

Everyday Living Body of *Ma*

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Abstract: *The female body is always the point of curiosity, the centre of attraction and a matter of contemplation and contestation from time immemorial. The public “gaze” of both males and females is always fixed on her body. There has always been an endless social discussion on how she will dress, decorate, manipulate maintain or shape her body. It is a very prevalent picture in every era as is also in a modern or post-modern world. Alongside this public opinion about the female body, a woman’s body is always considered to be seductive, enigmatic and alluring. This female body seems very often to be a “desirable other” (Thapan 1995) as depicted in magazines, cinemas, advertisements, on the catwalk and so on. When a woman’s physical beauty is appreciated, she is perceived only based on her body about her sexuality. This “objectification” of the female body is much more emphasized than anything else. The whole process of the objectification of the body is closely related to sexuality which, according to Mackinnon, is ‘a dimension along which gender occurs and through which gender is socially constituted’ (1994:260). Thus, a female body is always a subject of rigid social judgement, evaluation and scrutiny.*

While talking about the body in everyday life vis-à-vis gender, it can, therefore, be argued that the gendered subject is neither a biological being nor even a psychological being, rather a social being (Thapan 1995) and a woman realizes social identity through experiencing her femininity in inter-subjective relationships with other people. This experience of femininity is closely intertwined with the complex matrix of class, caste, regional and socio-economic components. How a gendered subject is constructed by herself is once again the product of the process of social construction.

In this paper, I will represent the visions of some women who have become mothers in their early thirties and living in the Malda Municipal area to explore how the physical embodiment of women is influenced by gender in everyday life with an emphasis on their realizations, wishes and imaginations.

Keywords: Mother, body, gender, everyday life, femininity.

Introduction

Let me start by asking some questions. The first is: What is a body that I am talking about? The second question is: Is the mother's body different? My third question is: What is everyday life and how are our bodies related to everyday?

Let me clarify one thing. Here I am not talking about body in general, but about a female body. Body in a general sense always refers to a male body. We all know that biologically female body is different from the male body. But here I am discussing the female body in social terms. Socially too female body is different from that of the male body. From time immemorial female body has been subjected to public opinion and social scrutiny. It is a society which makes endless social discussions about how a woman will dress, how she will decorate herself, how she will shape her body etc. A woman's body is always considered to be seductive, enigmatic and alluring. This female body seems very often to be a "desirable other" (Thapan 1995) as depicted in magazines, cinemas, and advertisements, to be perfect on-ramp and so on. When the beauty of a female body is appreciated, it is always made based on her body. The objectification of the body is emphasized here more than anything else.

Mother's body essentially a female body is also subjected to public opinion. Mothers like women are also judged by their bodies. There are some important issues which take place in a female's life like menstruation, pregnancy, menopause etc. All these phases are accompanied by some physical changes. My paper focuses on changes during pregnancy. During pregnancy mothers face a lot of comments from family members, relatives and neighbours. In a word, women's entire life is subjected to social scrutiny.

In answering what is everyday life, I represent some theoretical approaches. Although everyday life is the centre of attention of anthropology, it emerges comparatively as a new area of investigation in sociology. In sociology, there are two ways in which everyday life arises as a new subject of inquiry. On the one hand, while most theoreticians in sociology have given rise to abstract reasoning about the "social", they have accepted the components of everyday life. On the other, it is the postmodern turn due to which everyday life as a topic of research has gradually flourished.

“Everyday Life” in Sociological Theories

Merton (1968) suggested that research which is based on verifiable theories of the middle range and topic of research must be taken from everyday real experiences. Giddens (1993) used structural explanation to explain the notion of human action and opined that the social world is the expert or proficient and successful attainment of active human subjects. He theorized contemporary times as “late modernity” and his description of displacement and re-embedding exhibits the intersecting of abstract systems and knowledge drawn from everyday life through the processes contrary to each other: estrangement and familiarity; intimacy and impersonality; personal trust and impersonal ties; expertise and reappropriation; privatism and engagement and finally the intersecting of pragmatic acceptance and activism.

