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"Mad-Daughters": Dehumanization, Institutionalization and Intellectual Disability in Indian Short Fiction

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Abstract— *Intellectual disability has historically occupied a liminal position within the social imagination, often situated at the threshold between the human and the non-human. Literary representations of intellectual disability frequently reveal the anxieties, stigma and structure of power through societies regulate bodies and minds that deviate from the normative expectations of rationality, productivity and social interaction. Within the Indian literary context and disability scholarship, the experience of intellectually disabled women remain underexplored. Using interdisciplinary method of disability, and drawing concept from Lucia Carlson and David Livingstone Smith's dehumanization, this paper examines the representation of intellectual disability in the short stories Vishakha by Harshad Trivedi and Ties of Blood by Ishwar Petlikar. The characters of the two "mad-daughters" Chandudi and Mangu are framed through the language of animality, bodily excess, irrationality and social burden. Their intellectual disabilities are not merely biological anomaly, but socially constructed markers of normative "category violation". The study focusing on the intertwined dynamics of animalization, dehumanization, institutionalization and social exclusion. Consequently, the narratives expose how ableist society responds to intellectual disability through practices of segregation, surveillance, cure-oriented intervention, and institutional confinement.*

Keywords— ***Intellectual disability, Indian disability studies, institutionalization, animalization, care.***

I. INTRODUCTION

Intellectual disability has historically occupied a liminal position within the social imagination, often situated at the threshold between the human and the non-human. Literary representations of intellectual disability frequently reveal the anxieties, stigma and structure of power through societies regulate bodies and minds that deviate from the normative expectations of rationality, productivity and social interaction. Within the Indian literary context and disability scholarship, the experience of intellectually disabled women remain underexplored. Using interdisciplinary method of disability, and drawing concept from Lucia Carlson's dehumanization, this paper examines the representation of intellectual disability in the short stories *Vishakha* by Harshad Trivedi and *Ties of Blood* by Ishwar Petlikar. The characters of the two "mad-daughters" Chandudi and Mangu are framed through the language of animality, bodily excess, irrationality and social burden. Their intellectual disabilities are not merely biological anomaly, but socially constructed markers of normative "category violation". The study, focusing on the intertwined dynamics of animalization, dehumanization, institutionalization and social exclusion, critically exposes how ableist society responds to intellectual disability through practices of labelling, segregation and confinement. Additionally, the paper incorporates Julia Kristeva's theory of abjection to explore how intellectually disabled bodies disrupt symbolic order and provoke anxiety, disgust, and rejection. Chandudi and Mangu become abject figures because they expose the instability of bodily control, rational coherence, and autonomous subjectivity upon which normative social identity depends. Susan Wendell's reflections on the "rejected body" further illuminate how

disabled individuals become reminders of dependency, vulnerability, and corporeal fragility that the able-bodied seek to repress.

Underlying all concepts of intelligence is the conservative assumption that one cannot have order without hierarchy, either in society or nature. Mitchell and Snyder have also posited the conspicuous presence of hierarchies within their own (disabled)communities where some disabilities are viewed as less assimilable than others. Christopher Goodey located at the core of intelligence - comparativeness which is synonymous with biological hierarchy as such. That is because intelligence not only describes but, in some sense, also is, first, the place of humans in relation to other animals, and second, the place of some humans in relation to other humans (71). Consequently, intelligence becomes a determinant of individual's human value and social status, positioning those with intellectual disability at the lower end of the hierarchy. Intellectual disability has a long arbitrary history of repressive dividing practices such as segregation, forced confinement and rehabilitation. W. Trent elicited that it emerged as a social problem in the second quarter of the nineteenth century, educators, social reformers, physicians, psychologists, sociologists, and social workers have viewed intellectual disability in diverse ways: as a disorder of the senses, a moral flaw, a medical disease, a mental deficiency, a menace to the social fabric, mental retardation, and finally a disability (W. Trent Introduction). Wolfenberger, in the late twentieth century foregrounded his principle of normalization influenced by Goffman's theory of deviance. He advocated community as the sole locus of service for the disabled, thereby vouched for the discontinuation of institutionalisation in terms of asylum, rehabilitation, and special schools.

