

'Not Like Other Girls': Looking Back as an Approach to Studying the Socialisation of Girls with Locomotor Disability in Bengal

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Abstract

Feminist disability studies argue that cultural notions of femininity construct and shape the development of identities of women with disabilities. This article seeks to reveal the ways in which women with locomotor disability in West Bengal have experienced processes of gender socialisation, in the light of patriarchal and ableist ideologies that exist in their culture. Drawing on methods of feminist ethnography and the idea of studying girlhood through a 'looking back' lens, the article highlights the ways in which gendered processes of socialisation posit a conditional gendering process for disabled women, wherein specific aspects of gendered behaviour and expectations are denied to them, while they are expected and forced to conform to other aspects in their private and public lives.

Key words: Femininity, disability, cultural constructions, ethnography

Introduction: Gendered socialization in Bengal

South Asian societies are characterised by strong patriliney, patrilocality, male authority, and control over resources (Mukhopadhyay & Seymour, 1994). As Indian communities are strongly patriarchal, women have little status or place except under the protection of a father or husband. Women are expected to be docile and self-denying, and show complete deference to the men in their lives. In Bengal, a benign patriarchy operates, with the mother-child relationship assuming precedence over all other familial mores (Bagchi, 1993). According to Bagchi et al (1997), "it is not that girls are unwanted today as they were earlier, although there are few who want only daughters." As a woman is primarily defined in marital terms, she is relatively free only as her father's daughter (Bannerji, 2002). The young unmarried girl is allowed freedom in her father's house and her relationship with her brothers and other men of the family is affable, open, and easy. However, the position of the girl child in the family is specifically unequal to that of her brother, as daughters are expected to treat their paternal house as temporary (Dube, 2001). A young girl is trained by female relatives and kinswomen from a very early age to fulfil her future role as a good wife and mother (Chakraborty, 1998). Socialisation processes and socialising institutions that turn women into gendered subjects interact and draw upon historical, religious, political, and economic structures and ideologies to shape the lives of women in the socio-cultural context of Bengal. Feminine bodily norms are influenced and determined by the way in which an entire society constructs femininity and women. From a young age, girls learn gender-proper attitudes and modes of behaviour, and the differing social expectations of female bodies, and internalise an (gendered) ideal of the body and physical appearance (Engels, 1996). The cultural strategy used is that of an image, an ideal type of a 'good' woman to which all girls and women must aspire, or be relegated to the image of a 'bad' woman (Bandopadhyay, 1995).

Ghai (2003) has pointed out that within the Indian cultural context, disability implies a "lack" or "flaw," leading to ideologies that culturally construct disabled people as being in eternal childhood, thus helpless, dependent, and in need of constant care and protection. Johri (1998) opines that a disabled daughter has to contend with dual disappointment experienced in the family – first for being a daughter, when what was desired was a son, and then for having a disability. In cultures where daughters are looked down on, a disabled daughter is seen as a curse, and she has to contend with disappointment over her birth as well as her disability (Ghai, 2002). In cultures where marriage determines the status of women, disabled girls are

undervalued because of socio-cultural constructions that view them in terms of physical beauty and capacity to serve the marital family. Disabled women grapple with the cultural stereotyping that forces them to accept that marriage and motherhood confer purpose and identity, which they are denied because of their disability. They are seen as dependent and in need of care, rather than as capable of caring for others, and are also considered unsuitable for bearing and rearing healthy children (Ghosh, 2002; Bhambani, 2003). Feminine body ideals and standardisation of female bodies tend towards the normate – the corporeal incarnation of a culture's collective, unmarked, normative characteristics (Garland-Thomson, 2002). Disabled girls, located beyond definitions of sexuality, desirability, and marriageability, live in the liminal space of not being a good girl and yet not being a (morally) bad girl. The prevalent ideals of female bodies make it difficult for women with disabilities to resist the dominant order. Society forces disabled women to define roles for themselves based on the images and values of their social context, thereby forging new subjugated identities within the restraints imposed by society.

