ISSN (Online) 2456 -1304

International Journal of Science, Engineering and Management (IJSEM)

Volume 13, Issue 02, February 2026

Visible Illness and Social Stigma in Identity Formation in Selected Indian English Novels

[1]* Pallavi Gadge, [2] Dr. Waheed Sultan Bhat

[1] Ph.D. Scholar, English Department, Sandip University, Nashik, India
[2] Associate Professor, English Department, Sandip University, Nashik, India
Email: [2] waheedbhat25@gmail.com
*Corresponding Author: [1] mrspallavigadge@gmail.com

Abstract*— The study analyzes the literary depiction of visible illness and disability in Sudha Murthy's Mahashweta (2007) and Firdaus Kanga's Trying to Grow (1991), with an emphasis on the impact of social stigma on identity formation in the Indian socio-cultural setting. Drawing on Disability Studies and medical humanities, the study employs close textual and comparative analysis to explore gendered visibility, masculinity, and narrative agency. The findings reveal that stigma emerges from culturally constructed ideals of bodily normalcy rather than medical impairment. While Mahashweta emphasizes endurance and ethical autonomy, Trying to Grow foregrounds voice, humor, and resistance. Through comparative analysis, the study redefines dignity beyond bodily conformity and highlights literature's ethical role in challenging ableist and patriarchal narratives surrounding illness and difference. Together, the novels redefine dignity and challenge dominant narratives of normalcy in Indian English fiction.

Index Terms: *Identity Formation, Indian English Fiction, Indian Novels, Medical Humanities, Social Stigma, Visible Illness.*

I. INTRODUCTION

Illness and disability have long occupied an uneasy position in literary and cultural imagination, particularly when they are visibly inscribed on the body. Visible illness produces stronger social stigma because it invites constant public scrutiny and moral judgment, transforming the body into a site of social meaning rather than private experience. As Erving Goffman observes, stigma emerges when a bodily attribute becomes "deeply discrediting," reducing an individual from a complete social being to a marked and discounted identity (Goffman, 1963). Unlike invisible or episodic illness, visible medical conditions disrupt normative expectations of appearance, productivity, and social desirability, making concealment impossible and social negotiation unavoidable.

In the Indian socio-cultural context, this stigma is intensified by a deep-rooted obsession with bodily normalcy. Cultural ideals of physical wholeness are closely tied to notions of purity, marriageability, productivity, and moral worth. Illness and disability are often interpreted through religious, patriarchal, and moral frameworks, where bodily difference is associated with misfortune, karma, or social failure. Such beliefs shape everyday interactions and institutional responses, positioning the medically challenged as objects of pity, fear, or exclusion rather than as full social subjects. As Rosemarie Garland-Thomson argues, the visible body is read culturally before it is understood medically, and visibility itself becomes a trigger for discrimination and social distancing (Garland-Thomson, 2002).

The central research problem addressed in this paper is the persistent social stigma attached to visible illness and disability in Indian society and its impact on identity formation. While medical discourse tends to frame illness in terms of diagnosis and cure, literary narratives reveal how stigma operates at the interpersonal and cultural levels, shaping self-perception, relationships, and social belonging. Disability theorists such as Tom Shakespeare emphasize that disability is not produced solely by physical impairment but by social attitudes and structural barriers that define certain bodies as deviant (Shakespeare, 2017). In literature, these processes are often rendered with emotional and ethical depth, offering insights that remain absent from clinical or policy-driven discussions.

Despite the growing field of Disability Studies, Indian English fiction remains underexplored in terms of how visible illness and disability shape identity and agency. Existing scholarship on Indian novels has largely prioritized postcolonial identity, gender, and diaspora, while representations of illness are often treated as secondary metaphors rather than as central narrative concerns. Although individual studies exist on Sudha Murthy's Mahashweta and Firdaus Kanga's Trying to Grow, there is a noticeable lack of focused, comparative analysis that examines how visible bodily difference generates stigma and how characters negotiate identity within these constraints. This gap limits our understanding of how Indian literature engages with disability as a lived social reality rather than a symbolic device.

