

7 It's Power, Not Pandemic

How Identifying Power Structures Enables Emotional Resilience during Crisis Caregiving

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On March 24, 2020, in response to the COVID-19 pandemic, India enforced an extensive lockdown that confined many women to their homes as they coped with job loss, fear of infection, and an increase in abuse and isolation. The pandemic also highlighted the critical role of care in homes and in the healthcare system in sustaining life, typically devalued in capitalist societies. As people were isolated in homes without any help for childcare and elder care, women felt the increased burden of care work fall disproportionately on them. Thus, beyond the public health aspects of the crisis, the pandemic highlighted the fault lines in societal structures that place immense burden – material and emotional – on marginalized communities. Scholars have examined the gendered impacts of COVID-19 in how care work is distributed, but not much attention has been paid to emotions (Nichols et al. 2020). While gender structure plays a significant role in how care work – physical and emotional – is distributed, we know that other social structures, such as race, religion, class, caste (in India), and ability intersect in placing higher demands of emotion work on minoritized communities while depleting their emotional resources in the context of care work (Cottingham et al. 2018; Cottingham and Erickson 2020; Hochschild 1979). This leads us to the question: What emotional practices do marginalized women engage in as they navigate the demands of care work during a crisis?

To address this question, we draw on the qualitative analysis of focus group discussions (FGDs) and interviews with 208 women from various communities in India – Muslims, Dalits (marginalized caste groups), women in sex work, *Adivasis* (indigenous people in India), women with disabilities, and migrant women – to highlight three themes in how women navigate emotional demands during a crisis. The three themes are: anticipatory emotion work, attributing distress to intersecting power structures, and solidarity as emotional care.

When faced with crises, some women engaged in anticipatory emotion work to protect themselves from more severe emotional conflict. But we

also find that at times, women also attributed distress to intersecting power structures rather than internalizing gender norms that normalize caregiving as natural to women. By identifying intersecting social structures as the cause of their distress, we argue that they resist emotional demands placed on them, including the demand to be resilient in the face of adversity (Bracke 2016). Finally, while made more difficult during the pandemic, some women expressed solidarity as emotional care to those struggling through similar distress.

Findings from this study illuminate our understanding of emotions, intersectionality, and care work in three ways. We highlight the paradox of how care during a crisis is both the site of emotional burden and emotional care for marginalized people. While many scholars have shown how marginalized people engage in emotion work in the face of aggression, our study demonstrates how emotion work often precedes the actual violence (Archer and Mils 2019; Jaoul 2008). In particular, marginalized women engage in anticipatory emotion work to prevent harassment in the first place. Second, our findings illuminate how marginalized people may seek to transcend crises, at least emotionally, as they challenge societal attempts that demand them to regulate their emotions. By acknowledging the role of power structures in exacerbating their distress, they resist any such attempts. Finally, our chapter demonstrates how emotions can be studied not just as an individual phenomenon but as located in communities of care. While most sociologists have demonstrated the social nature of emotions, their focus has still been on emotions as experienced by individuals (Wilkins and Pace 2014). In contrast, we show how marginalized people express and experience emotional solidarity with others as they deal with crisis.

7.1 Literature Review – Emotions, Intersectionality, and Care Work

Crises related to care work lie at the intersections of gender, race, class, citizenship, and caste (in India) (Krishnan 2020). During the COVID-19 pandemic, women experienced crises not just regarding health but also the increased burden of childcare and senior-care (Dasgupta and Mitra 2020; Hupkau and Petrongolo 2020; Nichols et al. 2020; Sevilla and Smith 2020). While all women, across countries, experienced an increase in household responsibilities during the pandemic, intersectional disadvantages exacerbated the crisis of care for some (Carli 2020; Dasgupta and Mitra 2020; Nichols et al. 2020). For example, poor women in India struggled to feed more people in their household at a time when food was scarce (Nichols et al. 2020). Structural disadvantages in the field of care and care work manifest in different directions.

In the Global North, minoritized women, particularly migrant women, are exploited for their caring labor for very low wages (Razavi 2007). In contrast, in India, women from marginalized caste and religious communities

are excluded from certain forms of care work, such as cooking (Krishnan 2020). Caste is a unique stratification system in India where power, privilege, and status are ascribed to individuals solely based on their parentage and ancestry. Brahmins are the most socially privileged in terms of status, while Dalits experience discrimination based on caste. While wealth distribution in India also correlates with caste privilege, the violence of the caste system can be seen in the everyday practice of untouchability. Untouchability is illegal in India, but the practice continues in covert ways in relation to care work, especially regarding food through socially constructed notions of purity (Thorat and Lee 2005). Similar stigmatization and discrimination are also practiced against Muslims. It remains to be seen if such discrimination was exacerbated during a pandemic where everyone was required to be socially distant.