Feminist Disability Studies

Feminist disability studies have emerged partly as a result of attempts to explain gendered experience of disability, and partly as a challenge to contemporary feminist theory on gender that fails to take disability into account (Meekosha, 2006). Feminist disability theorists suggest that disability, like gender, pervades all aspects of culture – social institutions, cultural identities, socio-cultural and religious practices, and political positions – that influence the shared experience of embodiment. They have argued that gendered societal standards influence and construct cultural notions of femininity and shape the development of identities of women with disabilities, which has implications for the different ways in which disabled women themselves experience, negotiate, and subvert the gendering and disabling processes within different socio-cultural formations. Gender socialisation is one of the basic processes whereby identities are constructed and maintained through learning of socio-cultural ideologies regarding gender-appropriate behaviour and its performance in daily life contexts. While all gender prototyped individuals are socialised into gender identities, for disabled women the socialisation process is tempered by the way in which their impairments are interpreted within their families and in the context in which they are located.

Erevelles (2011) argues that feminist disability studies have to foreground the materiality of structural constraints that give rise to the oppressive binaries of self/other, normal/disabled, and us/them. She talks of focusing on the social and economic conditions that affect (disabled) people's lives, and that are concurrently mediated by the politics of race, ethnicity, gender, sexuality, and nation. Similarly, Freidner (2015) feels that disability analyses in the Global South either focus on disabled people as the most marginalised within families and communities, or use a macro-level perspective to highlight the political economic framework that structurally marginalises disabled people. However, Freidner points out that both approaches tend to ignore disabled people's everyday practices in specific locations.

This article seeks to reveal the ways in which women with locomotor disability in West Bengal experience processes of gender socialisation growing up, in the light of patriarchal and ableist ideologies that exist in their cultural context. Most of the literature on disabled women and their experiences of girlhood has highlighted their negative identities and poor status in terms of objective indicators like health, education, and employment. This article shifts away from a positivistic stance to use a critical theory perspective to explore the ways in which these women negotiate the self and a feminine performance in different ways, adhering to, questioning, and subverting such ideologies in their daily lives. The study is located in the cultural backdrop of Bengal, where gender ideologies developed and accepted by the upper middle class during the Nationalist struggle recast women as mothers, as the Nation was projected as a Mother to be obeyed, protected, and revered. However, the same ideologies also posited a separation of the realms of men and women, with the public/outside seen ideally as the men's domain and the private/inside as the women's domain. Though these ideologies were mostly put into practice in upper-middle-class homes, they were also accepted and internalised by most of Bengal, leading to practices that maintained this tenuous separation.

Methodology

Feminist ethnography seeks to a) document the lives and activities of women, b) understand the experience of women from their own perspective, and c) conceptualise women's behaviour as an expression of social contexts. Additionally, and following feminist methodologies, feminist ethnography addresses the significance of memory and 'looking back' as an entry point to a deeper understanding of experiences of socialisation (see Haug, 1987). This article is based on an ethnographic study conducted in West Bengal between 2014-16, which used qualitative

techniques of data collection to reconstruct and understand the lives of women with locomotor disabilities within their own social contexts. My interest in the lives of disabled women came from a dual perspective – living with disability myself and working with children with disabilities in the early part of my career. As the manifestation of impairment and its social relevance is different for different groups of disabled people, I sought to restrict my study to women with locomotor disabilities or women with disability in their limbs that affects their mobility and other aspects of their everyday lives. The categorisation of the degree of impairment as mild, moderate, or severe refers largely to the restrictions these women face in their daily lives within their homes and in their communities. I identified the women through personal contacts in the field, as well as through organisations working with disabled women in the community. As the sole researcher, I initially met each woman at home, or any other place they felt comfortable in, and explained the purpose of the research. I reassured them that their identity would be concealed, their voice would be included in the research interpretation, and the confidentiality of the information they shared would be maintained. Often families took the decision about the women's participation, revealing the infantilisation of disabled women. It took from two to four long interviews to establish a good rapport with the women and their families, following which family monitoring was slowly lifted and greater privacy in discussions with the women was ensured. While there was a feeling of sisterhood with the women with disabilities, despite the difference in the types of impairments, there was also a clear-cut power dimension where I, the researcher, was perceived as more knowledgeable than the women I was interacting with. This was actively countered by creating more egalitarian relations, as well as ensuring that the conclusions reached were verified with the women themselves.

The two districts involved are Kolkata, an urban locale, and 24 Parganas (South), a district that in spite of its proximity to Kolkata still retains its rural characteristics, although there are a number of small towns to be found there too. These districts were chosen because I wanted to explore the gendered experiences of disabled women from both urban and rural backgrounds, and to understand the varied processes whereby the identities of women with disabilities are structured, maintained, and sustained within different socio-cultural contexts that are guided by similar gender/disability ideologies.