This paper seeks to address this gap by examining the literary representation of illness and disability in Sudha Murthy's Mahashweta (2007) and Firdaus Kanga's Trying to Grow (1991). Both novels foreground visible medical conditions, leukoderma in Mahashweta and brittle bone disease in Trying to Grow, and situate their protagonists within social environments that respond with rejection,

ISSN (Online) 2456 -1304
International Journal of Science, Engineering and Management (IJSEM)
Volume 13, Issue 02, February 2026

infantilization, or moral judgment. Through close textual analysis, the study investigates how stigma and societal attitudes influence the identity formation of the medically challenged in the Indian socio-cultural context.

The scope of this paper is intended to concept of visible physical illness and disability, allowing for a focused analysis of how visibility intensifies stigma and shapes narrative trajectories. The significance of the study lies in its contribution to Indian Disability Studies and medical humanities by repositioning illness narratives as sites of resistance, self-definition, and ethical critique. By reading these novels as cultural documents, the paper argues that Indian English fiction not only reflects social prejudice but also challenges dominant ideals of normalcy, offering alternative frameworks for dignity, agency, and belonging

II. LITERATURE REVIEW

In literature, the representation of illness and disability has undergone significant changes over the years. In the earlier mythological and folkloric traditions, bodily difference was depicted as a manifestation of the divine displeasure, moral failure, or karmic punishment. Illness was less of a reality and more of a metaphor for sin, impurity, or impending tragedy. These representations of illness and disability served to reinforce the social order by linking physical integrity with goodness and power. These symbolic representations continued in the classical and early modern literary traditions, where characters with disabilities were reduced to allegorical representations instead of being depicted as individuals with agency and subjectivity (Mitchell and Snyder, 2000). In the late twentieth century, one of the biggest changes in critical thinking was observed with the rise of Disability Studies. This area of study challenged the dominant medical model of disability, which understands disability as a biological problem that needs to be cured or corrected. While this model has been very helpful in a clinical setting, it has been disapproved for standardizing exclusion by creating disabled bodies as integrally defective or abnormal (Scully, 2012). Hence, the social model of disability has steered the focus away from impaired bodies and towards the social and cultural factors that impede participation. For instance, Tom Shakespeare also suggests that disability is not created by impaired bodies but by inflexible norms, inaccessible environments, and prejudicial attitudes (Shakespeare, 2017). Literary criticism, which highlights the need to pay focus on depictions of social authority, interaction, and rejection in literature, has been greatly impacted by this paradigm change.

In this new critical paradigm, narratives of illness have been increasingly interpreted as sites of identity construction and contestation. According to Garland-Thomson (2002), the bodily difference has meaning through cultural interpretation, especially through narrative and visual discourses regulating normalcy and deviance. Goffman's theory of stigma also helps to elucidate social attribution that can turn bodily difference into a "spoiled identity" through everyday social interactions (Goffman, 1963). These approaches collectively enable researchers to analyze literature as a reflection of societal attitudes towards health as well as a site at which these assumptions are subverted and revised. In the study of Indian literature, the engagement with disability narratives has been uneven. Indian English fiction has been studied from feminist, postcolonial, and diasporic perspectives for a long time, with illness as a marginal theme instead of a central concern. Nevertheless, there is a recent trend towards recognizing the importance of disability as a cultural category. Yorke (2015) points out that in Indian fiction, the representation of bodily vulnerability often indexes wider national and social concerns with physical instability as a structural or moral weakness. In the study by Joshi and Rao (2020), it showed how Mahashweta transforms visible illness into a gendered experience of exclusion, which is mediated by social surveillance, while Biswas and Das (2025) interpret Trying to Grow as a story of self-formation using humor and confrontation to subvert stigmatizing norms.

A. Research Gap

However, despite these significant contributions, there are limited comparative studies particularly addressing visible illness and stigma in Indian literature. Though illness and disability have been increasingly subject to critical inquiry in Western literary studies, the Indian English literary corpus has yet to be investigated in a similar manner. Most studies tend to be metaphorical or text-specific, failing to identify any narrative patterns or social trends. Current research has a tendency to privilege discourses of postcolonial subjectivity, gender, and migration, while the issues of physical difference, health, and social stigma remain relatively unexplored. Though individual critical interpretations have been studied literatures Mahashweta and Trying to Grow, they are seldom placed in dialogue with one another. This paper seeks to address this research gap by locating Mahashweta and Trying to Grow within a larger historical and theoretical framework, applying the methodologies of identity formation, medical humanities, and disability studies. It seeks to analyze how stigma is constructed and maintained through social stratification patterns that are embedded in cultural beliefs about the body, morality, and social worth. In addition, analysis of both together reworks medical otherness in the particular social and cultural context of India. Hence, it prioritizes illness not as a metaphorical construct but as a lived reality that impacts identity, belonging, and agency in Indian society.