The paper also lay emphasis on the conceptual and relative invisibility of intellectual disability studies compared to physical disability. The discursive paucity of cognitive impairment in disability studies has hindered a legitimate broader vision of disability studies. In recent years, disability studies have been criticized for its lack of engagement with cognitive, intellectual or neurological disabilities. There is a conspicuous barrier in the field of disability studies between physical disability and intellectual disability. Cognitive disabilities, when juxtaposed with the increased theoretical, social, and cultural visibility of physical disabilities, have tended to remain disproportionately unseen (Fraser 29). The physicality, materiality and visibility of the physical disability translates to a cultural and social recognition of the disability over the type of disability that is invisible and more complicated to conceptualize or visualize. The discourse of disability as an interaction between a person and his environment is gaining currency. However, this change is not necessarily reflected in intellectual disability which continues to be portrayed as . . . 'an historically continuous, clinico-medical, thing-in- the world that can be "diagnosed"' (Mckenzie 2013). Mark Osteen suggests that this disciplinary gap has replicated a wide social avoidance, "thereby excluding the intellectually disabled just as mainstream society has done (Hall 2016). The paper's focus.

II. "MAD-DAUGHTERS": READING THE TEXTS

Vishakha is a story that centres around the eponymous character Vishakha who was a mother of Chandudi, a girl child who was diagnosed with 'mental retardation' or a profound intellectual disability. When Chandudi was born, Vishakha was warned even by close relatives that the responsibility of caring for the profoundly disabled child would be heavy, moreover, since there would be no one to share the burden with, the weight would that much heavier. Vishakha thus became the sole caregiver of a disabled daughter, alongside her role as the breadwinner. They 'had to struggle with society and with their conditions' (Sati 41). Chandudi's birth name was Chanda, but acquired the name because of repeated social attribution. After much deliberation, Vishakha complied with Leena Masi's advice to admit her to a special boarding school. In a series of sentimental maternal rumination of the lost childhood and girlhood, she made a resolution for the two to have a day out filled with "a lot of fun". She then clothed Chandudi with a new dress and led her out the door. The details of their experience from the moment they stepped out onto the street, to all their experience at different shops and public places became the vital junctions in the story, expositing the enormity of the social stigmatization of the disabled body and condemnation of the caregiver for foregrounding such experience into the normative realm. The story ends with the pair returning from the market after the horrible experience, and greeted with Pankti, a young girl from their neighbour waiting to play with Chandudi, an understated moment of acceptance in contrast to the harshness of the ableist reality.

Ties of Blood centers on the character Amratkaki who was condemned with the same 'destiny' as Vishakha as the caregiver of a 'mad daughter' Mangu. She had other children who were non-disabled, and often faulted by the sons and their daughters-in-law for focussing all her attention on Mangu. Mangu is a 12-year-old with multiple disabilities, she has not 'toileting sense' and is unable to dress herself. "Three specialist white doctors have diagnosed that Mangu could never be cured." Like

Vishakha, Amratkaki is alone in her loyalty to taking care of Mangu, her other children see Mangu as a burden, and are eager to send her away to a special institution. The mother is praised for her ritualistic devotion to Mangu, to a degree where people opined that Mangu would have already starved to death if she was born to another family. However, she is criticized by her children for pampering Mangu, which presumably worsened her dependence and childlikeness. At the age of 12, she had still not developed a toileting sense. This 'behaviour', according to the abled daughter, could be corrected with "two tight slaps". The societal intervention in the attempt of 'fixing' Mangu's condition includes faith and holistic healers, astrologers and bhuvas. Amratkaki implemented all the offered injunctions and remedies, which were all in vain. The story enunciates in more detail what was slightly connoted in *Vishakha*, that is the intersecting politics of social and institutionalized care and mental hospitals. Central to the story is Amratkaki's resistance against and negative perception towards the society's attempt to hospitalize her daughter. Pivotal to the narrative is Kasum, a girl of Mangu's age from the neighbourhood who "became mad" overnight and was successfully rehabilitated at the asylum. Her testimony inspired Amratkaki's compliance with her son's advice to hospitalize Mangu. However, her skepticism towards the concept of institutionalization burdened her with guilt after leaving Mangu at the hospital. Guilt-ridden, she too went insane by the end of the story.

