

In Conversation with Bhanu, BRC, Kiran and Ekta | Module 6 | DSROI 2023

Hello everyone, this is Bhanu Priya from Crossroads Collective. We have worked on an anthology titled Living at Intersections, an anthology of personal narratives by Crossroads Collective. The writers are Dalit, Bhaujan, Adivasi people with disabilities, chronic conditions, mental health issues, and caregivers.

Today we have three discussions, BRC, Ekta, and Kiran, for a roundtable on three narratives that we have selected from the anthology. And yeah, the writers of the narratives are Roona Biswas, Kamna, and Rani. And so the discussion will be around these narratives.

And yeah, so over to BRC. Hi everybody, I'm BRC and my work is mostly around intergenerational trauma, the way gender, caste, neurodivergence, class, region, race, all of them intersects. And how they inform the kind of lives that Dalit people live and how they navigate constant caste driven society.

Today I'll be reading Rani's piece. I'm just going to pick, it's an excellent piece, I'm just going to read two paragraphs. But before that, I will read the image description.

A Belly Story is the title written by Rani. Trigger warning, mention of self-hatred, fat hatred, medical ableism, body shaming. The illustration is a person standing holding their stomach with both hands.

There is a dark black shadow, which seems to seep out from the person's feet. There are illustrations drawn on it. They consist of a knife, medicines, a toothbrush, and a mirror.

The person is looking down at these illustrations and has short hair. This illustration is also made from grayish and black colors. On to the piece.

My bathroom mirror recorded all those disgusting sessions of me looking at my belly. I took the same end of the toothbrush. I feel like an overgrowing balloon that doesn't know its limits.

And as one gynecologist commented on my belly, it's going to burst. Doctors call my belly an epidemic and a problem to be solved and prescribe medicines to me for losing this belly as soon as possible. I have changed about 50 doctors in my entire lifetime and all they seem to notice about me and my ailments is my ever-growing belly.

My parents told me to eat less and do yoga, but nothing ever changed the dimension of my belly. Even certain dresses and gowns don't agree with my belly. I once posted my belly pictures on Facebook and someone made a comment that he will puke over my belly.

I think I'm growing a thick skin or is it just that I don't want this belly to exist in the first place? Bellies like mine are meant to be cut and thrown and people who have bellies like mine don't come out as often as I do. Knives don't cut my belly as I've tried this multiple times with both blunt and sharp ones. So Rani is also a friend who I've known through the years and I've known a little bit about the struggles of what it means to just exist in the world, not even navigate.

Like I was talking about my work and how most of it is around navigating of course the self through the space or it's through the interaction with people, but as someone who's a fat disabled neurodivergent person to exist in India is very hard and it's also something that's not recognized as being hard because so many cultural norms of what is beauty or what is picked or what is considered worthy of existence comes from of course colonial white supremacist world of whatever tuberculosis ideal of like thin white pale bony image that goes back to the plane, but it also comes from our own notions of what Brahmin women look like and specifically Brahmin women in the north or upper caste women in the north or whoever came from like this Aryan descent and I'm not saying that this is a theory that I believe in but just in terms of where race comes from what is considered beautiful. So you need to have high cheekbones, you need to have a certain kind of facial structure or a certain kind of bodily structure and people who are not seemingly like any region if I'm from the south I have a certain body type and I have a certain color of my skin but anyone else if the higher up they are in different areas of the country the more the standards are if you're surrounded by women who are almost similar to how white women and that is what's considered beautiful then you're automatically considered less worthy and of course there are Brahmin women who also look like this but the sort of privilege that exists for Brahmin cis women or even like Brahmin trans women or femme people is so much higher than what Rani who is a Bahujani femme person can have and in their narrative you will read about how they navigated through college and I'm not reading that paragraph but just to summarize in context is they're sitting in one of the cafeterias or a library or like a space in college where it's surrounded by many people and someone yells, they're talking to their girlfriend and saying that if you become fat like her I will leave you. This is said like mind you in a place where there are so many people who can hear this is not a comment that is passed as a secret between lovers or it's not pillow talk it's seen as very normal to say comments about a fat person's body because everyone thinks that they have a say or they own it in some way or if you like the agency that you're supposed to have about your own body which comes as taping for anyone who is considered the ideal, beautiful, pretty that you can guard against it because of course you have pride and you have vanity and there are so many people who find you desirable so you're guarding against it but the minute you are considered undesirable or in this terms if we're relating to caste if it's a certain lower caste there's a dullness that is identified regardless whether you're a person or not then you're not seen as desirable therefore you're not worthy of existence and therefore I can make whatever comments I can make because you're essentially property and also like public property of course all women are property in the Brahminical culture but there are certain women who get like protected guards even outside of their family system.