We know that the pandemic exacerbated the care burden for women (Dasgupta and Mitra 2020; Hupkau and Petrongolo 2020; Nichols et al. 2020; Sevilla and Smith 2020), but there has not been much examination of how other categories of oppression intersect in care work during the pandemic and how people navigate these crises emotionally. The emotions that individuals experience is influenced by intersecting social structures such as race, gender, caste, and class (Schrock and Knop 2014; Wilkins and Pace 2014). Furthermore, in times of crisis, the expanding burden of care work includes both the physical aspects of caring as well as the emotions that are involved in the process.

The emotions as practice framework offers insights to think through the relationship between body, mind, and emotions, enabling the examination of the physical and non-physical aspects of caring (Cottingham and Erickson 2020; Scheer 2012). Emotional practices refer to what people do without reflection as they integrate their history of feelings into their socially produced existence (Scheer 2012). In utilizing the emotions as practice framework, we understand emotions as “emerging from bodily dispositions conditioned by social contexts, which have cultural and historical specificity” (Scheer 2012: 193). Thus, the framework of emotional practices allows for the deeply socialized aspects of emotions to be studied within the gendered and racialized dynamics of society. In this chapter, we show how emotional practices illuminate the varied ways in which women do emotion work at times and transcend those expectations at other times.

Emotion work refers to how the social actor must manipulate their own emotions to fit in with the social standards of ‘acceptable’ emotions (Hochschild 1979). The essence of emotion work lies in the discrepancy between what emotions people publicly display and what they *actually* feel (Rao 2017). The gendered dynamics of emotion often place women as the key performers of emotion work. In some occupations, particularly gendered occupations, such as hospitality and nursing, workers are often expected to manage their emotions to portray a happy, positive environment to their customers (Hochschild 1983; Leidner 1993). Emotion work in exchange for

wages is known as emotional labor. For women of color, emotional labor is both gendered and racialized as they navigate through micro-aggressions at their workplaces (Cottingham et al. 2018). But emotion work may also happen in the family and society, especially during crises. For example, in heterosexual families, when men face sudden unemployment, their women partners may engage in emotion work by suppressing their anxiety about the situation, protecting their partner's notions of masculinity while encouraging them in their search for employment (Rao 2017).

Emotion work is mostly demanded from those who are at the receiving end of aggression in society (Archer and Mills 2019; Jaoul 2008). Victims of oppression are expected to regulate their emotions, tone down their anger, and mask their disappointment about those aggressing against them rather than show their authentic feelings, what is known as affective injustice (Archer and Mills 2019). Seminal studies in emotion work have focused mostly on intrinsic processes of emotional regulation where people regulate their own emotions to manage the injustice they feel (Hochschild 2003). People may choose to avoid situations where they expect to face emotional injustices. They may distract themselves during instances that cause negative emotions, they may modulate their response to the situation, or they may reframe the situation in ways that reduce the intensity of the injustice (Archer and Mills 2019).

In this chapter, we expand this literature on emotion work by bringing attention to yet another form of intrinsic process, that we call "*anticipatory emotion work*." Alongside intrinsic processes of emotional regulation, we also find that women seek to transcend expectations of emotion work by engaging in extrinsic emotional practices such as "*attributing distress to intersecting power structures*" and "*solidarity as emotional care*." *Anticipatory emotion work* refers to the emotional practices victims engage in, as they anticipate conflict, harassment, or other forms of violence. We find that anticipatory emotion work often occurs in environments of fear where the history of violence or harassment leads victims to act in ways that they hope will prevent violence. Thus, anticipatory emotion work involves pro-active, strategic, and conscious emotional practices that people engage in to prevent conflicts or harassment that they anticipate in the future. The concept of anticipatory emotion work may be useful to understand the behavior of domestic violence victims who often placate their perpetrators to prevent them from getting angry or violent. The tendency of law enforcement to only recognize incidents of violence, emotional or physical, after the incident happens renders invisible the anticipatory emotion work that victims often do as they integrate the history of fear in their relationship into their emotional practices (Tuerkheimer 2004). In identifying anticipatory emotion work, we seek to make visible intrinsic emotional practices of victims not just in response to violence but in anticipation of violence.

While intrinsic emotional practices shed light on how women navigate through oppression, to transcend crisis, extrinsic emotional practices

may be particularly valuable (Archer and Mills 2019). Typically, extrinsic processes have referred to how people aim to regulate other people's emotions, by buying them a gift to make them happy or by criticizing them publicly to shame them (Archer and Mills 2019). In this chapter, we emphasize extrinsic emotion practices where, instead of regulating someone's emotions, victims of oppression identify power structures as central to their emotional distress. This practice is different from emotional regulation practices where victims modulate their emotions, avoid situations, or distract themselves from negative experiences (Archer and Mills 2019).

