persistence, overcoming obstacles, and promoting accessibility creating a narrative identity by articulating her unique experiences in her narrative. Her story illustrates the benefits of removing social barriers and represents her principles of inclusion and equality. She highlights her distinctive viewpoint, demonstrating to the world that her impairment does not define her but rather forms an essential part of who she is. Through her story, she motivates others, promoting a sense of empowerment among handicapped people and bringing attention to the need for a more open and accepting society.

For Preeti Monga, "However, as I write this narrative, I am grateful to God for having taken me through these types of experiences because they taught me to think before acting or speaking. I learned too that I should put myself into other's shoes before saying or doing anything, lest my words or actions cause them the slightest pain." (87)

By incorporating her experiences into an engaging life story, Monga creates a Narrative Identity. Her story demonstrates perseverance and determination as it depicts

the struggles and victories of surviving in a world without sight. She conveys her viewpoint through her stories, emphasizing the value of accessibility and inclusivity. Her narrative identity exemplifies strength as she fights for the rights of people with disabilities and promotes a sense of belonging among those who are blind. It serves as a source of motivation by illuminating how, in the face of adversity, one may create a narrative identity with meaning, inspiring not just herself but also those who go beside her.

The three-level personality framework developed by Dan P. McAdams provides remarkable insights into the lives of people with disabilities. It develops a comprehensive picture of their experiences and difficulties by examining their dispositional qualities, distinctive adaptations, and life stories. It emphasizes how crucial it is to create a welcoming atmosphere that respects their story identities and beliefs. In the end, McAdam's approach highlights that disability is only one feature of a complex personality, showing the incredible ability of handicapped people to create their own identities and make significant contributions to society.

Chapter 5

Conclusion

Nature's design is fundamentally inclusive, establishing a healthy equilibrium for all living species. Every species, regardless of size or function, plays an important role in the complex web of life. Diversity fosters resilience since each creature contributes to its stability. The natural world's inclusion reminds us of the need to promote variety, value interconnectedness, and establish a society that includes and supports everyone, matching nature's wisdom.

Humans may promote inclusion among themselves by embracing diversity and encouraging equality. Acknowledging and accepting differences leads to a more inclusive society in which everyone feels respected and heard. Inclusivity also entails ensuring that no one experiences discrimination or is denied access to education, employment, or social involvement.

Unfortunately, people with physical and mental impairments are shunned by society and the rest of the world. Such people become an impediment in a society where everything must be battled for. Instead of being seen as something different or stigmatized, disabilities should be accepted as a natural part of human life. They are an expected part of the human experience and have an impact on people from every sphere of life.

There are different types of disabilities, and they may be brought on by genetics, accidents, or diseases. It serves as a reminder that everyone has a unique journey and that knowing these variations enhances the quality of life for all. A more compassionate and fair society, where each person is appreciated for their distinctive contributions, regardless of their abilities or challenges, is facilitated by viewing impairments within the larger framework of life.

Individuals with disabilities develop a unique and evolving sense of self, including their perception of their condition, its impact on their lives, and their place in the larger community of people with disabilities. Accepting one's 'Disability Identity' is crucial for self-acceptance and empowerment, recognizing that a disability is not a character flaw but rather an integral part of who we are. Embracing this identity frees us from societal stigmas and enables us to advocate for our rights. It also fosters a sense of community among people with disabilities, creating a shared strength through shared experiences and promoting diversity and inclusivity. By accepting 'Disability Identity,' we not only show self-love but also contribute to a more compassionate and inclusive world for everyone.

Taking on obstacles may promote disabled individual's personal development, more empathy, and a greater appreciation for life's minor pleasures. As they adjust to their surroundings, they can uncover hidden abilities and qualities. Many outstanding individuals have shown that life is worth fighting for and achieving their goals despite having several imperfections in their appearance.

Despite the considerable obstacles that disability, in all its manifestations, can provide, both Preeti Monga and Shivani Gupta have overcome obstacles and achieved extraordinary success. The disability identification of a woman may have a profound influence on her views and behaviors. This might enable them to traverse a culture that usually disregards their needs and abilities with courage and determination. Dealing with the conflicting demands of the feminine gender role and the 'disabled' position is an especially challenging issue for women. Traditionally, these roles frequently call for traits like physical weakness and passivity, leaving disabled women with no other socially acceptable options but to play the silent dependent.

Henry Tajfel's Social Identity Theory provides valuable insight into the complex connections between disability, gender, and other social identities experienced by individuals such as Preeti Monga and Shivani Gupta. How they are grouped and the dynamics of their social circles, along with societal norms and comparisons, can all affect their self-image and overall quality of life. To enhance the well-being of those with disabilities and these interlinked social identities, it is essential to combat damaging stereotypes and establish inclusive environments.

A Narrative Identity is developed when a person narrates their traumatic and triumphant life events. When Dan P. McAdams' three-level personality paradigm is applied to handicapped people, particularly those who are visually impaired and wheelchair-bound, it emphasizes the significance of narrative identity in developing a meaningful and solid self-concept.

Their real-life stories play a major role in forming their sense of self. Narrative Identity allows people to identify their purpose, gain strength from their adventures, and inspire others who are suffering similar struggles. Recognizing and appreciating their stories is not just a question of personal identification, but it is also an essential step towards establishing a more equitable and humane society that accepts diversity and disability as fundamental parts of the human experience.

Preeti Monga and Shivani Gupta were able to ignite a road of self-empowerment by seeking economic independence and education. They progressively knock down walls and push through the restrictions placed on them. Their confidence increases as they reach milestones, helping them to develop into strong, competent individuals. Their experiences encourage all to embrace diversity, confront prejudice, and build an inclusive society. Their lives serve as an example for both able-bodied and disabled individuals since they both overcame enormous obstacles to achieve victory that seemed

unachievable. They possess the fortitude to successfully navigate any difficulty. They serve as living examples of how mental resilience triumphs over physical toughness.

In conclusion, developing a Disability Identity in women is a very personal and transforming experience. The interplay between Social Identity, which fosters a feeling of community and belonging, and Narrative Identity, which allows people to convey their stories, express their autonomy, and advocate for change, shapes it. Women with disabilities gain strength, resilience, and a strong sense of self through this diverse process, contributing to a more inclusive and fair society for all. Monga and Gupta both demonstrate that true strength resides in paving the way toward inclusion and fairness, even in the face of major obstacles, and they both inspire us with their persistent dedication to making the world a better place for everyone.

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