There were ten women from rural areas and six women from urban areas, aged between 24 and 40, who participated in this research. The women from 24 Parganas (S) came from

different villages, where the predominant occupation is agriculture and agro-based enterprises. The families, or sometimes extended families, have small land holdings, fragmented by continuous division over generations. There is a focus on hard physical labour both on the land and in the small-scale, village-based enterprises and local businesses, such as nurseries, refashioning of clothes, refill factories, and biri (a kind of slender cigarette rolled in a tree-leaf) and muri (parched rice) production. . On the other hand, the women in Kolkata lived in densely populated neighbourhoods, where there are people from different religious, socio-cultural, and economic backgrounds. While three lived in a residential institution in the south-eastern part of Kolkata, one was married and living with her family in the south-western part of the city, one lived by herself away from her family because of her work, and one was a widow living with her natal family.

Feminist ethnography emphasises that knowledge is contextual and interpersonal, based on women's experiences within the concrete realm of everyday reality and human agency. It offers opportunities for the documentation of women's lived experiences in a way that does not render them subsidiary to men's lives (Bryman, 2001). The women in this study were the authors of the narratives of their experiences in their growing up years, excerpted here, as they reflected on their childhood socialisation. Data was collected through multiple qualitative techniques, including in-depth interviewing and focus group discussions with the women, their families, and people from the neighbourhood and community, in order to gain a holistic understanding of the lives and experiences of women with disabilities in Bengal. While multiple in-depth interviews revealed the experiences of the women I was interacting with, participant observation and unstructured discussions with families and other people in the community/neighbourhood were undertaken to gain a better understanding of the gender/disability ideologies operating in the context. The entire process of data collection was a dialogue between the disabled women, their contexts, and the researcher. The analysis of the data proceeded along with fieldwork; narratives from the field were analysed to develop a broader idea of the gender regime and the ways in which disabled women participated or were allowed to participate within it. The narratives of the women helped the researcher to identify broad themes vocalised by the women themselves with regard to their own lives, experiences, and lifestyles. As all interactions were in Bengali, the translation of the conversations into English was validated by linguists familiar with the field of

disability and then back-translated and verified with the disabled women themselves to ensure that there was no ambiguity or false representation.

Key Themes

In this section I consider key themes in the narratives of the women.ⁱ

Socialising Disabled Women in Bengal

The cultural construction of both gender and disability has an impact on the ways in which disabled women experience their everyday lives in West Bengal. The women in the study recounted the ways in which they were, as young girls, introduced gradually into the gendered socio-cultural ideologies about able bodied girls within families, and experienced the processes of gender socialisation. Disabled women felt that subtle differences were created between so-called able-bodied and the physically impaired girls, in a manner wherein impairment is seen as interfering with the attainment of a 'normal' feminine identity and existence. In early childhood the process of differentiation was benevolent, but in adolescence the disabled women came to realise that partial gendering affected access to accepted feminine roles, while pressurising them to adhere to codes of existing gender regimes. The experience of both gender and disability varied not only with age, but also in terms of spaces they inhabited – within families and neighbourhoods and in the outside community.

Tighe (2001) noted that all women, including women with disabilities, are evaluated by a body code that requires strict adherence to culturally constructed feminine disciplinary practices. From girlhood, women, and disabled women especially, learn to feel uncomfortable with their bodies (Rimassa, 1997). One of the most vital aspects of demonstrating femininity is through the display of a presentable and functional body to the outside world, thereby developing one's sense of feminine self. The disabled women in Bengal recalled that their families attempted to counteract the impact of the impairment on the girl and restore her to the so-called 'normal' body, which is demanded by the social order that values women's productive and reproductive capabilities.

“I was born with arthogryposis – my legs were bent and stiff. By the time I was four years old, I had a series of surgeries, and learnt to walk with the help of crutches and callipers. It was so important for my parents and even for me that I should be able to walk.” – Agatha, Kolkata

Other families were sceptical about seeking surgical treatment, fearing that the daughter would lose the use of her limbs. This is more evident in rural families, where parents have less access to knowledge and other resources.