Victims may regulate their emotions to cope with negative experiences in situations they evaluate to be too difficult to change or too hostile to their authentic emotional expression. However, in doing so, they further experience affective injustice as they are restrained from expressing their authentic emotions. What would transcending crisis look like in this scenario? Changing or eliminating the context that caused the negative experience may be the goal, but people may also find meaning in the process of navigating the crisis, especially when transformative change may not seem possible immediately (Frankl 1985; Wong and Bowers 2018). When people experience crises alone, regulating one's emotions may seem to be the most accessible coping strategy for individuals. Thus, the emotional practice of self-regulation is a deeply socialized response to crisis in environments where collective reflection is absent. Through collective reflection about a crisis, people may be able to transform the emotional practice from self-regulation to identifying structural inequalities and challenge them together.

In early feminist consciousness-raising groups, women were encouraged to make their "personal" issues "political" by making the often-invisible abuse, visible (Batliwala 1996; Reger 2012). In sharing their experiences with a group of women, victims often realized that their personal experience of violence or discrimination was a common occurrence for most women in a patriarchal society. In identifying patriarchy, racism, or capitalism as the cause of their emotional distress, feminists encouraged women to speak about their life situations without modulating or underplaying their emotions (Sweet 2021). Their true emotions, be it anger, sorrow, or disappointment, were authentically expressed in the collective. While some feminist groups were able to arrive at policy solutions, for most women, irrespective of the outcome, the process of collective reflection by itself was empowering (Reger 2012). Thus, the process of collective reflection and naming of power structures as the cause of emotional distress is critical for changing systemic inequalities, perhaps a first step in transcending crises.

Although scholars have shown how emotions operate as social phenomena (McCarthy 1989; Thoits 1989), most studies tend to focus on emotions experienced and expressed by individuals (Wilkins and Pace 2014). In this chapter, we bring attention to a collective extrinsic process where women draw on *solidarity as emotional care* to transcend crisis. While care work is

a site of burden for most women, it can also be a space that offers emotional resources for those who feel distressed. Earlier, we showed how identifying power structures may be the first step in developing feminist consciousness and in transcending crisis. Feminist consciousness is a “highly articulated challenge to or defense of the system of gender relations in the form of an ideology, as well as a shared group identity and a growing politicization resulting in a social movement” (Gerson and Peiss 1985: 326). Thus, when people identify power structures as the cause of their emotional distress, they may also develop a shared identity with those experiencing similar distress. While material resources are necessary to organize a social movement and challenge power structures, in the emotional terrain, the practice of developing a shared identity and caring for those in distress, we argue, is an important step in transcending crisis, both emotionally and possibly in material ways too. Overall, in this chapter, we show how women engage in intrinsic and extrinsic emotional practices to do emotion work at times and transcend those expectations at other times.

7.2 Data and Methods

After the nation-wide lockdown in India was enforced in 2020, a national consortium of grassroots organizations conducted an exploratory study on the impact of COVID-19 on violence against women, girls, and sexual minority communities across five states in rural India. The consortium ‘Alliance of Feminist Collectives (AFC)’ was started in 2016 with a few federations of grassroots women’s groups and has since grown to over 40 organizations expanding to groups of adolescent girls, gender sexual minorities, persons with disabilities, and other marginalized communities in the five states. Women’s federations are confederations of village-level women’s groups known as *sanghas*. Sanghas were the most crucial organizing unit of a transformative program funded by the Government of India, known as Mahila Samakhya. The Mahila Samakhya program organized women into village-level *sanghas*, where facilitators encouraged discussions and political action in the local community on gender inequality, violence, and women’s empowerment (Sen and Krishnan 2010; Yu, Krishnan, and Debnath 2010). Various *sanghas* from villages join forces to form federations that influence and make demands at higher levels of government administration. Many scholars have documented Mahila Samakhya as a transformative model of grassroots women’s organizations where collective feminist education empowers women to challenge gender, caste, and class-based exploitation in their villages (Batliwala 1996; Sharma 2008; Subramaniam 2006; Yu, Krishnan, and Debnath 2010). However, funding for the program was stopped in 2016, leaving hundreds of emerging federations deprived of resources and support needed to become fully functional autonomous institutions. The Alliance of Feminist Collectives was formed in 2016 to carry forward the transformative processes initiated through the Mahila

Samakhya program. The Alliance of Feminist Collectives aims to build on “feminist values of solidarity and collective action to create gender just, inclusive, and democratic spaces” (Alliance of Feminist Collectives Mission Statement).

The federations in the Alliance were used to recruit participants for the study. The larger study conducted in 2020 involved FGDs and interviews with 257 participants that included women, adolescent girls, and gender and sexual minority persons. Of the 257 people, 42 participants were adolescents, while 7 people were categorized as gender and sexual minorities, including people who identify as transgender, gay, and *hijra*.¹ The FGD protocol used for adolescents and gender and sexual minorities were different from that used with other women. To enable systematic analysis, we analyzed data drawn from discussions with 208 people – FGDs with 199 women and interviews with 9 women sex workers from within the larger study.