The narratives lend a critical site for deciphering, to borrow Foucault's term, "the animality of madness" (Foucault, 1961) and Carlson's idea of "disability dehumanization". By definition, dehumanization is the evaluation of an individual or social group as lacking humanness or as being less than human…dehumanized people or groups may be ascribed both less positive and less negative human faculties (J. Sitruk et al, 2023). David Livingstone Smith, who has written extensively on dehumanization opined "We dehumanize others when we conceive of them as subhuman creatures…When people dehumanize others, they deny those others' humanity" (Smith, 1983). Disability dehumanization is the attribution of subhuman or nonhuman status to an individual, group, or "human kind" who is defined or self-identifies as having a disability. (Carlson, 2023).

Leena, Vishaka's mother-in-law made analogous link between Chandudi's body and that of animal to enunciate 'its' untamable and uncontrollable body that refused to be "civilized". Her blatant commentary of her granddaughter exposes the social anxiety around anomalous bodies- "This body is like an animal, it won't listen to anyone. It will become maddened by thirst and ferocious with hunger. At such times, it cannot think of anything else. It will demand its due. Be warned" (Sati, 2022). Despite the horrendous details and presumptuous warnings about "the body", Leena voiced the historical anxiety towards 'monstrous birth' or infants born with defective traits or impairments. Sometimes 'saliva started dripping from her mouth'. She had to wage a war with her own body-a body that kept moving all the time and was out of her control' (41). She had no sense of personal hygiene, was non-verbal and had no control over her bodily movement. The multiple disability of Chandudi, the cognitive deviancy and the corporeal difference positioned her at the lowermost strata of the disability hierarchy.

In *Ties of Blood*, Amratkaki's own understanding and perception of her daughter's ability or inability is sternly confined within the animalistic context, as she continually made comparision between Mangu and cattle. When the suggestion for asylum was brought up, she responded – "Putting her in the hospital would be similar to deserting one's infirm or disabled cattle in a panjrapol or animal shelter". In an attempt to offer comprehensive image of her daughter to the doctors, she stated, "She does not even have the sense that mute cattle have". When she was being taken away to be hospitalized, she obliged with docility when "even cattle protest when a new master tries taking them away". Additionally, the brothers' elucidation of Mangu's inability for answering nature's call which "even cattle understand" brought Mangu's disability into the ableist cultural silhouette of the animal.

Chandudi's animalistic trait was further foregrounded in the narrative through her 'animal-like whimpering' and 'horrified screech', which were her mode of communication. Henner and Robinson enquire into the social pathologization of forms of speech that deviate from the normative social expectation, such as -Stuttering, lisping, mumbling, stammering, slurring, or non-speaking, including 'whimpering' or 'screech'. They are all markers of difference that signify not only disability but lack of intelligence, capacity, and agency, and are subsequently used as a rationale for exclusion (Henner and Robinson 20). Such exclusionary nature is the ableist testament to Aristotelian conception of man as "animal with the capacity for language", and Mary Midgley's observation that "language is possibly "our favorite human distinguishing mark" (Louden 372).

Lucia Carlson posited that people with disabilities, including those who have historically been defined as "feebleminded," "mentally defective," and "mentally retarded," have been relegated to the realm of the animal, the subhuman, and the nonhuman, and has been subjected to the most extreme forms of oppression, violence, and abuse (2-3). She essentially contended the discursive link

