



*Stories of collective resistance
in the context of hardship and crisis
An anonymous collective contribution from India
during the pandemic crisis*

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Abstract

The COVID-19 pandemic and resulting lockdown have compounded existing inequalities in India. As a second wave of infections hit, there were shortages of medicines, vaccines, oxygen cylinders and hospital beds, and healthcare professionals were overworked and under-resourced. However, in the midst of these stories of systemic inadequacy, there are rich and powerful stories of collective care and resistance. People stepped in to create alternative forms of community care and mutual aid. This paper describes three stories of community response in the context of systemic collapse. There have been countless other such stories of action and resistance throughout the course of the crisis period as well as in the collective history of the country.

Key words: COVID-19; India; collective action; mutual aid; narrative practice

The context

The COVID-19 pandemic has shaken the world. In India, cases started rising from March 2020 onwards. This led to a countrywide lockdown. The effects of the pandemic in India played out in particular and complex ways. Widespread infection rates meant that many succumbed to the virus. At the same time, the lockdown compounded existing vulnerabilities among already marginalised groups. For many communities, lockdown meant a loss of livelihood.

This was especially difficult for daily wage earners, many of whom were already in situations of financial hardship. The lockdown also saw the mass exodus of migrant workers from their places of employment due to the closure of factories and workplaces. The lack of planning for migrant workers' wellbeing resulted in many becoming stranded without food and shelter for multiple days. Lack of transport arrangements meant many had to go back home on foot. Many migrant workers lost their lives through these hardships.

When services moved online, the digital divide excluded many communities from accessing essential services. This also affected access to education for many young people. The lockdown also led to the closure of safe spaces for those whose homes were sites of violence. This included young people, women and those with alternative gender identities and sexual orientations.

Things were getting better towards the end of 2020. However, in March 2021 we were hit with a second wave of COVID-19. The situation became all the more critical because our public health infrastructure was not prepared for the second wave. People have been getting infected at an alarming rate, and there has been a shortage of medicines, vaccines, oxygen cylinders and beds in hospitals. There are limited numbers of staff attending to the patients resulting in healthcare professionals being overworked and under-resourced. Though vaccination had been taking place on a large scale, the shortage of vaccines has resulted in new challenges for combating the situation. Many people have lost their lives due to a lack of access to timely medical care and systemic unresponsiveness.

The response to this situation at the macro level has been inadequate and lacking in accountability. Injustice and hardship have resulted from the inequitable distribution of relief, inadequate scaling up of health infrastructure, untimely scheduling of gatherings and election campaigns, perpetuation of violence and

discrimination towards marginalised communities and religious minorities, and unsatisfactory responses to calls for accountability.

All these events, as well as the general apathy of some community members towards the situation, have left many with a sense of hopelessness, fear, despair and anger. People feel like they have been left on their own to barely survive in a warlike situation.

However, in the midst of these stories of collective apathy and systemic inadequacy, there are rich and powerful stories of collective care and resistance. In spaces where macro systems have responded insufficiently, people have stepped in to hold each other up and create alternative forms of community care and mutual aid. This paper describes three stories of community resistance in the context of systemic collapse. There have been countless other such stories of action and resistance throughout the course of the crisis period as well as in the collective history of the country.

Narrative ideas informing the gathering of these stories

The conversations that shaped these stories were informed by several narrative practices and ethics. Key principles informing this work were the ideas that our lives are multi-storied and that no-one is a passive recipient of hardship (White, 2007). This echoes the ideas of Alan Wade (1997) that wherever there is a history of oppression there is always an equal and parallel history of resistance. We sought to make visible these stories of resistance that were taking place amidst immense hardship.

Another idea that informed this work was Vikki Reynolds' (2008) ideas about an ethic of resistance or a refusal to blame individuals for structural issues. In keeping with this ethic, it was important to explore these issues in a way that linked our lives to larger systems and made room to name contexts.

We also sought to challenge individualistic notions of healing. The work of Mimi Kim and Creative Interventions as well as Michelle Dang's project on the role of friendships in responding to sexual violence informed some of the key practices of this work (Creative Interventions, 2012; Dang 2018; Kim, 2007). The work of Creative Interventions,

in particular, highlighted how systemic responses are often insufficient to meet the needs of local communities. These responses are often not culturally resonant, and they perpetuate various forms of marginalisation. Therefore, it's helpful to envisage alternative and local responses to violence and hardship in communities. The practices used in gathering these stories included double listening, re-authoring and double storied interviewing (White, 2007).

Friendship and collective resistance to violence, economic hardship and mental health crisis

Mehula and Ruksat were living in rural India. They both had lived experience of surviving domestic violence and were involved with various initiatives in their communities to respond to women facing violence and commercial sexual exploitation. They were struggling with experiences of domestic violence, financial crisis, the COVID-19 pandemic and lockdown. They reached out to us hoping to get support with these issues through narrative conversations.

In our sessions, Mehula and Ruksat spoke about their experiences with violence, financial crisis, the COVID-19 pandemic and lockdown. The COVID 19 pandemic and the resulting lockdown had led to financial problems which were causing 'tension'. As survivors of violence, the lockdown had some unique impacts on them. There was already a lot of stigma with regard to them working in their communities. Therefore, options for employment were limited. The lockdown had further worsened this situation. Mehula said:

The lockdown has also changed the economy in our village. Earlier there were people who could employ us, but now they can barely keep themselves going, so how can they employ us? I'm really worried because the trains are closed and I can't go to town to get medicines for my son. The tension is still very prevalent. There are days when we do not have enough to eat, and we have to make one meal last us several days.