Simmel (1971) asserted that the main focus of sociology is to analyse and find the rules for “being together” (association) of people. In this connection he drew reference to everyday life: it is in everyday life where groups function as units and individuals perform to create their distinctiveness. Benjamin (Leslie 1988; Wiegel 1996) viewed everyday life as the foundation for understanding historical events. According to him, everyday life is the realm of both human action (performance) and the heart of human thought. Each idea (language) consists of a depiction of the world and also a portrayal of the body in more or less acquainted space. Habermass (1987 [1981]) talked about “lifeworld” (*lebenswelt*). It is the place within a person’s sway or control and this space contains the allotting of time to the action of the daily life and the social. It begins with reference group and the family and spreads towards the community, the nation and world society. Habermass envisages an ideal lifeworld where ideology does not misrepresent or falsify discourse. At the same time, he made us aware of the fact that in reality the increasing power of bureaucracy, the influence or effect of corporate capitalism and mass consumption impose regulations or rules on lifeworld as a result of which aspects of lifeworld like family, private life and familiar relations get distorted.

In the context of a necessarily unfinished project of modernity, Elias (1994) visualized everyday life as the site of a centuries-long civilizing process. He asserted that actions in everyday life express both the emotional and rational impulses of the individuals and they intertwine continuously in an amicable and antagonistic way. As a result, they are inevitably interdependent. There arises an incidental patterned order that cannot be resisted and it is more convincing than the will or reason of the individual

who creates it. With the changes of time, the changes in social structure result in the psychic adjustment of people to it and accordingly, rules of conduct and the structure of the steering of individuals themselves in everyday life also change.

Henri Lefebvre and Michel de Certeau interpreted everyday life vividly in the light of Marxian theory. Lefebvre (2003) viewed everyday life as an urban phenomenon, in which people became victimized by capitalism which resulted in inevitable alienation. A group of people impose rules beyond questions to regulate actions of everyday life. To do this, they promote terrorism. This process cannot be recognized as the “bureaucratic society of controlled consumption” evolves or develops; everyday life is “the space-time of voluntary programmed self-regulation”. The victimized group can free themselves from this terror as they perceive revolution.

De Certeau (1984) emphasized the importance of human agency. He viewed everyday life as a locus which is full of opportunities for spontaneity and which has the potentiality for several results. He focused on the aesthetic pleasure which is to be drawn from the beauty of unanticipated actions and it constitutes much of daily living. With the institutionalization of domination of the capitalist class, the everyday action of the working class also contains subjectivities which act as creative “tactics” for successful and productive resistance.

According to Foucault and Bourdieu, everyday life is engraved in the body. For Foucault, the state functions as the knowledgeable superstructure of a whole series of power networks and it structures the daily experiences of body and sexuality and at the same time of the family and kinship, knowledge and technology (Foucault 1980, 1982, 1984). He mentioned the inevitability of disciplinary mechanisms that become part of everyday life and this exhibits the “dark side” of a representative parliamentary regime with the formally egalitarian juridical framework.

Bourdieu (1977, 1990) talked of “habitus” which is embodied history. Habitus as a principle regulates how components of position control selections among individuals, goods, practices, and opinions in everyday life.

In the USA, the theoretical focus of everyday life lies in the centrality of human relationships. Mead also theorizes how the self-shaped in family interaction expands to be competent enough with rule-governed games which constitute social life. Here performance or action in everyday life is important (Blummer, 1969) and concerning it how people interact with others

and interpret situations with a shared meaning is the core of symbolic interaction.

Schutz (1967) and Berger and Luckmann (1972) give attention to the techniques that support interaction in everyday life. Schutz differentiated sociological understanding from common sense and considered sociological understanding as progress which goes beyond common sense. In this connection, he explains the significance of “because” and to motives which govern action. He also focused on the centrality of “and so forth” which signals community in ongoing interaction. Berger and Luckmann (1972) further examined how typical action as “recipe knowledge” got institutionalized as meanings develop and this ‘recipe knowledge’ is regulated by general rules which are likely to hold transcendental implications.

On the contrary, taking inspiration from behaviourist psychology, Homans (1959) visualized determinants of interaction in everyday life as rules of social exchange, which indicates tracing gains and losses of material and affective goods.

Goffman in the *Presentation of Self in Everyday Life* (1959) developed an analogy between everyday life and theatre performances. He also contrasted “front-stage” and “back-stage” role behaviour. He, in later work, made us aware of the fact that how unintentional and intentional exposure of information regulates mutual understanding. To investigate the constituents of dramatic relations and their application to several situations he intertwined theory with real-life experiences (Goffman, 1997).

Garfinkel (1967) questioned the often not explicit but constraining rules, which regulate everyday life for groups sharing a structured context. To do this, he meticulously examined shared meanings which make possible uninterrupted performance of everyday life.