Focus groups were organized based on various parameters, such as caste, religious identity, particularly women who identified as Muslim, federation women, women who are daily wage laborers, women with disabilities, women in sex work, indigenous people, and women farmers. Such categorization of focus groups enabled researchers to discuss and delineate the specific experiences and concerns of women from each group. The study spans across five Indian states where different languages are spoken. All FGDs and interviews were held in the local language and transcribed and translated to English.

As the country was under lockdown during the study, FGDs were largely conducted online. During the earlier phases of the lockdown, many essential-items distribution drives were carried out by the federations with the help of NGOs. In the process, many federation leaders and field staff were trained in using smartphone features with video calling applications as WhatsApp calling among others. The Alliance leveraged the trained individuals as facilitators for the FGDs to coordinate and connect the participants with the researchers. These FGDs were conducted using a combination of WhatsApp video calling, Zoom, or Google Meet application, and voice calling. In some instances, where traveling was allowed, in-person discussions were held. In certain remote areas, especially in the state of Karnataka, where connectivity was an issue, researchers would first connect briefly through WhatsApp video call to introduce themselves, followed by a voice call for the FGD. This established a sense of credibility and security about the researcher among the participants as they now knew who they were talking to. The facilitators monitored the process to make sure that there were no men in the same room to prevent any influence over their answers.

The instrument was finalized by the Alliance collectively with the aim to capture experiences and coping strategies employed with respect to livelihood, violence, relationships, access to essential services, and mental

health. The FGDs and interviews asked participants about the impact of COVID on their livelihoods, their relationships, experience of violence during the lockdown, access to services, mental health, and their hopes and concerns for their future. People were asked about whether they experienced violence, from whom they experienced violence, and how they dealt with it. People were asked to expand on how various relationships – family, partners, neighbors, community members, and employers – changed during the lockdown and if and how they received support from those relationships. People were also asked about how the pandemic impacted their livelihoods, how they coped with the loss of livelihoods, and whether their work at home increased or decreased during that time.

To analyze the data, the second author read through the transcripts of all the FGDs and interviews to open code thematic patterns related to gender, intersectionality, pandemic, and violence. Based on the insights derived from open-coding, the second and third authors re-read the transcripts to code patterns of emotional regulation during the pandemic in the data. Quotes from transcripts were categorized under each of the three themes: anticipatory emotion work, identifying power structures, and solidarity as emotional care. In the next section, we present how these three themes demonstrate the various ways in which women navigate the demands of care or the lack thereof during a crisis.

7.3 Findings

7.3.1 Anticipatory Emotion Work

Anticipatory emotion work refers to how people engage in emotional practices in order to prevent emotional conflict in the future. We conceptualize anticipatory emotion work as emotional practices that people consciously adopt to strategically protect themselves from conflicts that they anticipate in the future. Most of the women in the study live in multigenerational households in rural areas with limited or no access to basic services, such as water and other utilities, available to their urban counterparts. Further, the nation-wide lockdown during the COVID-19 pandemic affected 40 million internal migrants in the country and triggered the largest mass migration since India's independence (World Bank 2020). In 2020, around 40,000–50,000 people migrated back to their villages from the cities in a few days (Mukhra, Krishan, and Kanchan 2020). The massive reverse migration due to job losses in the cities disproportionately increased the amount of domestic work for women as they were expected to care for more dependents. Women were also compelled to be the main breadwinners in the household. This sudden change in gender roles often led to men feeling inadequate in their ability to provide for their families without an income of their own. Women reported experiencing acute emotional stress as they received little support from the family members.

In this context, women from marginalized communities often engage in anticipatory emotion work in multiple ways to prevent conflicts, both in the family and in society: by paying their family members, by discontinuing activities that they feared may cause conflict, and by undermining their own feelings of distress. Take the example of this quote from a FGD in the Telangana state in India:

Earlier, I used to work in a shop, but lost my work during the lockdown. After the lockdown was lifted, me and my two daughters started working in a bakery. My husband observed that we were getting money and started troubling us. Even my son started supporting his father and the violence became two-fold in my household. Hence, to avoid a quarrel in the house, I started giving Rs.100 daily to my husband and son. The outreach worker tried to intervene, but I told her that I had no other option to have peace of mind and continued to give him the money.

– FGD_Muslim Women_Telangana

The FGD participant shares how she was expected to support the living expenses of her entire family even as she experienced severe financial distress due to job loss. When she got a job, her husband and son soon started harassing her for money from the little she had earned. Anticipating fights at home, she decided to give money to both her husband and son to avoid any conflict. In this case, she chose to engage in anticipatory emotion work despite having the support of a community outreach worker.