between dehumanization and animalization in the context of intellectual disability. The social treatment of Chandudi and Mangu reveals what Carlson opined is one of the most pervasive and deleterious forms of dehumanization that people with intellectual disabilities have faced - being defined and treated as non-human animals (Carlson, 2023). Animalization has been used as a justified forms of abusive social and legal institutions and policies. Based upon beliefs about their animal, sub-animal, and non-human nature, people with intellectual disabilities were subject as a population to horrific abuses, both in and out of institutions (Carlson, 2001). Since the early Christian history, humans installed their supremacy on the grounds of the rational God's image prototype. The boundaries between man and animal have thus been defined absolutely and man's superiority to his inarticulate brothers and sisters made an article of faith. The two daughters' cognitive incapacity subjected them to the 'human gaze' which caused the 'rupturing of systematic order and sealed identity from within'. Vorhaus posited the individuals with profound cognitively impairment never acquired the capacity for rationality (Vorhaus, 2022). He further asserted that a human being "deficient in rationality" is "falling short of what…he ought to have been, given the species to which by nature he belongs" - that is the human species with reason and rationality. Chandudi and Mangu were victims of the social construct that designed the consequence of falling short of the foremost human trait as being likened to animals who are envisioned as lacking subjective and emotional lives (Filipczak 2023). Their existence becomes an insult to the society that had attached its supremacy to its capacity for speech, its ability to return the 'human gaze' (25), its civility. The inability to adhere to the human trait of speech and function within the human logic of rationality, pushed them into the social outhouse.

In the context of a pervasive belief that the tendency of the human race was to improve itself constantly, that barring something out of the ordinary humanity moved ever upward away from its animal origins and toward greater perfection, normality was implicitly defined as that which advanced progress (or at least did not impede it). Thus, according to Baynton, abnormality was sub-humanity. It was that which pulled humanity back toward its past, toward its animal origins (Baynton 2011). Mangu's abnormality and backwardness in the evolutionary track through certain standard evaluations. At one point, her mother realized she was soon to turn 15. At that age, her non-disabled normal mother had marry. But Mangu was unable to even feed or clean herself. Within the framework of Baynton's conflation of normality, progress and evolution, this discussion draws in the question of how "improvability" or the ability for progress and evolution define hierarchy within the human community as well as the disability community. This theory or question would underscore the difference in the disability experience of Mangu, Kasum and Chandudi who each suffered from 'insanity'. Kasum's acquired and temporal disability was literally and socially pitted against Mangu's congeniality in the story. The case of Kusum provides a critical ground for the possibility of a cure as the insanity was acquired. *She went mad*. Just like Mangu, she lost all sense of personal hygiene and of properly answering nature's call. Amratkaki tried to emphasise the normality of Mangu's disability at the backdrop of Kusum's acquired madness. 'If a perfectly normal girl can go mad and lose her sense of personal hygiene, then what's unusual about poor Mangu, mad from birth, not having such a sense' (51). This contends the varied experience of congenital intellectual disability and acquired disability – the distinction between born mad and becoming mad. The insanity of Kusum and her complete recovery become testimonial to the positive aspect of institutionalisation. She is the figuration of the ableist society's desire for cure, and the normative axiom to the abled citizens to never stop seeking for cure. The possibility of return into the normal world was motioned by Kusum. This imposed on Amratkaki the pressure to seek asylum for her mad daughter as well and achieve what Kusum's parents have achieved. Recovery remains the ultimate desire as disability is fundamentally a non-natural state of existence within the normal society, and Kusum becomes the affirmation of the credibility of the special institution.

III. ASYLUM FOR THE "ABJECT"

In tracing the history and development of insane asylum, Rothman made the polemic inference that asylums are "the immediate and inevitable response of an industrial and urban society (to insanity)". David Mechanic, in the 1960s had also contended asylum as the product of the urban society's intolerance for disruptive behaviour (Scull, 1977, p.339), which could mean any form of dispositional aberration that slows down or negatively interfere with the society's forward movement. The more industrialized and developed a society, the less is its ability to contain deviant behaviour within the existing social structure. The asylum thus, is a social and political outhouse, born at the social periphery 'with the aim of mitigating the deviant's 'disruptive' influence on the normal functioning of the normal society. It is the institutionalized symptom of the exercise of segregative control, as to relieve the normal society from the duty as much to provide 'care' for the those threating the stability and growth of the social structure. The whole purpose of the concept of a mental hospital was to segregate the mentally ill from the community and not treat

them as normal but rather detention away from the community. There is as Ben-Moshe adds, an interconnectedness between institutionalisation and imprisonment not only in the form but also 'their logic, historical enactment and social effects (Sati 2022, p.46).