In our day-to-day lives, we fulfil bodily demands or the body’s necessities. Here body acts as an individual, not the body per se. The body fulfils these demands in the context of society.

Methodology

In my study, I adopt the qualitative method. I am not interested in finding how many women have become mothers or how many of them struggle in their day-to-day lives to raise a child. There is no scope for quantification of struggles, narratives or anything in my study. I want narratives or stories of those women who are mothers. I want to collect the stories of the

struggles they faced to give birth to a child: how they feel when they go through the process of child-bearing. I want to focus on their feelings, emotions, thoughts, pain, sufferings, and perceptions of child-bearing. I also want to know the narratives of their struggles in bringing up their children.

So, my work will be based on collecting stories and narratives of mothers on the struggles to achieve motherhood and accept their bodily changes and the struggles of bringing up their children. So, my work will be based on collecting stories and narratives of mothers on the struggles to achieve motherhood and accept their bodily changes and also on their struggles to raise their children. Keeping in mind all these issues, my prime objectives in this paper are to examine (1) How the mothers view and cope with the changes in their bodies in the process of becoming a mother, and (2) the struggles that the mothers encounter in their everyday life in raising their children.

The study will, however, aim at collecting narratives of women's struggles, who are mothers. Therefore, the preferred choice of methodology will be qualitative. In my research number is not important, i.e., how many women negotiate with different changes in their bodies during pregnancy or how many mothers struggle in rearing the children is not important at all. Here the stories of the negotiation with the changes in her bodies during pregnancy and the struggles in bringing up the children are important. So, methods like surveys usually used to collect quantitative data from larger populations cannot satisfy my purpose. It is rather a qualitative method which can reflect the stories or narratives of the struggles of coping with the changes in their bodies and their day-to-day raising the children. Unstructured questions or open-ended questions used in in-depth interviews rather than predetermined questions will be effective in getting the stories of struggles and narratives of motherhood. Predetermined questions cannot echo the desired dimensions. It is the situation during conducting interviews that will determine which questions will be relevant and/or effective to ask.

As I did not have the complete list of several women who have become mothers in their thirties, the population frame was absent. So, there is no scope for a probability sample. I adopt convenience sampling which is a type of non-probability sampling that involves the sample being drawn from that part of the population that is close to the hand. I collected ten case studies from that part of the population which is close to me. I selected the Malda Municipality area as one of my sites of research. My familiarity

with the site of research and therefore sample would be easily convinced to sit for an interview.

The Everyday of Mothers

I wanted to answer a question. Bodies are social in the sense that bodies and minds are inseparable and aware minds that is minds that are conscious of their surroundings, social contexts are important. An aware mind gives an individual a sense of understanding not only of others but also of oneself. This awakened self is the focus of the study where the self makes decisions which have to be understood in the context of the “social”.

Aparajita, aged 52, is a homemaker. She is a mother of two. Her daughters are now grown up. She talked about her life and the struggles of being a new mother at the age of twenty. She is the wife of a developer. She had married Pankaj when she was eighteen. It was an inter-caste marriage and was not accepted by anyone from either side of their family. We sat in her bedroom and she poured out her struggling days when Pankaj struggled to bear the expenses of a new family. This is how she talks about her journey:

When my first child (daughter) was born, it was 1997 and my economic condition was not as good as it is today. I was not capable of hiring a maid/helping hand to assist me in bringing up my daughter. I did all kinds of work including caring for the child.

I got up in the morning at five o'clock in all seasons. During winter it was dark. My first job was to wash all the clothes, and nappies of my daughter. Then I fed her after which I completed all jobs in the kitchen including preparing my daughter's food. I aimed to complete all my work in the kitchen while my husband was at home. He could look after the child while I worked. Mostly my child slept but I needed someone at her side. After he left for work, I was alone in the house. Leaving my daughter alone in the room, I could not even go for a bath. After my husband's return, I could take a shower. At times of emergency sometimes I called my neighbour to hold my daughter so that I could go to the toilet. There is no timetable for me. I had food when I could. I could only have dinner peacefully as my husband was at home. Sometimes

during dinner, my daughter woke up. I quickly left the food to hold the baby. I have a habit that once I leave my food, I cannot sit on the same dish for the second time. So, I could not take food properly until my child grew up.

