

**Visual Disability and the Pursuit of Normality in Preeti Monga's
Biographical Novel *The Other Senses***

Kowsalya G.
Bishop Heber College, India

Dhanabal C.
Bishop Heber College, India

Abstract

For Ancient Greeks, beauty was a characteristic of individuals and actions that they considered to be morally good. Greek statuary and art in general project beauty based on the assumption that outward appearance reflects personal virtues (Tytler, 1982, p. 36). Pythagoreans, for example, held that ugliness expressed confusion and turmoil, and that beauty was a material expression of universal truth. In more modern times, and in many ways envisaging today's materialistic societies, Kant expresses a certain perplexity that beauty is perceived primarily as a pleasurable response to exterior form (2000, p. 111). In this sense contemporary culture, with the increasing visual refinements of its graphic products and virtual reality, has set new metrics for defining the value of beauty. Our televisions, for example, broadcast images of heroes who are physically beautiful while being morally suspect and socially abrasive. The unstable value of beauty is reflected in literature. In Indian literature disability has been represented, but these representations have lacked significant scholarly diagnostic treatment. The Disability Rights Movement has recently begun to change this situation. This paper strives to examine a disabled individual's struggle for integration through Preeti Monga's autobiography *The Other Senses*. It also analyses how the disabled create subjective normality and the process by which they attain it. By tracing the roles of sexuality, dependency, and interpersonal relationships in the lived experience of Preeti Monga, this research aims to reveal the significance of the quest for normality in shaping personal identity.

Keywords: autobiography, normality, sexuality, visual disability

The definition of “norm” entered history through idea that “abnormality” could be calculated using quantitative data, such that “norm” and “normal” could be the subjects of comparative analyses. In this regard, in ‘Disability, Normality and Power’ Lennard J. Davis observes that “When we think of bodies, in a society where the concept of norm is operative, then people with disability will be thought of as deviants” (2017, p. 17). Basing their investigations on this concept of ‘norm,’ eugenicists like Ernst Rüdin (1874–1952) and Otmar Freiherr von Verschuer (1896–1969) brought a comparative analysis to bear on human beings. To create a perfect society, many such eugenicists proposed schemes to eliminate the disabled population that included the control of reproductive rights. Thus, the concept of norm results in the concept of deviant bodies and in the ill-conceived idea that they have no place in “normal” society.

The concepts of normality and disability were habitually reflected in literature. From disability imposed as a punishment to the image of supercrip, all tropes of disability narratives are found. One early mention of “curing” a disability after the advent of science is found in Flaubert’s *Madame Bovary*, where Charles Bovary operates on Hippolyte’s clubfoot. The character Bertha Mason, who is pejoratively known as the ‘mad woman in the attic’ in *Jane Eyre*, displays the inhuman treatment of mentally ill individuals in the Victorian era. The villainous portrayals of Captain Ahab and Long John Silver rendered stereotypically negative images of the disabled. In fiction, disabled characters are often employed to invoke pity or horror.

“Disability” as a stable category of study emerged only in the nineteenth century, gradually developing as a field of study with the growing participation of scholars and social activists. The Charity Model is one of the earliest of practices, treating the disabled as an object of pity and charity. The medical model was and still is prevalent in many countries where the disability is considered primarily an anomalous bodily difference. The main aim of this model is to ‘cure’ or ‘fix’ the disabled, thus enabling them to lead a “normal” life. According to this model, disability must be dealt with between the disabled and medical professionals and society has no part in it. The social model, on the other hand, perceives disability as the result of social constructs and blames the inaccessible environment for the disabled individuals’ plight. Tom Shakespeare, in his essay “The Social Model of Disability”, explains that “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” (2017, p. 193). The “Identity” Model, on the other hand, involves the disabled owning their impairments and integrating them into their identity. The rights-based model proclaims that the disabled and non-disabled are equally entitled to human rights and that the disabled should participate in policymaking.

The inception of the Identity-Based Model propelled the writing of autobiography by the disabled. Before it, the disabled had been represented by their non-disabled counterparts. In the process of claiming their disability as identity, many people started writing about their pain, suffering, and struggle to cope with impairments. While spiritual narratives of disability (like Oliver Sacks’s *A Leg to Stand On*) exist, most other works are written as a way of accepting and affirming disabilities. Stephen Kuusisto’s *Planet of the Blind* and Georgiana Kleege’s *Sight Unseen* mark their growth as persons professing a balanced self-identity.