“When the doctors wanted to operate my left leg, my parents were initially reluctant, as they had never heard of such successful surgeries. They were afraid that I would not be able to walk at all. It was only when they met two other girls who had undergone such surgeries and were able to manage their mobility better, that they agreed.” – Manju, Kolkata

“The doctor wanted to operate my leg to correct the defect. Initially my father wanted the operation as he had anticipated problems at the time of my marriage, but when the doctor said that he couldn't guarantee full recovery of power in my leg, my father was unwilling to take the chance.” – Jahanara, village

Thus, the main concern of parents and families of these disabled women, though overtly to help the girl to regain functionality, was subtly to ensure her future in terms of a self-sufficiency that would better her chances of marriage.

‘Not Like Other Girls’: Conditional gender socialisation

The women recalled that within the family they had a protected and pampered life, cared for by their mothers and sisters and cosseted by their fathers and other extended family members.

“My parents were always protective in childhood. I was not allowed to play the games my brother and sister played.” – Agatha, Kolkata

For disabled girls, younger sisters became their main support system in childhood or until they were able to manage their personal care by themselves. Disabled girls accepted their support and depended on it for their daily living activities.

“My sisters always helped me, as my mother thought it would be difficult for me to manage – they served me food and cleaned my dishes.” – Sulekha, village

“My sister helped me with personal care, bringing water for bathing, washing clothes, making the bed, and helping me into the wheelchair.” – Saraswati, village

Subtle differences were created between them and their (non-disabled) siblings based on perceptions about their impairments, pain associated with their impairments and their medical rehabilitation, and associated insufficiencies, both actual and constructed, which were linked to the construction and performance of gendered abilities. In adolescence, when training for domestic work began for her sisters, the disabled girl initially felt privileged that she was exempt from such work.

“I was never allowed to help with the household work – my sisters did everything. It's not that I could not manage some of the work. But my father had given strict instructions that I should not be bothered with domestic chores.” – Asha, village

Such processes of socialisation served to concretise and consolidate the gender identity of the disabled girl, while marking her as different from the other children around her. The disabled women recalled that their impairment interfered with their gender identity, which was primary to their sense of self. The developing of a gender identity more strongly in adolescence eventually led to feelings of resentment of the non-disabled sisters, as many of the women recalled. These feelings were both an expression of frustration at their experience of the denial of their burgeoning sexuality and a bittersweet dislike of the encouragement of the developing sexuality of their sisters.

“Though my sister used to help me with all my personal care and other work, I never let her use my clothes or personal accessories. I had this competition with her because she was ‘normal’ and my parents relied a lot on her. When I got my own room, I never allowed her to sleep in my room. Why should I give her my space? She could go wherever she wanted by herself, I couldn't.” – Saraswati, village

At the same time, the presence of a disabled sister often became a sore point for the other sisters, as a lot of curious attention was directed towards the disabled “different” girl, even among their own friends. Some women also recalled the opposite scenario.

“My sister never told any of her friends about me. She was ashamed of me. When her friends came home and saw me, they also ignored me and it was then that I realised that my sister couldn't accept my disability.” – Smita, Kolkata

Experiencing Difference

Feminism's revaluing of customary social roles of women debars disabled women from a womanhood narrowly defined by roles from which they are excluded by virtue of the social construction of their impairments (Silvers, 2000). The disabled women recounted their gender socialisation, which highlighted social attitudes, expectations, and modes of behaviour considered appropriate for women, while stressing, sometimes overtly, mostly subtly, the fact that such rules applied to them only loosely. As young girls, the disabled women learnt the ideal of a 'good girl,' from bodily configurations to notions of beauty, from functional capacities to productive and reproductive capacities, as well as moral uprightness, seen as desirable for all women, especially if they are to fulfil the role of wife and mother. The women used the term 'good' in a dual sense, referring both to women with unimpaired 'normal' bodies, and to women who conform to and actualise the ideal notions that the gender culture expects of them. They felt that they were also socialised into such body ideals, only to find that they could not accommodate the imperatives of their impaired bodies to these prescribed behaviour patterns.

“From an early age I came to understand that I could never fulfil that ideal because of my physical impairment and its associated limitations.” – Agatha, Kolkata

As the disciplines of femininity create the ideal woman (Wendell, 1996), disabled women internalise and are influenced by dominant norms and values about attractiveness and physical appearance of other women, and perceive themselves to be lacking the popular standard of beauty. Women with locomotor disability reflected on the adolescent processes by which they came to realise and accept that they were different from their non-disabled sisters, and learned to limit and modify their aspirations. These women recalled clearly that they wished to adhere to feminine dress codes in adolescence, in order to prove their equality with other girls.