After my child was one and a half years to two years of age, there was another problem. She cried her heart out if she did not see me. So, I worked all day keeping her near me, on the floor of the kitchen, washing dishes, or folding clothes after drying. She used to hit on the door of the toilet crying heavily. I could not call neighbours every time. Taking a bath at night was a regular feature at that time. I cannot count how many days I could not tie my hair. I was thin as I could not properly take my food. As I washed clothes filled with excreta or urine, I lost the taste of food. My level of haemoglobin eventually decreased. I always felt dizzy. At first, I did not tell my husband. One day I fell and fainted. In the meantime, my daughter woke up and began to cry. I was senseless lying on the floor. My neighbours sensed that something might have gone wrong. Calling the owner of the house they broke open the door and rescued me and my baby. They called a landline number to inform my husband. He came back and took me to my gynaecologist. My neighbour kept my baby. Then pathological tests were done and it was detected that the haemoglobin level had decreased. I had to take tablets. My husband had to pay the cost of breaking the door and repairing it. My husband complained that I should have told him when I started to feel dizzy. He further added that due to my negligence breaking the door was inevitable but it could have been avoided. I felt very bad since my illness had no concern for him and he was more inclined to complain of his shortness of money. To repair the door, he had to borrow money. Everybody told me it was not wise for me to hide the issue of dizziness from my husband. I had concealed it from him thinking of money as consulting a doctor, buying medicines also required money. What hurt me most was that it was the issue of breaking the door which was more important to Pankaj than my health. I did not say a single word to my husband on this issue. Sometimes the men are incapable of understanding the emotions of their wives.

Nilima Sarkar, aged 48, is a working woman. She is a mother of a child now. Her story seems interesting to know because it is a story which reflects the kind of contestations a woman goes through to become a mother. This is what she said:

I married in 1999 and my baby was born in October 2009. The struggle of ten years to give birth to a child was a long story of a fight. After two years of marriage, I started to hear different voices around me of relatives and friends as I had not conceived. My husband (Prabir) and I consulted a gynaecologist. Clinical tests were done. It was detected with a physical problem: one of my fallopian tubes was completely blocked and another was partially blocked. We went to the best doctors in Kolkata and consulted Dr. Siddhartha Chatterjee, an assistant of Dr. Baidyanath Chakroborty. The doctor told me that I couldn't become a mother in a normal way. I had to go either for IVF or for adoption.

With a failed mindset, we returned to Malda. But I had confidence that I did not cause any harm to anybody at least consciously, I performed all duties and responsibilities. Then Almighty could not make me disappointed, He could not but fulfil my dream: it was my challenge to God.

I hoped against hope for a baby withstanding the pressure and stigma of a barren woman I wandered many places for a remedy. It was great pain, an unfulfillment not to have a baby. A burden on my shoulders but a load I could not do any justice to! I was desperate to have a baby. Everybody including my mother-in-law, relatives, and neighbours commented on my barrenness. As I went out from home to my workplace, neighbours commented: "Nilima, how long will you wait for a baby? How long will you follow family planning? Now it is high time to take steps for an issue?" Somebody again asked me if I had any problem. Many people suggested consulting a doctor. One of the neighbours asked me whether I did not want to be a mother. Mother-in-law said weeping that it was due to me that Prabir could not become a father, I had destroyed his life. In the past in situations sons were remarried. I also thought that it was I due to whom all members of the family were unhappy. I blamed myself for all my misgivings.

We were two sisters and a brother. All were married but nobody had children. My mother became almost mad. She considered that it was due to some defect in her womb that all of her children were childless. Things were like that my mother could not go out of her home. She was told: 'What a kind of mother are you! None of your children has any issue.' I also did not go out of the home except for some urgent and compulsory job. I felt hesitant to meet people or ashamed to go to ceremonies of rice eating (annaprasana) or baby showers (shad-bhokkhon).

I went to so many phakiras and I used so many jaributi (herbs) that are uncountable. A phakira told my mother to collect water from seven banks of a river in a bottle and I was told to drink that water standing in the middle of Ganga. I did it too. At Narayanpur in Malda near BSF quarters, a temple of Gandheshwari Kali was there by the side of a small river. People called it debkundo (a pool dedicated to the god). There was a myth that people who had a desire for babies had to collect snails or periwinkles from debkundo and dedicate them to the Goddess. If it was a snail, then a boy would be born and if it was periwinkles then you got a female child. I did that too.