In India, however, the scenario is different. In ancient times, although the disabled are known to have been treated with compassion, they were not treated equally. The handicapped were cared for by members of the family with the help of a close-knit community. Thus, the disabled had little control over their lives. In addition, the handicapped were held responsible for their

disabilities, as their infirmities were caused by “Karma”. “Applying the theory of karma, disability was considered the result of ‘wrong actions’ in one’s past life or the present one” (Ghai, 2019, p. 44).

In parts of India the charity model is still prevalent. Fuelled by religious ideologies, some people treat the disabled with utmost pity and even offer unsolicited money. With the emergence of science and institutionalization of people with physical and mental disabilities in colonial India, disability was perceived more as a medical condition than a social construct. This resulted in the medical model wherein the family members are the primary caretakers. The social model was acknowledged only when people realized that the absence of accessibility curbs the freedom of the disabled. The identity and rights-based models are largely devised and practiced for the benefit of the disabled in the West. In India, the lack of awareness and education on the subject results in a scenario where, as a rule, only a relative few—academicians and disability activists—are well informed regarding identity-based and rights-based models.

It was only in the 1970’s that Indian disability activists began to follow in the steps of their Western counterparts. Until then disabled people were very much excluded from the State’s welfare policies. Anita Ghai, in her introduction to the book *Rethinking Disability in India*, pointed out how in the early stages, nobody valued disability rights –

A country which finds itself immersed in multiple issues, such as sex ratios, violence against women, increasing fundamentalism, the menace of HIV, unavailability of education, and the continuous withdrawal of the state support from public health programmes, it becomes even more crucial for people to engage in social movements. Though these movements have dealt with many issues of exclusion, disability has appeared like a non-essential issue, as the academia as well as activists stress that there are far more serious issues that need attention (2019, p. xviii).

The continuous efforts of activists helped this discourse transform into a movement, thereby forcing the government to recognize the plight of the disabled. At that time, the United Nations announced 1982-1993 as the “Decade of the Disabled Persons”, creating awareness and global goals in the area of disability welfare. Activists and academicians in the Disability Rights Movement, along with the United Nations’ goals, actuated the government to set up The Rehabilitation Council of India in 1986. Another turning point was the Persons with Disability Act of 1995, which marked the legal recognition of the disabled in Indian society. The Act focused more on education, employment, opportunities, development of manpower, technical education, and institutions for people with severe disabilities. Nevertheless, numerous flaws were pointed out by activists as they argued that the law was firmly based on medical concerns, completely ignoring the social perception of disability. After a two-decade battle, the Rights of Persons with Disabilities Act of 2016 replaced the Act of 1995, enhancing it with many positive amendments.

Indian Disability autobiography is a result of education in the Identity-based Model and new legislative policies. Misrepresented by their non-disabled peers for centuries in the realm of literature and visual media, the disabled started asserting their concerns, thereby creating their own identity. Through their self-representational writings, they discussed the stereotypes associated with disability and presented the real picture of living with an impairment.

The genre of autobiography not only encounters these tropes but also demonstrates the personal autonomy of the disabled. “Often, in literature, disability and cancer serve as a metaphor of social breakdown, but in an autobiography, illness is associated with a unique subjectivity because autobiography serves as a self-reflexive tool that helps to highlight personal experience” (Ghai, 2019, p. 16). Most of the life writings that emerged during the 2000s were called New Disability Memoirs, as they were largely identity-based. These memoirs and autobiographies were written to construct an authentic disabled identity and to destigmatize representation. Some of the notable works are Malini Chib’s *One Little Finger*, Shivani Gupta’s *No Looking Back*, Madan Vasishta’s *Deaf in Delhi*, and Preeti Monga’s *The Other Senses*. This paper aims to decode normality and analyses how a visually disabled woman like Preeti Monga creates her normality. It furthermore investigates how it influences her life choices, including her interpersonal relationships and her emergence as a self-assured woman.

The Quest for Normality

Preeti Monga is a disability activist, social worker, entrepreneur, trauma counsellor and first ever visually challenged aerobics instructor. In her autobiography *The Other Senses*, she saunters along her memory lane and lets us read all about her happy and ‘normal’ childhood. Born as the first child in an upper-middle-class family, with doting parents, Preeti was adored and celebrated, unlike many Indian households that consider girl children as a ‘burden.’ Monga was diagnosed with partial paralysis of both optic nerves at a young age, an affliction that deteriorated her vision. This visual disability affected her education and her relationship with other people, excluding her family. Expelled from school because of her disability, Monga stayed home and concentrated on activities that interested her, also learning and perfecting the traditionally feminine roles required to run a household with the help of her mother. She also learned and practiced sitar for five long years, hoping in vain to become a performing artist.