ISSN (Online) 2456 -1304
International Journal of Science, Engineering and Management (IJSEM)
Volume 13, Issue 02, February 2026

III. RESEARCH METHODOLOGY

The research methodology of the study is interdisciplinary, qualitative, and comparative. It combines literary criticism with the sociocultural knowledge of disability studies and identity theory. The objective of the research is to gain an integrated understanding of illness as a social experience and a fictional construct influenced by cultural attitudes and power relations. The strategy of the research exceeds the medicalized understanding of illness and explores its metaphorical and social dimensions by locating literary texts within the broader framework of theoretical discourses. The primary research strategy is close textual analysis. Through close reading, the selected novels are examined, with a special emphasis on body metaphors, representation, voice, and self-care and exclusion. In addition, Yorke (2015) explained disability as not only a physical experience but also as a narrative perspective that refracts cultural, social, and moral anxieties. For example, Anupama's leukoderma in Murthy's representation is to be considered in the context of Joshi and Rao's (2020) treatment of gendered oppression in Mahashweta. The descriptive-analytical method in the study examines literary narratives as socio-cultural texts reflecting and contesting disability in social understandings. A comparative analysis reveals common themes of stigma, transformation, and resilience. Secondary literature on stigma and disability enhances the socio-psychological framework, including studies on internalized stigma by Gargiulo (2016) and a critique of the biomedical model by Scully (2012). The primary sources of data are the chosen novels, and critical studies and peer-reviewed articles are included as secondary data sources.

A. Theoretical Framework

The research is informed by inter-disciplinary approaches to Disability Studies and cultural theory, and is specifically focused on the themes of stigma, physical visibility, with formed identity. In contrast to a medicalized understanding of illness, the approach considered in this study understands disability as a cultural as well as social construct based on norms, attitudes, and power relations. It allows for a critical analysis of literary narratives as a location where the social meanings of illness are reimagined, constructed, and contested.

The key idea of this analysis is the stigma theory explained by Erving Goffman. In his work "Stigma: Notes on the Management of Spoiled Identity" (1963), the author explains that stigma is a quality that profoundly discredits a person, turning from social acceptance of a person into a person characterized by inferiority as well as difference. Most importantly, the stigma is not caused by the physical condition, but it is a consequence of the social handling of the condition. Goffman's distinction between the "discreditable" and "discredited" is more relevant to visible illness. Persons with visible medical conditions are not able to conceal their differences. Hence, they are immediately labeled by society. This is a very important aspect of the analysis of the characters in "Mahashweta" and "Trying to Grow," as they are labeled by society because of their physical appearance, which makes them susceptible to moral judgment, rejection, and sympathy. Rosemarie Garland-Thomson's feminist theory of disability is a critical perspective on the cultural interpretation and understanding of bodily difference, in addition to Goffman's sociological approach. It suggests that it is the social practices that enable the able-bodied and represent other bodies as abnormal or undesirable that result in disabilities and not physical differences (Garland-Thomson, 2002). The importance of the "visual regime" in Garland-Thomson's work cannot be overstated, as it is able to describe how the very act of gazing is able to change a social act that maintains hierarchy. When disease is visible, it becomes a spectacle that results in exclusion and surveillance in societies in which physical beauty is equated with morality and worth. This is particularly important in the context of Mahashweta, in which the female body suffering from the leukoderma condition becomes a sign of impurity and failure. While in the context of Trying to Grow, the traditional narratives of adulthood and masculinity are disrupted by a disabled body.