I also went to Chanditala in Malda. I was asked a very strange question by the chief priest: whether I had nipples. I felt so insulted, I was surprised and angry too. I was speechless. I asked them why they asked such a question. They replied that they could not make mothers of those women who did not have nipples. They gave me some herbs (jaributi) but I was too sick to take that that I stopped to take it any further. I observed roza (religious fasting observed by Muslims) for two days. I prepared payesh from the milk of a black cow and dedicated it to God sitting on the western part of my rooftop with a candle. Then I took that payesh. My last endeavour was to worship Goddess Ma Tara and this temple was located the opposite Raj Hotel. I ate the banana dedicated to the sacrificial fire (yajna).

In a word, I did everything I was told to do. Lastly, we thought of adoption. We went to Tindharia in Kurseong. There was a branch of Missionaries of Charity at Tindharia. After returning

I conceived. When the foetus was two months old, I started bleeding. The doctor said to Prabir that it was a molar pregnancy. We prayed to God. Bleeding was stopped and finally, I was able to give birth to a female child. I had led my body to everything and finally, our days of prayer and yearning were over.

To me, the baby inside my womb was on one side and the entire world was on another side. I was very caring to myself during pregnancy. I did not get down from the first floor to the ground floor nine times except for visiting the doctor's clinic. For the first three months, I slept on my left side. In a word, I did not want to lose this opportunity to become a mother at any cost.

I knew in the case of a caesarean baby the mother had to face the pain of injections in the backbone, operation and stitching. But all these were trivial to me. I was happy that I was going to be a mother. During pregnancy, the changes which took place in my body were enjoyable to me. It seemed to me that I was going to get an identity; I was going to be a mother which would make me complete. When I breastfed my baby, it was a heavenly feeling, any words would be inadequate to express that feeling. I breastfed my baby exclusively for six months. Now my baby is my identity, she is my existence, and she makes me survive. However, I used coconut oil on my belly from the fifth month of the pregnancy to avoid stretch marks.

Mothers' bodies are a context of interpretative gestures, thoughts and actions. Mothers also look at their bodies through the lens of others. This makes their bodies social. The cases that are described above understand, conceive and interpret their bodies in the context of the judgments that others make. Moreover, they form ideas about their bodies from the evaluations that others make. There are a few who assert their convictions over others' judgments. This gives them the agency. Therefore, bodies are social in the sense that these bodies are in the context of the interplay of social interactions. Their ideas of their bodies are not formed in a vacuum.

Conclusion

The private-public dichotomy is reflected clearly in two cases. The private world is made for women and the public world for men. In the first case,

Aparajita did all the house chores and the husband did not take any responsibility for raising the child. He remains as a security to the family. Even he did not assist his wife in house chores. What is more, is that he thinks about the cost of repairing the broken door. He showed more concern for the broken door than for his wife's health.

In the second case, Nilima is asked whether she had any problem as she did not have a child. It is always women that she is asked this question. If a couple is childless, then it is a problem with the woman. It is not even thought that men may also have some problems.

In the second case also, Nilima's husband did not observe any corrective ritual or *brata*. It is always women's domain to observe rituals or *brata*. What is important is that Nilima is educated and she is a working woman. But she observes all the rituals to get a child. All these rituals were performed with a deep faith that by observing rituals she might have a child. She did not ask any questions about the utility of those rituals.

All of the two respondents obey patriarchal values consciously. In the second case, it is more acute than the first one. In the first case, Aparajita did not seek any assistance from the husband in doing house chores or rearing the child. Seeing Nilima one can remember Kadambini Ganguly. Although she was a doctor, she had to prove that she could cook, she could nurture a child, she could sew, she knew all the house chores and she could be a "good" mother. Like Kadambini, Nilima also had to prove herself—she could bring up a child, she knew house chores and she could observe rituals or *brata*. It is she who always made a prayer for a child. It is patriarchy which makes questions: why you do not have a child, a childless woman is looked down upon and at the same time, it compels people to take superstitious measures to have a child. Nilima also surrenders to superstitions without asking any questions. So, her economic independence could not give her the confidence to go against the tide and be self-reliant on the possibility of having a child. It is patriarchy which acts as an obstacle in the way of becoming women independent. It is the tactics or mechanism of patriarchy to make women dependent particularly on men. Despite being educated and economically self-reliant, women are still not in a position to wilfully decide on their own. Concept like empowerment therefore has to be bestowed on women.

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