Amratkaki's rebuttal towards institutionalization was echoed at the onset of the story through a declaration of a maternal obligation towards her daughter – "If as a mother I cannot be a caregiver to her, how can I expect the people in the hospital to look after her with love and affection? Putting her in the hospital would be similar to deserting one's infirm or disabled cattle in a panjrapol or animal shelter". This statement also foregrounds the problematic concept of animalization of disabled people by positing an analogy between an institution, asylum or hospital and animal shelter. Amratkaki's subsequent reflection upon her own decision to hospitalize Mangu, and her self- reflective monologue cast an extensive light on the asylums true function, as she painfully revealed she was deserting her daughter in the hands of other people. Amos Yong, a disability theologian has offered a critical indictment of the institutionalized care of people with intellectual disability. He extends Foucault's thesis of power exuded via asylums, to present the institutional history of developmentally disabled persons as oppressive. He refers to the continual scrutiny that disabled persons came under by being 'at the mercy' of a variety of experts — physicians, psychologists and scientists to name a few (Anand, 2020, p.42). The Indian history of the institutionalization of the mentally deficient children may be traced back to the 19th century. Colonial reports stated the presence of rat-like creatures at the shrine of Shah Daula in the Punjab region in the 19th century. The collection of "rat-like" human beings at the shrine was due to the benevolence of the Muslim saint Shah Daula who was kind to animals. Also, the microcephalic boys collected at the shrine and begged for a living because their human abilities were limited. Note that this explanation classifies the erstwhile rat-like creatures under a medical diagnostic category, microcephaly. Miles (2001) develops the idea that Shah Daula's shrine is probably evidence of one of the earliest care and rehabilitation centres for mentally retarded children in parts of South Asia. Shah Daula's shrine, in this case, was akin to a church-like institution that welcomed persons with limited physical and mental capacity as a charitable gesture (Anand 2020, p.53).

However, the industrialization and medical intervention in the system of the institutions was inevitable in modern era, such as the epoch where Mangu and Chandudi were born, brought up and hospitalized. The charity and theological reason as the foundation of the institution had been supplanted by the medical approach, encapsulated with the ableist and oppressive orientation against the disabled inmates. Thus it was no surprise that in the text *Ties of Blood*, as Mangu was readied to be taken to the mental hospital, the neighbours and passers-by were sceptical of the mother's decision. One person commented – "If you put such a healthy girl in the hospital, within a month she will wither away. It's enough if they manage to survive some way or the other like cattle over there…". This social commentary alongside that of Kasum's recovery elucidate the controversial and contrasting social perception of 'mental hospital'. It also demonstrates the unpredictability and the conflict within intellectual disability treatment. Institutions can be characterised as a means of observation and surveillance or of safety and knowledge; individualisation and totalisation, isolation and transparency. The post-institutional era after the 1970s transformed institutional power practices in group homes, from sovereign- to disciplinary power, from reprimanding- and visible power to moralising- and invisible power. Isolation as the logic of institutional segregation has been studied variously as a historical form of oppression shown to disabled persons such as lepers, lunatics and poor people (Anand, 2000).

In *Ties of Blood*, Kusum went 'mad' and was sent to a mental hospital where she fully recovered and lived a normal life again. This becomes a testimony to the societal defence of institutionalisation, thnuckBuckat it is able to take care of the disabled and cure it. Kusum is released into society again after she regained her sanity, and was segregated while she lost sanity. The aim of rehabilitation has an apparent motive, that is to take care of the disabled; and an underlying motive, segregation from the non-disabled community. This 'would allow the abled world to live in peace. Like prisons incarcerate criminals not (necessarily) to rehabilitate, but to keep them apart from society, institutions like the ones Mangu and Kasum (and Chandudi) are sent to are meant to keep the social weakness and deviancy "hidden from view" (Scull, 1990, p.