The Social Model of Disability, as conceptualized by Tom Shakespeare, further enhances the theoretical framework of this research. Shakespeare critiques the biomedical model of disability in the impaired body, and instead posits that disability is an outcome of environmental obstacles, social prejudice, and exclusion (Shakespeare, 2017). This social model of disability enables a critical focus on the context rather than the cure, permitting a critical reading of literature as a site where disabling attitudes are revealed and challenged. In both of the chosen novels, it is social responses rather than medical issues that become the root cause of suffering. They highlight the restriction of self-expression and opportunity due to stigma in Indian literature. Together, these theories provide a framework for an integrated analysis of the illness narratives in Indian English fiction. Goffman's theory provides insight into the process of stigma in interaction, while Garland-Thomson's theory provides insight into the mechanisms of stigma at the level of gendered and visual culture. Rather than a biological deficiency, the social model of disability by Shakespeare's reframes the stigma at the level of social organization. Communally, the framework offers a way of analyzing the function of visible illness in the formation of identity in Trying to Grow and Mahashweta. The two have the ability to express alternative visions of belonging and dignity as well as challenge the dominant discourses of normalcy.

ISSN (Online) 2456 -1304

International Journal of Science, Engineering and Management (IJSEM)

Volume 13, Issue 02, February 2026

IV. STIGMA AND GENDERED VISIBILITY IN MAHASHWETA

In Mahashweta, Sudha Murthy exemplifies how the apparent illness is considered a kind of social death, where leukoderma is not merely a disease but an indication of immorality and the undesirable nature of the person in society. The novel portrays how the physical difference, which is a result of a woman's body, results in stigma that operates through the deeply ingrained cultural beliefs of purity, womanhood, and marriage. Through the experience of Anupama in the story, Murthy critiques the social process of turning illness into exclusion and demonstrates how identity can be restored beyond the socially prescribed norms.

In Mahashweta, leukoderma is an immediate and irrevocable stigma due to visibility. Unlike other diseases, which can be hidden, Anupama's disease is visible to people, which makes her body abnormal, inviting continuous scrutiny. Based on Goffman's idea of the "discredited" person, Anupama is socially visible as soon as her disease appears, beyond which she loses control over her social perception (Goffman, 1963). In this novel, Murthy portrays the reaction of society without understanding, but presents evasion and ethical condemnation, viewing leukoderma as a manifestation of contamination instead of disease. Thus, leading to a social death, Anupama is biologically alive but is figuratively separated from social recognition, interaction, and affection. The condition of leukoderma indicates the stigma, which is further reinforced by the implications of gender. In the Indian social construct, the body of the woman is inextricably linked to the constructs of appropriateness for marriage, purity, as well as beauty. Since Anupama undergoes a transformation of her skin, her worth within the marriage construct falls apart. The desertion of Anupama by Anand, her husband, is depicted as the result of social disapproval of her body's deviation from the norm rather than the act of a sinful individual. The notion of marriage was first a promise of security and belonging, but it is now linked to the body's normality. The novel represents that illness disrupts individual relationships along with established constructions defining the social acceptability of women.

However, Murthy's positioning of social dismissal of Anupama is more nuanced in the context of a moral economy relating disease with impurity. Leukoderma is, by extension, connected to the idea of pollution, resonating with the traditional notion of pollution that equates bodily imperfection with moral deficiency or karmic punishment. The silence and absence of Anand's family are a testament to such an ideology, which sustains stigma through collective conformity rather than violence. According to Garland-Thomson, the female body becomes a visual construct in societies projecting cultural fears of disorder and normality (Garland-Thomson, 2002). Mahashweta represents how Anupama's changing body offends the moral and aesthetic order, thus justifying her elimination on behalf of social decorum. Therefore, the novel shows personal as well as structural Abandonment. Anupama, abandoned by her husband, also finds herself on the periphery of her protracted family and social network. The abandonment of Anupama highlights the ways in which male-controlled societies frequently show conditional care, particularly for women experiencing change in bodies departing from societal norms. Murthy avoids sentimentalizing the pain of abandonment in favor of a more nuanced approach of a normalized response to abandonment due to cultural logic in place of emotive unkindness alone. Therefore, the novel reveals the instability of social relationships in the case of visible illness. However, Mahashweta presents this social erasure without a victimhood conclusion. The character's movement towards self-assurance is a defining moment in her transformation from a stigmatized person to self-relying person. Instead of finding validation by healing, marriage, or reintegration into the same social structures that excluded her, Anupama asserts her identity through service, work, and self-respect. She reclaims her definition of usefulness with engagement in the social welfare service that further transcends aesthetic and marital definitions. This indicates the social disability model, focusing on agency and environmental changes, eliminating her physical normalcy (Shakespeare, 2017). Her autonomy defies the dominant discourse that associates healing with physical restoration. In addition, Murthy argues that dignity is located in the dismissal of meanings ascribed to illness rather than dismissing it. Anupama's decision to exercise autonomy over reconciliation defies the moral authority of society that ascribes female identity to physical perfection. Self-determination and ethical practice had preserved her identity, with a counter-narrative to charity-driven or pity-based representations of physical illness.