“As I grew up, I wanted to wear clothes that other growing girls wear, like the *salwar kameez* or the *saree*. In high school, our school uniform was a *salwar kameez* which did

not interfere much with my impairment and I was happy to be able to hide my calliper under the pyjamas.” – Manju, Kolkata

While most of the disabled women attempted, as far as possible, to adhere to feminine norms of beauty, their type and level of impairment determined their choice of clothes to a great extent. Girls who had been wearing skirts and blouses continued to do so, citing convenience of movement in such clothes.

“I used to wear skirts and blouses. I could hitch them up in order to move from one place to another. In the villages, where there are no proper pathways, moving outside the home to the pond for bathing or washing means that clothes would get dirty easily. Hence the clothes that were appropriate for my way of moving.” – Sandhya, village

However, adherence to adolescent dress codes is suggestive of arrested womanhood, and involves a slightly different code of modesty that allows them to wear such clothes for convenience.

“I only wear skirts and blouses usually gifted to me by relatives. I hitch up my dress if I need to crawl out of the house. I would prefer to wear pants and shirts as it makes my crawling around easier and doesn't expose my legs to the people around. After all, as a grown woman I need to preserve my modesty.” – Saraswati, village

Women with disabilities may portray themselves as ultra-feminine to counter such de-sexing and find themselves subscribing to traditional notions of femininity mainly because avenues for subversion of their disabled and gendered identity may not be available to them (Begum, 1992). This is clearly seen in the use of jewellery used by disabled women from their adolescence to affirm their femininity.

“I remember asking my mother to make me beautiful by applying lipstick. I like wearing *bindis* and earrings, and got my ears pierced. I like wearing such feminine attire like frocks and gowns.” – Chobi, Kolkata

Yet some women with severe disabilities recall that from their early adolescence, when they started realising their difference from other girls of the same age, they began to downplay their femininity by dressing conservatively.

“I never liked dressing in fine clothes and putting on make-up. It is not because I am like this – disabled. I like dressing simply with just earrings and maybe a *bindi*. Sometimes when I put on many things and look in the mirror I feel that I am too dressed up. Dressing up is not for me.” – Asha, village [[ASHA SEEMS TO BE SAYING HER DISABILITY HAS NOTHING TO DO WITH HER CHOICES]]

Training in Gender Roles

The roles of wife and mother are seen as the most important in the life of any woman (Bannerji, 2002). Girls are trained from childhood to take up culturally accepted feminine roles, one important dimension of this being household work. Household work mainly entails cooking, cleaning utensils, washing clothes, sweeping and swabbing the rooms, taking care of young children and the elderly, and, in rural areas, additional tasks like fetching drinking water, collecting firewood, and tending to animals. In their early teenage years, girls are trained by mothers and other women in the family to initially share the easier and lighter tasks, and then slowly, as they grow older, take on cooking, cleaning, and caring for younger siblings. The disabled women in this study recollected that if they had to help with the household chores, in late childhood and early adolescence, they were assigned ‘light’ or ‘easy’ work, while their sisters were coached carefully in heavier household work.

“I was never asked to help in the kitchen. My mother used to ask me to fold the laundry or make the bed. My sisters had to help in the kitchen, bringing water, cutting vegetables, or even cooking. Mother used to say, ‘your leg is bad, if there is an accident then you will be burnt.’ So I wasn’t allowed to work on the coal or wood oven or even the stove.” – Manju, Kolkata

Some families with sisters and sisters-in-law would ensure that disabled girls never had to do domestic chores.

“Once or twice when I tried to take the utensils to the pond for washing, I lost balance and fell badly. So I was not allowed to do all that. Sometimes Mother would allow me to help with the kitchen work, which meant making *rotis* and putting kerosene in the lanterns.” – Jahanara, Kolkata

The women recalled that their mothers were afraid to assign tasks to them that involved moving around or carrying heavy loads, as they could harm themselves. Some of the disabled women, on reflection, felt that a subtle message also was being passed to them: to limit their aspirations for marriage, while other girls of the family were being trained in household work for their future lives.