310) and from the normal social trajectory, to segregate for the sake of the segregation.

Foucault explored the writings of institutional confinement and postulated that the history of madness shows the "great confinement." *Madness and Civilization: A History of Insanity in the Age of Reason* (1973) begins by describing the exclusion and confinement of lepers. Leprosy and lunatic asylums were among the first medical institutions to receive attention from the historians of India. Asylums for the confinement of leprosy afflicted and the mad, both in Europe and India, have provided historians of British India with fertile subject matter over the last two decades. In the early twentieth century, 'Mental hospitals', as Albert Deutsch puts it, became "the shame of the states",

a set of institutions characterised by "Inadequacy, ugliness, crowding, incompetence, perversion, frustration, neglect, idleness, callousness, abuse, mistreatment, oppression" (Wright, 123). The 1950s saw the decline in numbers of mental institutions and the role of community care and social care in treatment of mental illness and madness was wilfully predicted. However, the late 1900s saw theorists and activists made the inference that the resultant outcome was instead a "wholesale neglect" of the deviants, mentally ill and deinstitutionalized (Scull, 1990, p.307).

Julia Kristeva's theory of abjection offers a compelling lens for understanding Chandudi and Mangu's social position and unstable social legitimacy. The abject, for Kristeva, is that which disturbs identity, system, and order, provoking horror and rejection precisely because it exposes the instability of boundaries (*Powers of Horror* 4). The "untameable bodies" of the two "mad-daughters" are excessive, offensive, and threatening to the symbolic integrity of the family and the social order. The cultural perception located them as subjects that must be expelled, excluded, placed in the "no man's land" beyond the community of the living subject. Hughes emphasizes that the abject body reveals the "uncontrollable materiality" that destabilizes the coherence of subjectivity (Hughes 405). Thus, they are a reminder of what the abled seek to repress—the inevitability of decline, disease, and dependency. Susan Wendell's reflections on disability deepen this point. She argues that disabled people function as "constant reminders to the able-bodied of the negative body—of what the able-bodied are trying to avoid, forget, and ignore" (*Rejected Body* 406). Chandudi and Mangu's violation of category thus established their social position as what Mary Douglas termed "placeless", which the ableist society translated and materialized into institution. As Oliver reminds us, exclusion arises not from individual pathology but from structural devaluation of those who cannot conform to standardized norms of productivity (102).

Social conception and treatment of disability has long been mobilised between two polarities: cure and accommodation. Within the experience of intellectual disability, however, this conjecture acquires a more nuanced dimension because such conditions are widely regarded as congenital and incurable, rendering it to the boundary of monstrosity. Oliver has theorised disability as a state of oppression and a locus of stigma, shaped less by the impairment itself than by the social structures that interpret and respond. In the case of intellectual disability, the permanence of the state, the impossibility of rehabilitation, concealment, or return to normative society deepens the intensity of stigma. The sense of incurability is one of the primary forces underpinning the relegation of intellectually disabled persons to an inferior social status, and suffered systematic dehumanization and animalization. Unlike many physical disabilities, which may be mediated through prosthetics, surgical interventions, or the strategy of "passing," intellectual disability resists concealment, and does not reveal any hope for improvement. Its presence is inscribed in behaviour, cognition, and social interaction. While its severity may vary, its permanence is fundamentally presumed. This permanence provokes despair and its attendant emotions, disgust, fear, and hatred, rendering intellectual disability not simply a medical condition but a cultural marker of irredeemability. Thus, Chandudi and Mangu, as bodies with congenital disabilities, are pathologized without being pardoned, doubly stigmatized for failing to meet the obligations of recovery while simultaneously being denied the rights of exemption.