They get it through friends, they get it through lovers, they get it through even institutions because they will protect you, they will not make comments, they will stand up for you, someone is hitting on you, they will stand up, they will make all of these issues but these sort of comments that are not just microaggressions that someone deals with but essentially what drives someone to the point of you know wanting to like cut themselves like this is something that we don't think of as normal because surgery and bodily modification for cis women is so normalized of course you can get a bigger boob job, you can have like a tighter vagina, you can all of that is normal but when trans people do it that's not okay but in the same way fat people are expected to go and do body modification and that body modification doesn't have to happen through surgery, it can happen with exercise and that's

what everyone's constantly pushing and or saying like do you eat just chips or do you eat just garbage where they know nothing about what you eat on an everyday basis and this sort of pressure for being this thin is also quite decent because it's after of course the 90s, Kate Moss, all of the Peggy, not Peggy, help me out with the name like Twiggy, sorry Peggy, Twiggy, Twiggy's seen of being pencil thin and somehow that has watered down to India and now it's like then all of like 90s movies or like the 2000 movies have heroines who are like very very only people who can be heroines are like fair thin people and nobody else is even seen and we are dealing with two, we're also dealing with brahminical culture which says what beauty is and we're also dealing with like white supremacist culture so it's and this we are dealing with everyone is dealing with it but the effects of constantly having to hear about this falls on fat disabled neurodivergent people and we don't have enough support systems to address that. Rani talks about puking and like from the piece I read about like vomiting and which is an eating disorder, they've not diagnosed it, self-diagnosed it in the piece but this is essentially an eating disorder and I have struggled with an eating disorder when I was 18, 17, had anorexia and there's one of the most fatal disease, mental health disease, the mortality rates are one of the highest of any other mental health disorder but we still don't know that, we don't see medical government-run medical health care center, they're not going to play a big like if you have depression or anxiety which is considered stigmatized but now it's normal, you can say that it's become casual conversation but you can't really say I'm dealing with an eating disorder or you can't say like I dealt with an eating disorder, you can't make comments about my body or don't talk about what I'm eating, if I'm eating like please let me be, you know you can't say these things and culturally we are not equipped and we need better support systems and of course one of the ways to do it is more people like Rani who can write and share what they've gone through because we will never know what someone's experiences unless we listen to it and reflect and I hope this piece and the work that's also collectors has done so brilliantly will lead to that. Yeah, thank you so much.

Thank you BRC. Kiran, would you want to go next? Yes, yeah. BRC, nice.

Thank you, yes. I will talk a little about trans disability and sexuality. There is no space for trans disabled persons especially in India.

There is no platform to talk about it. For example, my birth is female so the society will give me the certificate of a woman. Now that I'm a little visible in the society, I can say that I'm a Dalit but you are saying you have a disability and slowly now you're saying that you're a transgender.

So who's giving these titles to you? So I'm going to talk about intersectionality. Trans and disability doesn't have space especially in India. So if you consider a wheelchair user, a blind person, where is access for these people? Wheelchair accessibility is one thing that needs to be talked about but where is the space to talk about access related to our body and our feelings? Right now we do not have, we do not know about this and so I'm talking about it.

Especially there is a fight going on to gain space for trans LGBTQI persons. Now I'm a trans man. I came out in 2008.

At that time I didn't know the version of LGBTQI. I didn't know I am a trans man so we have come here to slowly learn this language. We don't have space in public press and organizations so where we should go and talk about it we do not know.

So we are now taking up this question since 2008. I'm a wheelchair user so I can talk about access to toilet and cast. A public toilet needs access for a wheelchair and since I'm a trans man, trans men need another access to public toilets.