“I got the message that I was not ‘perfect’ or ‘normal,’ and hence didn’t need training for responsibilities after marriage. My mother kept exhorting my sisters to learn household work properly, as they would have to do it when they got married. But there was complete silence about my future life.” – Asha, village

However, women with locomotor disabilities recollected that engaging in and completing household chores during adolescence was one way of lessening the difference that was constructed between them and their sisters.

“I used to try hard to do all the work my sisters were assigned, even though Mother would forbid me to do so. When my sisters used to go to fill drinking water from the communal tap, I used to tag along with them, and would carry back the bucket. Sometimes I fell and the water spilt also but I just wanted to do all that they did. Mother used to say ‘you can’t do it’ so I wanted to show her I could.” – Mita, village

Access to Education

Participants talked about how disabled women were encouraged to go to school and gain an education because of the social perceptions of limited options available for marriage and motherhood. Women with mild to moderate disabilities reminisced about how parents stressed the need for education because they realised and accepted that their daughter had to be capable of supporting herself financially, as gender roles available to other women might be closed to her.

“My mother always used to say education would help me to get a job and earn a living. ‘You cannot work like other women.’” – Anita, village

“My mother used to say I should study hard as I would not be able to labour like my brothers. She made me attend school all days of the year, despite the problems I faced travelling to school, both because of the inaccessible buses as well as the chafing of my thighs due to continued use of callipers in summer.” – Krishna, Kolkata

School teachers reflected the same ideas, as Manju recalled, from their encouragement to her for continuing her education.

“They would tell me that I could not afford to neglect my education. They felt that my disability should compel me to study properly as the difference between me and the other girls was not just a physical difference of having a leg that didn't function as it should, but was something much more than that. It was like a goad for me pushing me to do well in studies. They felt that I shouldn't behave like the other girls and should take my studies seriously. They would continuously tell me that I would have to stand on my feet and be self-sufficient.” – Manju, Kolkata

Access to education, however, varied based on the level of impairment, construction of disability, family, and cultural ideologies, and physical barriers. Women with severe locomotor disabilities do not remember ever going to school, even if it was close to their house. The disabled women felt that local schools were also not very inclusive when they were growing up.

“I never went to school, as ... none of the schools were ready to accept me. While the general schools refused to admit me because they did not want a disabled girl in the classroom, the special school refused on the grounds that they couldn't possibly accommodate me as I didn't have a mental disability.” – Chobi, Kolkata

“When my grandfather first took me to the village school, they denied admission to me. They were afraid that I would fall if the other children pushed me, or that I would not be able to come to school regularly. Only when we produced a government directive regarding admission of disabled children in mainstream schools, the principal reluctantly allowed me into the school.” – Sulekha, village

“I was admitted to a reputed primary school in Kolkata at the age of six years. As the school refused to take responsibility, my mother had to take me up the stairs to the classroom and then back down again. Other children would laugh at me, and I felt sad. However, I was most embarrassed when the school authorities decided to make me sit near the classroom door because of my urine incontinence, for which I wore nappies and plastic panties. The other children used to keep complaining ‘she smells, we cannot sit with her.’ I was so ashamed and mortified.” – Agatha, Kolkata

Internalising the Gaze: Neighbourhood and communities

Linton (1998) defines ableism as “including the idea that a person's abilities or characteristics are determined by disability or that people with disabilities as a group are inferior to non-disabled people.” Viewing certain bodies in terms of deficiency and essential inadequacy privileges a particular understanding of normalcy that is commensurate with the interests of dominant groups (and the assumed interests of subordinated groups). Indeed, the formation of ableist relations requires the normate individual to depend upon ‘disabled’ bodies being rendered an unthinkable object of apprehension (Campbell, 2008). For people with disabilities, the process of developing a disabled self is fraught with painful comprehension of the limitations of one's body and valued socio-cultural ideas that gradually dawn on them, specifically during adolescence. The women in the study, when asked to recount their childhood, revealed that they participated with their siblings, cousins, and friends in everyday activities in the community. As

they had not yet internalised social perceptions that deem crawling degrading, the disabled women recalled that they were more comfortable and less self-conscious about crawling or limping at that age. Thus, going out of the house or crawling to the playground was not so uncommon, especially in rural areas.