Mahashweta represents leukoderma as a catalyst for both elimination and self-awareness, while showing how stigma is mediated by gendered discernibility as well as social orders. Finally, the novel reframes illness as a prism, making social injustice visible, before an individual's calamity. Transformation in Anupama highlights the power of literature to subvert cultural norms and envision a form of identity based on autonomy more willingly than conformity.

V. HUMOR, BODY, AND RESISTANCE IN TRYING TO GROW

A novel, Trying to Grow, by Firdaus Kanga, offers a totally different but balanced perspective on the context of disability, when compared to that of Mahashweta. While Murthy offers a perspective on silence and resilience, Kanga offers a perspective on voice, humor, and defiance. The novel is centered on Brit, a young Parsi male struggling with brittle bone disease. He challenges the hegemonic discourse on disability by asserting his masculine identity, sexuality, and

ISSN (Online) 2456 -1304
International Journal of Science, Engineering and Management (IJSEM)
Volume 13, Issue 02, February 2026

sense of humor as a form of resistance. Kanga provides a non-fictional narrative voice and challenges the cultural mandate that associates physical loss with asexuality, dependence, and weakness. Disability challenges the conventional notion of masculinity in Trying to Grow, which is associated with physical autonomy and strength. Brit's body is physically different and weak. It is completely opposite to the conventional notion of masculinity, which is associated with bodily competence and power. Instead of subscribing to the logic of deficiency, Brit highlights the absurdity of the same. His story resists sympathy and the concept of masculinity that is defined by physical strength. Rather, he redefines masculinity as a performative act that is defined by intellectual acuity, emotional intelligence, and relational construct rather than a biological fact.

The reformation is significant because the Indian literary engagement with disabled men has more often than not hovered uncertainly between the heroic and the helpless. Kanga resists both extremes as Brit is neither striving for admiration nor seeking sympathy. However, he insists on his complexity. He redefines disability to construct his masculinity, and shows that the very normative definition of masculinity is a limiting and exclusionary concept. In this respect, the novel is a contribution to the Disability Studies movement's critique of gender norms as a socially constructed and limiting concept for bodies that do not fit within its definition. One of the most radical elements of the novel is its explicit concern with sexual agency. Disabled bodies are considered asexual in cultural as well as literary terms. They are depicted as innocent or morally ambiguous. Kanga deliberately subverts this trope by depicting Brit as a sexual agent with curiosities, desires, as well as emotional investments. His interactions with sexuality are not cleaned up or melodramatic but are depicted as normal, if socially limited, a fact of life. This narrative challenges the deeply held conviction that the sensual legality is the exclusive domain of the able-bodied.

The site of sexual knowledge of Brit is resistant to social infantilization. Through sexual discourse, Brit opposes the social passivity construction. This is particularly important in the Indian socio-cultural context, where the discourse on sexuality is mediated and controlled, and disabled sexuality is completely effaced. The narrative of Kanga exposes the contradictions of a society that refuses disabled people their sexual autonomy while simultaneously constructing normal adulthood through heterosexual sex. The experience of Brit shows that the obstacles to sexual satisfaction, such as prejudice, discomfort, and silence, are not physical but social. The most potent narrative is Humor in the novel, and it is the first form of resistance. Brit's sharp humor is also self-referential and unapologetic. It enables him to take control of his body. Instead of being defined with discomfort or pity by others, Brit prepares himself and punctures these definitions with irony. Humor is not the negation of pain but the deliberate choice to resist being defined by pain. This is in line with the argument that self-directed laughter can reverse hierarchical relations and turn the gaze of the observer back on himself. Humor enables Brit to use vulnerability as an opportunity for commentary. Social awkwardness, doctor appointments, and public staring are narrated with the use of humor, which points out the awkwardness of able-bodied society before the disabled body itself. In this way, the use of humor as a counter-gaze forces the reader to look at their own biases towards normalcy. As a narrative device, humor enables Brit to set the terms of representation and, instead of object, position himself as subject.