Preeti Monga then decided to get married, and her autobiographical accounts give a detailed description of her attempts to date a friend and her expectations regarding her future husband. She fell in love with her brother’s friend and got married. But her husband turned out to be an abusive man and an alcoholic. She became a mother of two children and was unable to escape his torture. She lost her self-esteem, and whenever she tried to step out of that torturous marriage she was advised to stay for the sake of her children. When she finally divorced the man she endured for so long, Monga returned to her parent’s home. Devoid of formal schooling and any kind of technical education, Monga couldn’t find a job to support her family. Her struggle to become a financially independent person echoes the condition of every woman in India who lacks the required skill to make a living on her own. Just like most Indian women, she was equipped well enough to take care of her domestic responsibilities. Fortunately, her grit and will power, as well as her social and entrepreneurial skills, helped her to survive in this disabling environment.

Though it usually denotes the state of being normal or expected, the term ‘Normality’ is primarily subjective. Tom Shakespeare observes that “In western thought, it is taken for granted that normal human beings are healthy, independent and rational” (2007, p. 52). This thought is universal and is echoed by various cultures worldwide. The state of normalcy is sought after by the disabled’s family members to integrate them into mainstream society. This journey towards normality is, however, fraught with cultural baggage. In the Indian context, right from the search for a cure to searching for a life partner, everything would be decided by the family members and the disabled, particularly women, had little say. Every disabled person, once diagnosed with impairment, must undergo the process of search for that “archetypal

reality” (Ghai, 2019, p. 2) called a cure. To be cured indicates the diagnosed person’s return to the ‘normal’ world. And almost all the disabled scholars and writers recount the numerous adversities they underwent in the name of a cure. Indian scholars report the negotiations they had with several gurus, priests, shamans, and faith healers along with medical practitioners.

However, Monga’s family considered only medical treatment. When Monga delineates her childhood memories, she portrays the picture of a very happy girl who reads well, had a lot of friends and socialized with everyone she met. Her cheerful nature undergoes a blow when she is diagnosed with partial paralysis in both her eyes. The writer especially notes how *a child’s* world changes. The story continues describing how, after spending three months in Calcutta in treatment and sightseeing, Monga brings many stories to share with her friends only to find them avoiding her. She explains: “Little did I know that life was never going to be same again, everything had changed!... I seemed to have been transformed to a strange pitiful object to be handled with extra consideration or simply left alone!” (2012, p. 26). This sudden transformation of the people around her bewildered Monga, but she was quick to evaluate her circumstances. Instead of blaming herself or being isolated, Monga reasoned that “(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” (2012, p. 28). Slowly she found little ways to include herself in her peer group and she progressed in her studies with the help of her teachers and fellow students. But all her efforts didn’t stop her from being expelled from school, as they couldn’t accommodate a visually disabled person in a ‘normal’ classroom.

India is home to one of the world’s largest populations of disabled persons. Visual disability emerges as the top disability category. With no education or income, these people are prey to illiteracy, poverty and exclusion, getting caught up in a cycle of destitution. However, recent developments in inclusive education are promising. The United Nations’ initiatives helped in creating disability awareness, especially in developing countries. But in Preeti Monga’s time, there was little awareness regarding inclusion and integration, and Monga had to discontinue her studies. Though she had the option of joining the school for blind girls in Delhi, which she desired to, her parents decided against it, not willing to leave her in the hostel. This, as Monga writes, “diminished the last ray of hope” (2012, p. 46). With the doors of formal education being closed, her parents turned their attention to the next field, which they considered apt for a visually disabled woman.

Music and visual disability have always been closely associated. It’s a widespread misconception that the visually disabled possess an innate talent for music. Though it might be true for some, other disabled people had to undergo an unnecessary ordeal of training in something for which they showed little talent. Monga too was trained in Classical music and sitar for five years, but eventually realized she did not possess a natural ear for music. Monga questions this popular myth, “‘When God takes away a person’s eyesight, he makes an unfailing gift of an ear for music.’ Where was mine?” (2012, p. 52).