So why is the toilet important? A toilet is needed for a wheelchair and another toilet is needed for a female or male disabled person. If there is no ramp, where can I go? So we are raising such questions. I am a migrant from Telangana to Karnataka since 2008.

So for example, I am an Adivasi but I am an ST in Telangana and SC in Karnataka. So the problem here is the difference of caste. I am also trans so I applied for a caste income certificate in Karnataka.

So this image is that of a disabled person. He had polio attack when he was a three years old baby. You can see that there is happiness in the family.

So in the first picture, the focus is where is access for a disabled person. The second image is about disability access for a wheelchair user. Second picture is about people helping a disabled person on a tricycle.

So one can see in the picture what kind of challenges a disabled person on a wheelchair faces in attaining education. And finally, the disabled person comes from a small village in Odisha. When he was attacked by polio at an early age of three, it is shown how he has a life of family support and happiness.

But he is worried how he would lead his life, how he would attain education. Polio is a permanent disability. So with a permanent disability, which hospitals they are going to? So like I am a person with orthopedic disability.

So what kind of challenges do we face? The experiences can be different with family and friends. So if I am using a wheelchair, how can I go to school? Who can help us? Whether there is accessibility or not? These are separate challenges. How much can a mother help? These experiences can be different.

Can someone help an untouchable person? For example, I am a polio affected person. During school time, I couldn't be friends with girls. So the story is based in Odisha.

The person can be supported by family and in terms of accessibility. We need different mobility, for example, a plain stick. So this is the story.

Thank you. And my Hindi is very bad. My mother is Kannada and Telugu is perfect.

I can't express much in Hindi. So I have some issue. Thank you, Kiran.

Can you tell us a bit about how the narrative contributes to cross movement dialogues? This narrative is good. The picture conveys what it is about, where they, the writer, is going. By seeing the picture, one gets an idea about what the story says.

Some people who are reading can understand. But those who follow the pictures, the stories are the background to the pictures. It's nice.

Very nice. I liked it. Thank you.

Thank you. Ekta, would you want to take on now? Yeah. Hello, everyone.

My name is Ekta and I'm a freelance journalist and a journalistic scholar from India. And I'm from Maharashtra. So the story and the narrative which I did or which was assigned to me is about Kamna.

And so the illustration here, it's like, I'll read the description of the illustration first for the audience. There is a person sitting in the corner of a room. They are holding their own hand and their legs are crossed over.

Their head is buried in between their hands and folded legs. The floor they are sitting on has different stacks of books. Some books are open.

There are masks lying around them. There is a degree rolled up, rolled with a ribbon tied, lying next to the cap one wears on convocation. Some pens are also laying on the floor.

On top of the illustration, there is darkness and lot of eyes are looking down at the other person. So Kamna is an academican, artist, and they are currently pursuing their Ph.D. from Delhi University. And they have wrote this narrative for us, which is titled Changing Masks, Living with Imposter Syndrome.

So first of all, I would like to congratulate Kamna for, you know, actually focusing on this very narrow topic, like having this discussion about how Dalit lives live with this kind of challenges. And I would like to read this paragraph for the audience. So she writes, I came back to my parents' house from my first job interview and kept my bag on the now shabby-looking table.

In the corner of the bed, I lay with the unbearable heaviness of my body without changing clothes. While my body tries to get some rest, someone quietly sneaks in. Why did you use the Forrest Gump reference in the interview? Were you showing off that you have seen one movie in English and that you can fully understand it? Why will they hire you? You never have worked before.

What if they hire you? They will find out that you are a fraud and that you know nothing. And I don't remember when I fell asleep. Sleep has always been a comfort to me.

Rejection has always been an acceptable and comfortable experience for me. I accept it with open arms because then I get to be in my room and my reality, naftiness, lack of ability, and ugliness stays within this room. My family members probably know this part of me quite well and I often wonder if this is why they have rejected me.

I'm convinced that once people get close, they will finally know what a horrible person I am, that my body reeks of loneliness, the absolute truth about my fatal birth, my caste. They will leave confirming what I have begun to believe about myself. It is scarier and more

anxiety-inducing to be accepted into a new job, degree, or relationship than to be rejected, which is, as I said earlier, more complicated.