At times, conflicts in the family escalated to physical and emotional abuse that the United Nations termed violence against women and girls during COVID-19, a ‘shadow pandemic’ (UN Women 2020). Extended lockdown, confinement in small houses with perpetrators of violence, men’s lack of access to alcohol and the resultant frustration, men’s anxiety at not being able to provide for the family, and the sudden change in gender roles with women as the primary providers of the family contributed to increased instances of violence against women within the household. Fearing violence, women took specific actions to avoid being assaulted, especially when they had a history of violence in the household. In the example below, Lakshmi, a woman with disabilities, who was used to being hit by her father, gave him money whenever he asked, to protect herself from his beating.²

During the lockdown, on one hand my father would scold me for not opening the shop and on the other, the police would scold me if I opened it. For a long time, my father demanded that I give him money from the shop sales. If I say I don’t have the money, he either screams at me or hits me. So, I always give him some money when he asks, because I am afraid that he will hit me.

– FGD_Women with Disabilities_Karnataka_Lakshmi

Women also engaged in anticipatory emotion work by discontinuing activities that they thought would aggravate the abuser, more so because the pandemic denied them access to support systems such as community-based organizations, non-profits, police protection, or helplines (Krishnakumar and Verma 2021). In this quote below, Asha says that she decided not to participate in the local women's group so that her husband does not get angry.

My husband is not sending me out. If I went to the Sangha [self-help group], he would get angry at me, so I am not going. I am staying at home.
– FGD_Dalit Women_Karnataka_Asha

Anticipatory emotion work was not just limited to the private sphere of the family. There were instances where the fear of violence and discrimination from the public led women to restrict their own or family's mobility outside of the home in anticipation of violence. For instance, the mother of Janaki, an adolescent with disabilities, forbade her daughter from going outside the home as they began experiencing an increasing amount of name-calling from the neighbors. Thus, a mother caring for her daughter engages in anticipatory emotion work to protect her daughter from getting abused in society.

I was sick and tired of hearing outsiders abusing my daughter as 'shewuth munde'. When I hear them, I don't allow her to step out during that time. My daughter adjusts with everything, helps people with many things. Yet, the neighbors abuse her like this during the corona time. I found it very difficult.

– FGD_Women with Disabilities_Karnataka_Janaki's Mom

Likewise, Muslim women anticipated violence against their family members and engaged in anticipatory emotion work to protect their family. During the COVID-19 pandemic, Muslims were wrongfully vilified as spreaders of the Coronavirus after a large religious congregation in New Delhi (Kidwai and Sahar 2020). This propaganda resulted in migrant Muslim men losing jobs overnight, being forced to flee the cities, and Muslim families being isolated and stigmatized. Saina shares how she forbade her children from going outside the home or taking Quran classes as she feared that they would be harmed.

All the children were forced to stay inside during the lockdown, but it was different for Muslim children. Due to the social stigma and fear of any untoward incident I didn't allow my children to go out even in the neighborhood. We were not even comfortable telling them the real reasons behind such a house arrest. My child used to go to take lessons on Quran from a local teacher next door. But I had to discontinue his lessons as I was scared

of something untoward. There was so much mental trauma and fear even among children. They could sense that something was not right.

– FGD_Muslim Women_Bihar_Saina

These quotes show how emotion work manifests in the lived experiences of women whose lives are embedded in multiple intersecting marginalization due to gender, caste, ability, and religion.

7.3.2 Attributing Distress to Intersecting Power Structures

While women experienced intersectional marginalization engaged in anticipatory emotion work, we see other patterns that did not involve emotion work. At times, women identified how their emotional distress during the pandemic was exacerbated by intersecting power structures of gender, caste, class, and religion, both in the private and public spheres. The intersection of multiple identities pushed women further away from accessing basic human rights, opportunities and resources, more so in rural communities where discriminations based on religious identity and caste are entrenched deeply (Mrudula et al. 2013). Caste intersects with structures of gender, age, class, ability, religion, and sexual orientation in the everyday lives of women (Subramaniam and Krishnan 2014). These historically rooted and interconnected power structures continue to dictate women's experiences in both private and public spaces. The COVID-19 pandemic reiterated the social and psychological disruptions with the surge in the gender-based violence cases during the lockdown (Mittal and Singh 2020).

At home, the isolation during the pandemic led to increased demands of care work from the family, while in public spaces, many women experienced the denial of services due to their identity. Minoritized women are often expected to regulate their emotions by either ignoring their oppression or by modulating their emotional expression (Archer and Mills 2019). Our data show that some women identified power structures of gender, caste, religion, and ability as central to their emotional distress. Doing so is an important step toward women expressing their emotions rather than regulating them.

In a FGD with Dalit women in Bihar, Radha identified and called out how health workers and police discriminated against her because of her caste, as she sought care and medical services for her daughter who was seriously ill during the pandemic.