Normality tends to impose its standards in multiple social spheres, and gender construct is no exception. The lives of disabled women in Indian society are mostly confined to household chores and the feminine roles of taking care of family members; they are expected to act ‘normal’ as much as possible. Feminine body ideals and standardization of female bodies tend towards the normative, towards the corporeal incarnation of culture’s collective, unmarked normative characteristics (Garland Thomson, 2002). This notion is evident from Monga’s narrative. When she read the romance, *Leopard in the Snow* with her diminishing eyesight, she began comparing herself to the female lead, described as “a tall slender figure”. In addition to

that, her mother “encouraged” her to trim off the excess weight, so that no one would bother about her vision impairment. Also, Monga feels proud when people don’t notice her disability. Disabled women were expected to look normal and be able to deal with gendered work responsibilities. “Thus, the thrust for normalization is both gendered and ability-centred (Ghosh, 2018, p. 106). Preeti Monga moulded her life according to these expectations.

Nowhere else is the idea of normality as indispensable as in marriage. A severely disabled woman has a lesser chance of getting married in Indian society. In many cases, the family of the disabled never bring the prospectus of marriage into a disabled person’s life. The common idea is that “impaired female bodies are not deserving of the patriarchal male gaze” (Ghosh, 2018, p. 112). On the other hand, women with disabilities that are strictly brought up in a patriarchal setup fear that their partners will feel ashamed of their disability. When Monga’s parents decided to find a groom for their daughter, Monga began to dream about her partner, not knowing society’s perspective on disabled women. It is only when the man engaged to Preeti gets married to another woman does she understand the reality and the problems accompanying marriage. She narrates how 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” (2012, p. 93).

In spite of it, Monga falls in love with her brother’s friend and marries him. He turns out to be an alcoholic and a liar who never stops abusing her. Monga became the mother of two children and marriage, which she considered a token of “normality”, cemented her into an oppressive relationship.

The narrated scenes of marriage are intended to be disheartening: her husband, for example, would give her an empty plate and laugh when she began searching for food. “Till the time I married him, I had never felt I was blind, but now my blindness was rubbed into me as often as was possible” (Monga, 2012, p. 105). But with her family’s support, Monga manages to raise her two children, sometimes fighting and sometimes reconciling with her husband, who starts plundering her parents’ money too. Monga’s life shows the importance of parents’ support in the life of a disabled woman. Ghai points out that, “Historically, children and adults with disabilities have been ‘normalized.’ They were/are visible within the context of family, largely treating disability as some problem... within the family, disability was expected, accepted and identified with” (2019, p. xix). Naturally, this explains Monga’s ignorance of the outsiders’ perspective on her condition. Her disability was considered just a problem by her family, but after she got married, she came to know the prevailing worldview. For five long decades, her family has been a great pillar of support and has stood by her in the ups and downs of her life. It is with the aid of her family that she finally divorces her uncaring husband and remarries to Ashwani, who respected her and gave her the love she deserved.

Independence

One of the key requirements for leading a “normal” life is independence. Adults are expected to share the financial burden of the family, taking responsibility for the money earned and spent. Physically handicapped need to be dependent on other people for their movement, but the disabled strive hard to lead a financially independent life. Lacking social skills, the absence of formal or technical education deprives disabled women of “normal” lives, especially women with visual disabilities. “Disabled women from economically poor families engage in different kinds of work that entails hard labour, despite the connotations of incapability associated with disability and weakness associated with both gender and disability” (Ghosh, 2018, p. 111). On

the other hand, in some middle class and wealthy families “many look for work to keep themselves engaged and prove their worth to the family and community around” (Ghosh, 2018, p. 111). In the case of Monga, her efforts to attain financial independence stem from the treatment she receives from her abusive husband. To earn some respect and develop a sense of self-worth, Monga trains to become an aerobics instructor and succeeds in becoming the first ever visually challenged person to work in that field. From selling pickles, becoming a marketing manager, and running consultation services to starting her own company, Monga, with the help of her family and friends, tried several jobs to attain financial stability. She observes that in the workplace people are resentful of the disabled as if they were responsible for snatching away opportunities from the able-bodied. It also takes a lot of patience and tolerance for a co-worker to accommodate and be inclusive of a disabled employee. But Monga enjoys working with people as it makes her “normal” like everyone else. The hardest part, however, is to be dependent. Monga needed to be picked up from work due to her visual disability, but people always nearly forgot to do so. In a section of the book suggestive of those unspoken humiliations, she had to stand in the road for a long time “wondering what to do and then asked (had to ask) for help from a passing cyclist” (2012, p. 154).