Acceptance would mean that they will finally know the truth about me. They will know the truth that I have been trying to fight for such a long time. So, this is a two and a half page of write-up for the narrative.

And I do have some comments for the writers, but so, when we talk about anthology, I believe that in the discourse of intersectionality, specifically, these narratives are very crucial experiences that shape this intersectionality. I see that it's the only way that people can understand intersection well and can write more about it epistemologically and theoretically. So, therefore, I think this is the start of that debate that how it's very difficult for a Dalit person to have this journey.

And Kamla writes here about intellectual labour. Now, I see that, for in my instance, intellectual labour, you never see while growing up around yourself, like everyone is involved in the physical labour and very millennial jobs per se, like if you're a Dalit and Adivasi population in India. So, still, you hope to achieve something which is, you know, you haven't seen around.

And the self-doubt which you keep getting and the confusion, the delusion, Kamla is talking about all this through their personal experiences in this write-up. So, I also want to, like, it's just a comment for the writer that I would have preferred if there were more detailing in the write-up. For instance, there is this sentence.

So, a family rejected me, right? They write about that how my family members probably know this part of me quite well and I often wonder if this is why they have rejected me. So, they're saying that this is why they have rejected me. But, like, in what sense, you know, this detailing and this minute details that in what sense they rejected me, like, of course, this is true whatever they are writing, but what will help us more is this kind of minor that they rejected me in what ways, in what senses.

And so, yeah, that is one. And I think that it's a very necessary write-up at this point. Yeah.

So, around how does the narrative, according to you, contribute to cross-movement dialogues? Yeah. First of all, you know, when we talk about imposter syndrome or actually the syndrome word is not clinically approved here or it's looked at this because there is no proper diagnosing techniques we have in our practices. So, but there has been studies around that how imposter syndrome with racism and sexism, how it works and how women are always told that, you know, you are, you have imposter syndrome and it was with women and then we studied about racism and imposter syndrome.

This, I think, in India and around caste, we haven't been looking at it. It is intersecting not only, so it's caste and the study of imposter syndrome, of course, but it's also the intersection of your gender and your caste and your class. So, class is something I feel which contributes a lot to the imposter syndrome that if you are an upper-class Dalit person, you might not face all these difficulties, like not just upper-class, like, you know, well, at least you have your parents and your extended relatives to be officers and IAS and like, you know, they are well-off scientists.

I'm not saying that caste doesn't affect them, like that is a completely different discourse, but here people with that kind of cultural background. So, I think the intersection here is culture, caste, class and gender, of course. So, what Kamna comes from a Dalit women's position after achieving so much in their life, the self-doubt, the low self-esteem, it is all the effects of not just their caste alone, you know.

So, that kind of intersection, this narrative is building and there are, of course, very minute details which would help us to build narratives. This is just the start, but, you know, there will be more and more people and more and more people write about it. There will be good discussions and we can actually come to a certain kind of conclusion.

As of now, we don't have anything, we are not aware of it because even mental health-wise, if you see it, it is very symptomatic, like you have low self-esteem and you have low self-confidence and it's then probably people diagnosed with depression or, you know, but no one like tells us that these all social factors are affecting it and you overcome it, you know. Yeah, so you're trying to point out at how pathologizing and medicalizing this diagnosis system is, right? Yeah, of course, that and like many other, like the socio-political context of what Kamana is trying, you know, Kamana is constantly pointing out at being a Dalit and therefore they are facing this. What actually being a Dalit and facing it, we need more, we need to more about it, like, you know, in what ways, how, in what classes it is getting affected and there is, of course, the, like in India, we have such insensitive mental health practitioners that they don't understand these complexities of the problem, like if I would go to a doctor telling them, you know, I feel this about, I feel, I feel I'm not this, I don't deserve something, you know, and they'll link it to low self-esteem and low self-confidence and they'll give you depression medicines or like give you therapy in that direction.

So, it's a combination of social, political and medical, like, you know. Yeah, true. So, yeah, that's it.

So, yeah, and I'll congratulate Crossroads Collective also, because Crossroads Collective also, that you have worked so hard in this narrative. They're very important and yeah. Thank you.

Thank you so much. Thank you, Priya.