It is important to note that the use of humor by Kanga is one that preserves the experience of disability. Instead, it is one that points out resilience without romanticizing struggle. The text acknowledges pain, dependence, and limitation, but refuses to give these experiences any kind of moral superiority over identity. This is what makes Trying to Grow different from other inspirational disability narratives that use struggle as spectacle. Brit's strength is in his normalcy, his refusal to be tragic in order to be accepted by society. In the novel, Trying to Grow, the disabled body is a source of narrative strength instead of weakness. Through a reimagination of masculinity, a declaration of sexual agency, and a use of humor as a form of confrontation, Kanga provides a literary intervention that subverts the hegemonic cultural narratives that exist around disability. The novel repositions the disabled body as a location from which the norms of society can be interrogated and rearranged, in the belief that identity is bound by agency, voice, and self-recognition in place of the body.

VI. COMPARATIVE DISCUSSION: SILENCE AND VOICE, ENDURANCE AND RESISTANCE, AND INDIAN MODELS OF DIGNITY

A comparative analysis of Mahashweta and Trying to Grow reveals two entirely different narrative approaches to disability and visible illness that correspond to two different identity formation strategies in the Indian socio-cultural setting. Although these novels are focused on the social mechanisms of stigma, they considerably differ in their narrative approaches to the issue of dignity, agency, and visibility that the protagonists of the two novels negotiate. The differences shed light on the diversity of Indian narratives of disability, defying any unitary or collective approach to the experience of physical alteration. The most interesting contrasts between these novels are voice and silence. Mahashweta marks the suffering of Anupama by silence and interiority. Her response to social exclusion is enacted through silent withdrawal and moral endurance instead of conflict or voice. Murthy's novel, including the silence, is a culturally informed form of dignity, which is

constructed through gendered norms of silence and moral decorum. It shows the emotional ferocity of communal erasure, which is deprived of the need to express it through open rebellion. Therefore, it forces the reader to recognize the effect of absenteeism, abandonment, and deletion on stigma. On the other hand, in "Trying to Grow," the writer privileges voice as a strategy of confrontation. The first-person story by Brit is very strong, ironic, and self-referential. Thus, voice is a tactic for a disabled subject to reclaim control over representation, resisting definition by medical discourse or social pity. While Anupama's silence signifies patriarchal societies offering only the narrowed choices of expression available to women, Brit's voice signifies both gender privilege as well as narrative choice.

There is also a similar gap in the relationship between strength and confrontation. Anupama's strength is based on moral labor, aside from self-sufficiency, and not resistance. Anupama's autonomy is made possible by her dedication to community service, which enables her to establish her own standards of value regardless of marriage and physical perfection. This strength challenges the idea that confrontation must be oppositional. Rather, Murthy contends that honest endurance is a valid form of exercising agency in a preventive social environment. Brit's confrontation is subversive and performative. The humor, sex, and narrative agency enable him to resist the ableist norms directly. His refusal to submit to shame reverses social hierarchies that rely on disabled subordination. Therefore, Trying to Grow offers dialogic and public forms of resistance, addressing the contemplation of the able-bodied individuals directly. Together, resistance and endurance demonstrate two valid strategies informed by personality, culture, and gender. These approaches ultimately gesture toward two different but overlying Indian dignity representations. Mahashweta's model of dignity is tied to moral character, service, and autonomy, valorizing inner strength after exclusion. while the model of dignity in Trying to Grow is tied to defiance, self-expression, and desire, valorizing the right to perceptibility, deprived of regret. Afore positing these models as oppositional, the texts together propose that a plural and adaptive model of dignity is necessary in the Indian setting. Dignity is not a product of physical conformism or communal acceptance but of stigma negotiability on an individual's terms, through resistance or endurance, silence or voice.