The literary narratives under discussion dramatise the dynamics by contrasting congenital and incurable disability with conditions that are curable or transient. In *Ties of Blood*, the juxtaposition between Mangu's intellectual disability and Kasum's acquired insanity illuminates this distinction. Mangu's condition, profound and permanent, positions her beyond the bounds of cure and establishes her 'unimprovable' inferior status. By contrast, Kasum's impairment followed the socially desired trajectory from disability to cure. She returned to the normal society as the success of social rehabilitation where communal care has failed. Her recovery underscores a systemic compulsion to seek remedy and the cultural valorisation of correction. The text thereby exposes the ableist orientation that disability must either be hidden, rehabilitated, or eliminated. Mangu, lacking the possibility of cure, becomes the figure who justifies institutionalisation, Kasum, in her curability, becomes the emblem of societal reassurance.

When the two stories *Vishakha* and *Ties of Blood*. are read together, a common arc of exclusion emerges. The narratives demonstrate the different intensities of stigma attached to congenital, incurable and unimprovable disability. Yet they converge in showing how intellectually disabled individuals are rendered problematic in their contact with normative society. Solutions to this "problem" are repeatedly imagined through segregation and elimination, formalized in the concept of institutionalisation under the guise of care. These acts of institutionalization signify more than individual desperation: they reveal the failure of community and kinship networks to sustain care and the abled society's 'love for the same' which concomitantly seeks to remove disabled lives from public visibility. By sending disabled individuals away into institutions, society simultaneously displaces responsibility and conceals what it deems disruptive or burdensome. The

narratives thus expose institutionalization less as a solution than as evidence of a collective moral and communal failure, where exclusion is disguised as benevolence and the disabled subject is made to embody social discomfort rather than social belonging. Quinn further illuminates how society's approach to disability "problematizes" the individual, framing them as the origin of their own suffering and their deaths, whether through neglect, institutionalization, or suicide, as naturalized outcomes (Quinn, 2025). The culturally sanctioned erasure of intellectually disabled individuals sustains the illusion that society can maintain order and moral clarity by relegating deviant or dependent lives to the margins.

IV. CONCLUSION

Disability, in the context of these narratives, is both a lived corporeal reality and a site of societal anxiety. It exposes the limits of communal care, the failures of moral responsibility, and the destructive logic of ableism. The societal perception of the intellectual disability as well as the corporeal incapacity of the "two mad-daughter" is explicated within the concept of dehumanization and animalization. The abled community's avoidance of the responsibility of care and coersive institutionalization of the disabled subjects expose a culture in which intellectual disability is not only stigmatized but actively managed through exclusion. In this framework, caregivers themselves occupy liminal positions, negotiating guilt, obligation, and societal expectation, while the disabled are simultaneously infantilized, marginalized, and subjected to erasure. The recurring thread is that intellectual disability, particularly in its incurable and congenital forms, marks the individual for systematic devaluation. The inability to "pass" or to be normalized intensifies social rejection, rendering socially precarious lives vulnerable to literal or symbolic death.

The critical synthesis of *Vishakha* and *Ties of Blood* explicate intellectual disability as a category perpetually marginalised, dehumanised and animalized. Whether through fear, disgust, abandonment or institutionalisation, these narratives testify to a social order that cannot reconcile disability with normative life, and which the normative society desire to keep hidden, invisible and silenced. Ultimately, the study argues that the exclusion of intellectually disabled individuals reflects a broader failure of communal ethics and social responsibility, where institutionalization becomes less an act of care than a mechanism for maintaining normative comfort through segregation.

DECLARATION

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REFERENCES

[1] Anand, Shilpaa. (2020)"Historicising Disability in India: Questions of Subject and Method". *Disability Studies in India*. pp. 35-60. 10.4324/9780367818401-3.

[2] file:///C:/Users/HP/Downloads/cdsweb,+Disability+Studies+and+the+Language+of+Mental+Illness%20(1).pdf

[3] Douglas C. Baynton. (2011). "'These Pushful Days': Time and Disability in the Age of Eugenics." *Health and History* 13, no. 2 (2011): 43–64. https://doi.org/10.5401/healthhist.13.2.0043.

[4] Carlson, Licia. (2001). "Cognitive Ableism and Disability Studies: Feminist Reflections on the History of Mental Retardation". *Hypatia.* Vol. 16, No. 4, Feminism and Disability, Part 1 pp. 124-146.