Lockdown or no lockdown, we women have to work to provide for our families. Men can take a backseat but women cannot watch their child dying of hunger. Two hospitals turned away my seriously ill daughter. The excuse made was that these had been designated as COVID-19 patient hospitals. The police and the health workers were indifferent and harsh towards me because they knew that I was a woman from a caste lower in the caste hierarchy.

– FGD_Dalit Women_Bihar_Radha

Radha openly speaks of her distress indicating that she does not ignore her anger. She further mentions:

Dalit women faced the harshest impact of the lockdown. Untouchability and discrimination, which is a routine phenomenon in our society was taken to its extreme during the lockdown. No mechanic turned up if a handpump didn't work in the Dalit neighborhood. The poorer and lower in the caste hierarchy you are, the more society discriminates against you in the name of Corona.

– FGD_Dalit Women_Bihar_Radha

Radha shares her frustration when her Dalit neighborhood is denied services as non-Dalits stigmatize the Dalit community as spreaders of the Coronavirus.³ Radha's acknowledgment of the caste structure during the crises emphasizes how routine discriminatory practices have been conveniently re-established under the garb of the pandemic even as the intensity of the discrimination increased. Radha is frustrated about the treatment meted out to Dalits, but she refuses to rationalize the behavior of those aggressing against her. Rather, she recognizes how the caste structure was central to how she was treated. We argue that acknowledging power structures is the first step to transcending crisis.

Similarly, Muslim women also experienced stigma as Coronavirus carriers, which led to neighbors and communities boycotting many Muslim families. The Muslim women in the FGD held in Bihar clearly identified the religious discrimination that they faced from both the community and from institutions like the police.

Strange things happened during the lockdown. Police had taken over everything. If a Muslim came from outside then the attitude of the police and the local administration was different towards that person. I know one Muslim whose house was completely barricaded by other members of the village. When they called the police, they took no action on those who barricaded this family. A lot of attention was paid to personal hygiene and safety protocols by frontline health workers, but there was nothing on the social stigma and rumors against one particular community. Such an attitude emboldened those spreading rumors and hatred.

– FGD_Muslim Women_Bihar

The distress for women with disabilities was no less grueling. They had no respite from work during the crisis. Manavi, an *Anganwadi* (child-care center) teacher from the state of Karnataka, and the only earning member in her family of two children and a husband, shares her experience.

Be it a man or a woman, if you are physically challenged, people will ask and comment on our abilities. For instance, we would have done a job, even

if it is well done, they would say –“You are not working well, it can't be done by you, why are you even working. just go back home?”

At work too, they torture us. I was made to stand for hours in the office when a particular form was to be submitted. They (government officials) would be listening to music on the computer. If I were to reach at 2 pm, they would make me wait till 4 pm. They didn't even have the humanity to offer me a chair to sit on. I feel very disappointed. Why do I have to do anything?

You may get support from others, but never from your own family. You just have to mention disability and they see you in a different way. They question your earning ability and then snatch your money saying, “Why do you need it.” Can't wear good clothes or jewelry. They say,” you are like this, why do you need good clothes.”

– FGD_Women with Disabilities_Karnataka_Manavi

During the lockdown, *Anganwadi* teachers like Manavi were deputed to monitor COVID-19 cases, which expanded beyond her normal duties of teaching and caring for children. Manavi is vociferous about the increased hardships and pressures she continues to face at work and family due to the pandemic. She points out that her co-workers are either indifferent or disparaging of her work because of her locomotor disability. She attributes her emotional distress to discrimination against people with disabilities, thus neither modulating nor ignoring the despair and disappointment.

In all the above quotes, we see women identifying how gender intersects with other social structures of caste, religion, and ability in their life experiences both within families and state institutions. During the lockdown, instances of intimate partner violence, especially the demand for sex increased, leading to unwanted pregnancies. Typically, most rural women have access to contraceptives at the *Anganwadi* (childcare centers in villages). However, those services were inaccessible during the lockdown. Here, Pooja identifies how the pandemic posed institutional barriers for women seeking contraceptives as they experience marital rape.

The women called the Special Cell for Women and complained of physical and sexual violence meted out by their husbands. Unprotected and forced sex by their husbands lead to unwanted pregnancies. When these women expressed their desire for medical termination, their husbands not only physically abused them, but had repeated intercourse to teach them a lesson. Two of the women had babies less than a year old, and they were not ready for the next pregnancy. Many women confided that their husbands don't even know about the oral contraceptives that they take from the Anganwadi. But this important service was not available during the lockdown.

– FGD_Rural Women_Bihar_Pooja

Pooja points out that during the lockdown, women had to forfeit their right over their bodies and their reproductive choices. Women clearly identified both patriarchy and institutional barriers as the root causes of being denied this right.