VII. CONCLUSIONS

The research explores two novels, including Sudha Murthy's Mahashweta and Firdaus Kanga's Trying to Grow, representing visible illness as well as disability, particularly focusing on stigma, identity formation, and social attitudes of socio-cultural norms in the Indian setting. By using a comparative analysis of literary approach based on Disability Studies and medical humanities, the study contends that stigma is not a consequence of physical impairment, but it results from socially outlined standards of purity, value, and normality. According to the findings, literature can be a powerful tool to reveal these norms and think about alternative forms of self-esteem and belonging. The study highlights the most important result, such as redefining the concept of normalcy. Both novels question the idea of physical integrity as a condition of social acceptance. Mahashweta, unlinking with marriage and physical advent, links normalcy with self-esteem and moral autonomy. Normalcy is rebuilt in Trying to Grow through desire, narrative agency, and voice, claiming that physical difference is no obstacle to maturity and masculinity. Both novels question the able-bodied norms of normalcy that do not include noticeable illness and provide alternative definitions of identity.

Moreover, the importance of the research also involves the literary ethics of visibility. The concept of visibility in both novels is a double-edged sword that leads to increased stigma, as well as the possibility of resistance. Murthy discusses the ways in which visibility leads to social erasure through the mediation of moral discourse, especially with regard to women. Kanga, on the other hand, is a good example of the possibility of reclaiming visibility through humor and self-representation. Both of these different literary examples illustrate the importance of the ethical task of literature to go beyond pity and visibility by presenting disabled characters as complex individuals instead of symbols.

The importance of the study includes a comparative approach, which integrates visibility, disability, and gender in the context of Indian English fiction. By using the perspective of social texts, this study expands the current understanding of research that aims to isolate illness and metaphorically treat it.

The limitations of this study are that it focuses on two texts, along with visible bodily disability, so it is difficult to generalize to other kinds of illness and impairment. Future studies can be carried out on invisible disability, rational illness, and regional fiction to see the effect of stigma and identity on invisible disability, rational illness, and regional fiction, and how the Indian literature is coping with the dynamics of body and self.

Acknowledgement

The authors would like to acknowledge all individuals who supported this study and provided valuable guidance in enhancing the quality of the paper. The authors also express their gratitude to the authorities of the institution for their support, guidance, and for providing the necessary facilities to carry out this study. This research did not receive any specific funding.

REFERENCES

[1] P. Biswas and S. Das, "Crippled identity: Disability narratives and identity development in Firdaus Kanga's *Trying to Grow*," *International Journal for Multidisciplinary Research*, vol. 7, no. 3, 2025.
[2] M. Gargiulo, "Disability and stigma," *Cliniques Méditerranéennes*, vol. 94, no. 2, pp. 125–138, 2016.
[3] R. Garland-Thomson, "Integrating disability, transforming feminist theory," *NWSA Journal*, vol. 14, no. 3, pp. 1–32, 2002.
[4] E. Goffman, *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ, USA: Prentice-Hall, 1963.
[5] S. Joshi and A. S. Rao, "Orthodox belief and social stigma in Sudha Murthy's novel *Mahashweta*," *International Journal of English Language, Literature in Humanities*, vol. 8, no. 1, p. 17, 2020.
[6] F. Kanga, *Trying to Grow*. New Delhi, India: Penguin Books India, 1991.
[7] S. Murthy, *Mahashweta*. New Delhi, India: Penguin Books India, 2007.
[8] J. Scully, "Disability: Stigma and discrimination," 2012.
[9] J. L. Scully, "Disability: Stigma and discrimination," in *Encyclopedia of Life Sciences*. Hoboken, NJ, USA: Wiley, 2012.
[10] T. Shakespeare, "The social model of disability," in *The Disability Studies Reader*, L. J. Davis, Ed., 5th ed. London, U.K.: Routledge, 2017, pp. 195–203.
[11] S. L. Snyder and D. T. Mitchell, *Narrative Prosthesis: Disability and the Dependencies of Discourse*. Ann Arbor, MI, USA: University of Michigan Press, 2000.
[12] S. Yorke, "Disability, normalcy, and the failures of the nation: A reading of selected fiction by Salman Rushdie, Rohinton Mistry, Indra Sinha, and Firdaus Kanga," 2015.