[5] Carlson, Licia. (2023). Car"Intellectual Disability, Dehumanization, and the Fate of "the Human"" *The Journal of Philosophy of Disability.* 2023. VOL. 3. 47–70 doi: 10.5840/jpd2023101121

[6] Filipczak, Iwona.(2023) "The Entanglement of Disability, Animality and Humanness in Indra Sinha's Animal's People in the Light of Sunaura Taylor's Ethical Theories". ROCZNIKI HUMANISTYCZNE Tom LXXI, zeszyt 11 – 2023 DOI: ttps://doi.org/10.18290/rh237111.2

[7] Foucault, Michel. (1961). *Madness and Civilization: A History of Insanity in the Age of Reason.*

[8] Goffman, Erving. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Simon & Schuster, 1963.

[9] Goodey, C. F. (1999). "Politics, Nature, and Necessity: Were Aristotle's Slaves Feeble Minded?" *Political Theory*, vol. 27, no. 2, pp. 203–24. *JSTOR*, http://www.jstor.org/stable/191829. 5

[10] Hall, Aice. (2016). *Literature and disability*. Routledge. https://doi.org/10.4324/9781315726595

[11] Hughes, Bill. (2009). "Wounded/monstrous/abject: A critique of the disabled body in the sociological imaginary". *Disability & Society* - DISABILITY SOCIETY. 24. 399-410. 10.1080/09687590902876144.

[12] McKenzie, J. (2013). "Models of intellectual disability: towards a perspective of (poss)ability". *Journal of Intellectual Disability Research* volume 57 part 4 pp 370–379 doi: 10.1111/j.1365-2788.2012.01547.x

[13] Oliver, M. (1990). The Politics of Disablement — New Social Movements. In: The Politics of Disablement. Critical Texts in Social Work and the Welfare State. Palgrave, London. https://doi.org/10.1007/978-1-349-20895-1_8

[14] Quinn, Gerard. (2025). *Inequality in Life and Death The Duty to Investigate and Remedy the Systemic Causes of the Deaths of Persons with Disabilities under International Law: A Lifecourse Perspective.* Harvard Human Rights Journal. Internation Disability Alliance.

[15] Scull, Andrew. (1977) "Madness and Segregative Control: The Rise of the Insane Asylum." *Social Problems*, vol. 24, no. 3, 1977, pp. 337–51. *JSTOR*,

[16] Scull, Andrew. (1990) "Deinstitutionalization: Cycles of Despair." *The Journal of Mind and Behavior*, vol. 11, no. 3/4, pp. 301–11. *JSTOR*, http://www.jstor.org/stable/43854093. Accessed 1 Aug. 2025.

[17] Sitruk, Jason, et. al. (2023). "Dehumanizing disability: Evidence for subtle and blatant dehumanization of people with physical disabilities". *Current Research in Ecological and Social Psychology* journal homepage: www.elsevier.com/locate/cresp

[18] Smith, Nicholas D. (1983). "Aristotle's Theory of Natural Slavery." *Phoenix*, vol. 37, no. 2, pp. 109–22. *JSTOR*, https://doi.org/10.2307/1087451.

[19] Vorhaus, John. (2022) "Membership in a kind: Nature, norms, and profound disability". University College London, Institute of Education, London, United Kingdom. https://discovery.ucl.ac.uk/id/eprint/10180261/1/Vorhaus_Vorhaus2022OB%20with%20OB%20edits.001%20%2B%20JV%20edits%2027.11.21_.pdf

[20] Wilson, N.J., Parmenter, T.R., Stancliffe, R.J., Shuttleworth, R.P. (2013). From diminished men to conditionally masculine: sexuality and Australian men and adolescent boys with intellectual disability. Culture, Health & Sexuality. 15(6). pp. 738-751. http://dx.doi.org/10.1080/13691058.2013.780262

[21] Yong, Amos. (2007). *Theology and Down Syndrome: Reimagining Disability in Late Modernity.* Waco, TX: Baylor University Press.