Law enforcement institutions like the police tend to reinforce gender relations by trivializing or ignoring cases related to violence, thus diminishing women's experience of violence during these tough times as shared by Ramani in the following quote:

The attitude of the police was non-cooperative and also rude towards women who approached them to report incidents of domestic violence. Our Sangha (collective) member, Jaanvi had approached me to report a complaint against her husband as she knew that I am a member of the Nari Adalat (an alternative dispute resolution system run by women). Since Nari Adalat could not meet to discuss her case due to lockdown, we advised Janvi to approach the police. When Jaanvi complained to the policemen, their attitude was very indifferent and belittling. The Police trivialized violence as they told Jaanvi, "People are losing their lives, while you are bothered about such trivial matters. What kind of wife are you?"

– FGD_Rural Women_Bihar_Ramani

As women open up about their personal or communal distress, at no point in the above quotes are they modulating their anger toward their families or authorities. In each case, women acknowledge their distress and attribute the interplay of institutional and social structures as the reasons for it, rather than regulating their emotions. These conversations are the beginning steps toward resilience building and transcending crises individually and collectively.

7.3.3 Solidarity as Emotional Care

We refer to solidarity as emotional care as a collective extrinsic practice where women develop a shared identity and care with those who share their experiences of distress. In doing so, women seek or provide a support network to share the burden of care work or undertake tangible actions that can resist acts of violence from their aggressors. These practices were typically found among women who had access to self-help groups or *sanghas* that were mobilized under community-based organizations such as Mahila Samakhya. These organizations promote collectivization of women as an empowerment strategy to achieve better outcomes in livelihoods, health, education, financial access, or to challenge inequality (Subramaniam and Krishnan 2019). Thus, emotional practices that drew on solidarity emerged where women were intentionally mobilized into local networks that activated communities of care to help develop emotional resilience as a community.

Even as we refer to solidarity as an emotional practice that offered emotional resilience, we acknowledge how the pandemic also weakened many of the structures, as Dalit women in Bihar noted:

None of the women received support from their family members in sharing their household work. Earlier women had some outlet to vent their frustration and anger, but the lockdown left them with no support system.

– FGD_Dalit Women_Bihar

Although many women reported the loss of access to such networks due to restrictions on mobility and family surveillance, there were also instances where women found emotional solace as they found comfort in spending time with their friends. In the quote below, Dalit women share how they preferred going out to work despite the threat of the Coronavirus as it gave them an opportunity to meet their friends, while avoiding the violence from men at home.

If we go out for daily wages work, it is better because we are working together with our four-five friends. If we stay at home, quarrels start, they will beat us, and use bad sexually suggestive words. So going out is better.

– FGD_Dalit Women_Karnataka

Elsewhere in Bihar, Akhila shares how she addressed the issue of alcohol-induced violence as her husband drank daily because a group of men in her village supplied illicit country liquor. She reached out to her group members, who informed the police. But the police refused to act, leaving the women to face the liquor suppliers by themselves. Here, Santhi describes the experience of Akhila who relied on her network of support to address the crisis of intimate partner violence, during the pandemic.

There were some people who would brew country liquor and supply it to men in the village who were killing time at home with no jobs and money. When Akhila informed other Sangha members, they dialed 100 [the police number] to complain about it, but the police belittled these women. There was no serious action from the police and Akhila's husband continued to drink everyday and create ruckus. Frustrated with the police response, the Sangha women decided to take matters into their own hands. They confronted the suppliers, threatening them that they would complain to higher authorities. The problem subsided for the time being, but if the police had taken women seriously it would have been a different matter altogether.

– FGD_Rural_Women_Bihar_Santhi

Women in sex work respondents also shared how community solidarity helped them overcome emotional harm from the threat of homelessness or verbal abuse. Women in sex work were one of the most severely affected

as the pandemic-related lockdown and the norms of physical distancing eliminated their sources of income completely. Already stigmatized in the society due to their professional identity as a sex worker, the pandemic exacerbated their vulnerability as they lost their capacity to pay for essential services, such as access to health or housing. Many women in sex work do not benefit from social protection schemes of the government as they are often unable to produce the required documentation for identification to access these schemes. Over the past decades, mobilized women in sex work have built their capacities to fight for their rights to earn a livelihood, resist stigma and discrimination, access health and financial services, and secure protection from intimate partner and client violence.

In the quote below, Jayanthi shares how her peer was threatened by her house owner. He sent his workers to evict her from the house as she could not pay the rent. She sought support from her local community and the women's group to challenge the eviction and secure the monthly rent to pay him.

One of the community members had to listen to many abusive words from her house owner for not paying rent during lockdown. His workers came into her home and evicted her. People in the neighborhood got involved and warned the owner by sharing the government instructions on tenant rights during lockdown. We collectively gave one month's rent to the owner on behalf of her. He calmed down and left the space.