“As I was quite thin, my second sister would hitch me on her hip and carry me. I never felt embarrassed at that time.” – Asha, village

“I would go and watch my siblings play in the big field in our village. As I could not play with them, I would slowly crawl or use my crutches to go and sit in the courtyard of the nearby temple. I would watch them, and sometimes ... they would play catch, and I would do too but on my knees.” – Sandhya, village

It was during adolescence that the disabled women felt they came to realise the major implications of their impairments, which also fuelled feelings of anger, bitterness, and deep resentment.

“My neighbours used to call me nicknames, which sounded affectionate, but were derogatory. No one ever bothered to use the name given by my parents. I used to get very angry when people joked about my height or laughed at me.” – Anita, village

The realisation of the gaze and the experience of being stared at, pitied, and teased that disabled women experienced during adolescence was highlighted in almost every conversation. The difference in bodily form and gait was given the form of devaluation and made the girls an object of ridicule.

“Everyone would stare at me like I was a novelty.” – Manju, Kolkata

“Everyone around me would be walking and I would be crawling along. I was ashamed of going out like this, as people would stare at me all the time. So I stopped going out of the house.” – Asha, village

The social valuation of perfect bodies not only accentuated visible differences but, coupled with teasing comments and taunts, gave rise to feelings of inferiority and devaluation. These feelings got crystallised during adolescence, and were manifested in diverse ways of dealing with the shame, one of which was to lead a reclusive existence.

“I started to feel ashamed of my height and myself. If and when I went out, I would walk behind my elder sisters-in-law covered with the shoulder pleats of their *sarees*, so that no one could see me.” – Anita, village

“When I was young my father and uncles would carry me to all social programmes in the locality. As I grew older, I refused to go as I used to feel like an animal in a zoo. Everyone would stare at me, as if I was someone from another world, an extraordinary thing, something people had never seen before.” – Chobi, Kolkata

The material reality of the body, the impairment, is thus impossible to deny or overcome, and disabled women recalled that as they grew up they learnt to accept and manage their bodies according to gendered constructions as far as possible. The adherence to gendered codes in public or community spaces drew less attention to them and their impairments, and bought a tenuous acceptance within their communities.

Discussion

As can be seen in these narratives, women with disabilities face double invisibility both as subjects and objects of desire, as the social perception of disabled people as asexual impinges on their identity and experience as feminine beings (Ferri & Gregg, 1998). Some of the women felt restricted by such ideologies and practices and believed that their parents could have challenged them, and helped their daughters cope with their daily lives in a better manner, rather than devaluing them with assumptions of incapability. Neighbourhood and public spaces as well as schools are experienced as oppressive and degrading, where one is judged solely by the prescribed standards of idealised normality and not by the realities of their capacities and capabilities. For women with disabilities, the body becomes the sole point of both similarity and difference between them and other women, and determines the ways in which they perceive and experience the difference in their everyday lives. Though ideologies negate the capacities of the disabled women, their lived realities often differ as they experience, negotiate, and tailor the

needs of their impaired bodies to the performance of the feminine self. Normative femininity is accepted and endorsed, and negotiated with the ramifications of their impairments. Disabled women strive to adhere, as far as possible, to the socially acceptable ideas about normative femininity through different strategies of presenting a feminine self, in gait and bearing, in dress and comportment, and through activities and practices. An embodiment that is shaped by an impaired female body, coupled with the socio-cultural valuation of a disabled person as well as of the different social roles a woman plays, greatly influences the way in which disabled femininity is constructed, nurtured, and contested.

The disabled women in the study recalled that as girls they were protected, cosseted, and cared for by families within a benevolent patriarchal set-up, where the presence of impairment was viewed as a catastrophic life event. Almost as if compensating for the girl's inability to attain and achieve socially valued roles, differences were created between them and their siblings, sometimes subtly, at other times overtly pointing to the limitations of their impairment. At adolescence, the benevolence gradually slid into differentiation between 'normal' women and disabled women, highlighting their impairment and comparing it constantly to an idealistic norm in the private domain of family and household. The process of embodiment for disabled women is thus fraught with a series of contradictions. The creation of differences, based on the material reality of their impairment as well as assumed preconceptions about their capabilities, leads them to accept their impaired bodies as something that is devalued and found 'wanting,' as compared to other women. As young girls, disabled women in Bengal learn, internalise, accept, and adhere to gendered norms that specify the way in which the female body should appear and behave, as well as the practices that it is allowed to engage in, within the dominant gendered socio-cultural ideologies. However, this gendered socialisation is always careful to mark out impaired female bodies, as disabled women, as girls, are forced to accept the material reality of their impairments and deal with the requirements of their impairments while perfecting their feminine performance. Thus, most disabled women recalled experiencing their impaired bodies as oppressive, where impairment interferes with their accomplishment of an appropriate feminine performance.