Conclusion

Every human being strives to be normal regardless of his/her dis/ability status.

As disabled persons, we are products of an ideology of normality where communication of messages on the abled body is a constant in any society. As a result, the disabled person is constantly in a mental state of deferral, awaiting the day the body will not just be mended but cured. Until then the disabled tend to impersonate the able-bodied. (Ghai, 2019, p. 2)

As mentioned earlier, normality is a subjective term; by focusing on the life experiences of one disabled individual, this paper has attempted to answer the questions “what is normality?” and “what creates normality in the life of a visually disabled person?” With a penetrating look at Monga’s autobiography, it becomes evident that the normality one constructs for oneself is highly influenced by culture and family. In this case, and even while being a school dropout, Monga procured the social skills that she observed throughout the numerous gatherings and parties she attended. She now dances, swims and is very good at holding conversations. These skills, largely imbibed from her surroundings, also helped her run a successful business. These skills secure a pathway to integrate with the normal world in which she wishes to belong.

But her desire to fit into the normal world prevents her from identifying with the visually disabled. She refuses to learn braille, arguing that it would be of no use to communicate with her able-bodied friends and family. “No matter what is said about teaching and training persons with disabilities in special ways, we eventually have to coexist in this one world with all its inhabitants” (Monga, 2012, p. 60). Thus, normality to Monga includes good education, a perfect body, necessary social skills, independence, successful marriage, and a loving family. In this quest for normality, Monga secured a place in this world as a successful woman. It is crucial to note her varied experiences helped her in accepting her disability, if not claiming it as her identity. She still takes pride in passing as a normal person at first glance. Hers is a celebratory autobiography where one strives to overcome disability through success.

The desire for normality is innate in every human being. For a disabled person, it could become a life’s goal. Disability studies scholar Ghai opens up to readers thus: “I just wanted to pass as

a ‘normal’ person. Therefore, I lived in associations and spaces between these states of invisibility and visibility, normality and disability” (2019, p. 12). For Monga, this space constitutes success – in relationships, in business, and in life, for she has been “fortunate in having succeeded in leaping into the unknown, in pursuit of my dreams and in the absence of the sense of sight, clutching on to the rope of faith, depending upon the wings of ‘the other senses’” (Monga, 2012, p. 177). Living as disabled person in a world designed for the able-bodied necessitates multiple confrontations with ideas that include conceptions of bodily normality, gender discrimination, autonomy and dependency, and societal perceptions of disability. This paper, by examining the lived experience of Preeti Monga through her autobiography, delineates the pursuit of normality and its implications in a disabled person’s life. Scope for further research would include other factors that enforce normalcy in the lives of the disabled and the portrayal of self in disability arts.

References

- Davis, L. (2017). *The disability studies reader*. Routledge.
<https://doi.org/10.4324/9781315680668>
- Garland-Thomson, R. (2002). Integrating disability, transforming Feminist Theory. *NWSA Journal*, 14(3), 1–32. <https://doi.org/10.2979/NWS.2002.14.3.1>
- Ghai, A. (2019). *Rethinking Disability in India*. Routledge India.
<https://doi.org/10.4324/9781315734064>
- Ghosh, N. (2018). Experiencing the body: Femininity, sexuality and disabled women in India. In Ghai (Ed.), *Disability in South Asia: knowledge and experience* (pp. 101-117). SAGE Publications. <https://doi.org/10.4135/9789353280321.n6>
- Kant, I. (2000). *A Critique of the Power of Judgment* (P. Guyer, Ed.), (P. Guyer and E. Matthews, Trans.). Cambridge University Press. (Original work published 1790 as *Kritik der Urteilkraft*). <https://doi.org/10.1017/CBO9780511804656>
- Monga, P. (2012). *The other senses: An inspiring true story of a visually impaired woman and her road to success*. Roli Books.
- Shakespeare, T. (2017). The social model of disability. In Davis (Ed.), *The Disability Studies Reader*. Routledge.
- Shakespeare, T. (2007). Disability, normality, and difference. In Cockburn, J & Pawson, M.E. (Eds.), *Psychological Challenges in Obstetrics and Gynecology* (pp. 51-59). Springer. https://doi.org/10.1007/978-1-84628-808-1_6
- Tytler, G. (1982). *Physiognomy in the European novel: Faces and fortunes*. Princeton University Press. <https://doi.org/10.1515/9781400857265>

Corresponding author: Kowsalya G.

Email: kowsyaguru@gmail.com