– Interview_Women in Sex Work_Andhra Pradesh_Jayanthi

While the acts of securing rent and challenging the eviction are important by themselves, the act of coming together as a community offers marginalized women a space where their emotions of anger and distress against the perpetrator are validated by the community members.

In another instance, Lilavati, a woman with disability, chose to support Muslim families as she recognized how people with power and privilege discriminate against Muslims, particularly Muslims with disability. Here, she talks about her experience of offering solidarity to Muslim families:

People would object with me helping Muslim communities. We have a lot of Muslims in our neighboring areas... People would question us for helping Muslims when we don't have enough for ourselves. They would not touch or interact with my children, because we helped Muslims. They would ask us not to send our kids to their homes. Ratna and other volunteers were stopped for distributing rations to Muslim communities in a certain area. They had to take police support to enter the area.

Interviewer: Was such discrimination towards disabled persons as well?

It was more for Muslim disabled persons. People would question why we give them kits. They are also humans how will they survive?

– FGD_Women with Disabilities_Karnataka_Lilavati

Even as her own family suffers from disadvantages due to disability and poverty, Lilavati identifies how Muslims with disabilities were particularly affected during the crisis. In explaining why she offers solidarity, Lilavati refers to their shared need of surviving the crisis as humans. While the pandemic disconnected many women from their solidarity structures, for those who had access, existing community structures offered a strong source of emotional resilience and a pathway to flourishing for them during non-pandemic times.

7.4 Discussion and Conclusion

We started this chapter examining the emotional practices marginalized women engage in as they navigate the demands of care work during a crisis. We identified three themes in the emotional practices of women marginalized because of their gender, caste, religion, and disability as they dealt with a global crisis that exacerbated their care burden in the family and society. At times, women engaged in intrinsic processes of emotional regulation practices, such as anticipatory emotion work, and other times, they engaged in extrinsic processes, such as attributing distress to power structures and drawing on solidarity for emotional care.

In doing anticipatory emotion work, women managed their own emotions as well as that of those who oppress them, families, and local community members, to prevent future harassment. While anticipatory emotion work provided individual coping strategies for marginalized women, consciousness about structural discrimination from decades of mobilization led them to using other strategies to safeguard their well-being. Women identified power structures as barriers to their well-being and actively chose to exhibit solidarity with other women with shared experiences. We argue that these two practices are nascent but critical steps in transcending crisis and moving toward human flourishing.

Literature on human flourishing or well-being identifies family, work, education, and religion as pathways for people to experience happiness, health, meaning, virtue, and relationships (VanderWeele, 2017). However, our data show how for some marginalized women, family and work are often sites where distress is exacerbated during crises. The main lesson we derive from our study is that organizing and consciousness-raising efforts often open up possibilities of transcending crises in the emotional terrain for marginalized women. The potential for human flourishing does not always exist within the individual capacities of emotion management or support from immediate, private spheres of family or public spheres of work. It also emerges in non-familial and non-professional spheres of friendships through solidarities borne out of a shared identity.

When family, workplaces, and the state fail to provide support, women seek communities of care to receive and provide care. These communities of care, while not available to everyone, were not created during the

pandemic but had emerged among mobilized constituencies of women over years of efforts at collectivization and conscientization through the Mahila Samakhyas program. For most of the women in the study, this process had helped them develop a deeper and critical understanding of their marginalization in which power asymmetry arising from structural discrimination due to gender, caste, class, disability, and religious identities were central to their lived experiences of well-being or flourishing much before the pandemic.

Although women in our study have rarely been able to escape the crisis in terms of reducing their care burden or feeling safe in their families, consciousness about the power structures, we argue, is a critical first step in reducing the injustice of emotional regulation among marginalized people. By recognizing power structures as central to their distress, these women resist demands of individual resilience that is often placed on marginalized women materially and emotionally (Bracke 2016). Rather, they adopt communal notions of resilience which offers ways to transcend crisis emotionally as individuals.

Emotional resilience developed through mobilized constituencies of women and women's access to such communities of care are central to their individual emotional resilience. Hence, the reframing of solidarity as emotional care becomes critical in offering accessible pathways to well-being and flourishing for women from marginalized communities. It is important to examine well-being and human flourishing as outcomes of a shared emotional response emerging from enabling structures and communities of care rather than an individual's ability to manage emotions. These communities of care offer newer pathways of flourishing for women, who often find the normative structures of family or religion or work as sites of crises. For as long as structures of power that marginalize women stay intact, transcending crises becomes an act of breaking away or seeking solutions outside of the traditional structures that are theoretically assumed to provide support or enable well-being.

Notes

- 1 *Hijra* is a traditional community of people with non-binary gender identity in India, sometimes referred to as the third gender.
- 2 All names of participants in this document are pseudonyms.
- 3 While it is difficult to point out the exact words that imply frustration, it was clear to the authors that Radha was experiencing distress and frustration with how she and her family was treated during the pandemic because of their caste.

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