The female body is produced not only through the cultural practices that shape and manipulate the physical body, but also by the women's lived experiences of their bodies. As the constructed ideal female body is linked with social acceptability, to have an appropriate feminine body is most crucial to a woman's sense of herself as a female sexually desiring and desirable

subject (Bartky, 1992). As young girls, almost all women internalise an image of the ideal body and the particular kind of physical beauty, notions of appropriate and acceptable feminine comportment, as well as functional capacities that are desirable for women. Disabled women, however, also socialised into such body ideals, find it difficult to accommodate the imperatives of their impaired bodies to some of these ideals and prescribed behaviour patterns, which become increasingly important as they grow up. In everyday life, these disabled Bengali women experience and negotiate their gendered/impaired bodies and lives in accordance with the socio-cultural norms of acceptable behaviour and comportment expected of women. These women internalise, accept, and adhere to gendered norms, and experience their impaired bodies as oppressive, as their impairment interferes with their accomplishment of an appropriate feminine performance. However, growing up with an impairment provided these disabled women with insights into negotiating their impairments in order to adopt, adapt, and tailor their performances to adhere to notions of a normative femininity. For women with mild disabilities, the adherence is total and redefinition is slight, but for those with moderate to severe disabilities, as adherence becomes more difficult, redefinition implies reviewing notions of femininity and adapting it to the needs of their impairment.

Conclusion

Feminist disability studies have provided the framework for this study, offering an approach with which to probe the cultural meanings attributed to bodies that societies deem disabled, and seeking to present disability as an integral part of one's embodiment, character, life, and way of relating to the world (Garland-Thomson, 2005). Disabled feminist scholars have posited an alternate understanding of disabled women, a new framework that enables an exchange between disability theory and feminism, in order to understand how bodies — marked by gender and by disability, by impairment and sex — are formed in, created by, and acted upon by society, and also act within and affect society (Schriempf, 2001).

This article has highlighted the ways in which disabled women in Bengal recall being subjected to gendered processes of socialisation, which are located within cultural ideologies of being a 'good' and acceptable woman. The gendered ideologies in Bengal that define the essence of womanhood as being a wife and mother are internalised by disabled girls, and they are able to identify, in adulthood, how the process of socialisation within families and communities is discriminatory. According to Ghai (2003), disabled women have plural identity markers, based

on socio-cultural meanings ascribed to female and impaired bodies, which need to be understood to make sense of their daily experiences within their families and communities. The social and historical settings in which these women are located affect the nature of their embodied experience, as well as their articulation of it. The gender/ability regimes that operate in the cultural context of Bengal draw heavily on the ideological construct of the ideal woman through representations, images, norms, practices, activities, ideas regarding acceptable bodies, appearance, and behaviour, and qualities and characteristics that are desirable for women whose destined role in life is to become a wife and mother. For disabled women, this ideal image deems her failing the stereotype, while at the same time creating pressure on her to actualise the concept in her own life. The gender/ability culture in Bengal posits a conditional gendering process for disabled women, wherein specific aspects of gendered behaviour and expectations are denied to them, while they are expected and forced to conform to all other aspects in the course of their private and public lives. The 'not like other girls' discourse is evident in the looking-back approach taken in the research, and aligns well with the emerging literature on girls with disabilities in other Global South contexts (see for example Ervelles & Nguyen, 2016; Nguyen & Mitchell, 2014). While none of the women in the study referred explicitly to rights in their looking-back accounts, there are many implications for this work in relation to a rights-based approach as framed by the Convention on the Rights of People with Disability (CRPD). Clearly the CRPD and the Convention on the Rights of the Child should frame future work that looks at contemporary realities for girls with locomotor disabilities in Bengal.

Notes

iNames of all the women with disabilities have been changed, keeping in mind ethical considerations.

iiLoose fitting knee length top with pyjamas.

iii Circular decoration worn between the eyebrows.

ivIndian flat bread.

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