Along with this, the lockdown led to a closure of safe spaces. Ruksat found herself stuck in the site of violence as her husband, who worked outside their village, came back home. For Mehula (who had managed to move away from her in-laws) the lockdown

meant constant visits from 'memories of violence'. This would often give rise to anger, sadness, fear and suicidal thoughts.

Initially, Mehula and Ruksat had been talking to us separately. However, they were neighbours and knew each other well. Through their conversations we noticed that they often offered each other support. In fact, on the first day we got to know the two of them, one of us was talking to Mehula when they heard Ruksat in the background. Mehula eventually connected us to Ruksat and said she wanted to talk as well. At that time, Ruksat did not have a phone of her own so she would use Mehula's phone to talk to us.

In our context there is no infrastructure that offers crisis support in situations of violence and mental health issues. The only available responses are through the legal system. Legal responses in these situations are often inadequate and inaccessible. People's experiences within this system depend on their social location. In many rural areas, legal responses are beyond the reach of many survivors. Along with this, normative mental health responses are not always accessible and culturally resonant.

In this context, we wondered what would become possible if we could have joint conversations around these issues and richly story instances of collective care and support. We wondered whether thickly storying these aspects might lead to the strengthening of local systems of crisis support. These conversations started with a discussion of friendship rather than the problem story. This was to enable us to approach the issue from a 'riverbank' position (Denborough, 2019) from which we could stand aside from the rushing water of the problem and view it from a different angle. Using narrative practices of re-authoring and double listening (White, 2007), we explored how friendship had helped them respond to experiences of violence and hardship. We asked:

- How long have you known each other?
- When did you first meet?
- At what point did you start connecting and become close?
- What enabled you to form this connection and friendship?
- Have there been times when friendship has helped you respond to hardship in your life? Could you give examples?

- Why is this friendship important to you?
- What are some of the things that friendship has made possible for the two of you?
- Where do you want to see this friendship in the future?
- If this friendship persists, what are some things that might be possible in the future?

Through an exploration of these questions a rich description of friendship became possible. Ruksat and Mehula shared that they had known each other for a long time – around seven years. They had lived near each other from the start. Initially, Ruksat was friendly with Mehula's older sister; however, they became closer after they found themselves navigating similar circumstances.

Ruksat was working for an NGO when she noticed Mehula was facing the same issues she had faced in the past. She thought she might be able help her out. This became the start of a beautiful friendship. They became closer when they started talking more to one another and sharing their experiences. This was essential in helping them find a way to express what was happening, included facing domestic violence, financial hardship and deprivation, and having to provide for their children alone. Having been through similar situations, they felt there was a certain level of understanding they could give one another. Another important factor was trust. In their community a lot of people say a lot of nasty things about one another behind each other's back. This nastiness is specifically directed towards women like them, especially when they step out to work. Therefore, creating a space of trust was essential in this friendship.

They recounted how friendship had kept them going during periods of crisis. Mehula recalled how when she was stuck in a situation of abuse, she would often call Ruksat, or visit her when she came back to her parents. At that point, Mehula had been finding it hard to protest what was happening to her. After talking to Ruksat, she was able to access courage. This helped her protest and find a way out of her situation. When she was back in the situation of abuse having spoken to Ruksat she felt that though there was no-one physically with her, she had support: she was not alone. When Mehula moved back to her parents' house, Ruksat helped her with the legal proceedings against her husband. It was quite daunting to talk to the police officers, but having Ruksat present gave her courage.

Ruksat recalled that whenever there had been trouble with her husband, she had found shelter in Mehula's house. Whenever she had needed financial support, she had been able to borrow money from Mehula's family. Often Mehula and her family had stepped in and interrupted instances of violence. Recently, domestic violence had invited suicidal thoughts into Ruksat's life and she was about to end her life by jumping in the local pond. Mehula and her family were there to intervene. When Ruksat had no money from her husband to support her two young children, Mehula's family loaned her money to buy a sewing machine and learn sewing so she could start supporting herself.

Friendship helped them survive a devastating storm in their village. During the COVID situation, many people were reluctant to help one another out due to fear of infection. In spite of this, Mehula invited Ruksat's family over to stay with them through the storm. Though there were no formal relief initiatives organised, Mehula and Ruksat were able to find shelter in a local school. This turned out to be life saving as the storm destroyed many houses.

Friendship has played a major role in enabling both Mehula and Ruksat to stay alive in spite of hardships and violence: 'Sometimes, when we feel alone, tension can take over. We can feel like breaking down. Being able to access support has helped us move forward'. In the future they hope to stand with other women and girls in similar situations and extend this friendship and solidarity to them.

Through our conversations we were able to make visible the importance of friendship as a resource against violence and hardship. Zooming in on this helped Mehula and Ruksat devise ways to make intentional use of friendship and connection.

Turning distress into action: Stories of responding to crisis at a community level

Sulagna and Ahana had both been a part of community-based initiatives to respond to crises in their localities. We interviewed Sulagna and Ahana to create alternative accounts of collective resistance and care. The questions were guided by the re-authoring map (White, 2007) and double storied testimonies (Denborough, 2005):

- Could you say a little bit about the crisis facing the community at the moment?
- What sort of thoughts and feelings has this invited into the community at large?
- Can you think of a situation or a story in which you were able to respond in spite of the despair of the current situation? How did you go about doing it?
- Why was doing this important to you? Did it speak to particular hopes, values or commitments?
- What do you think this meant for the community/ people that you helped?
- If you were to keep this (hope/value/ethic) close to you, what else do you think would be possible?
- Is this something that has always been there, or has it just shown up? When did you first realise this was important to you?
- Are there ways in which you plan to hold on to this ethic in the future?
- Are there ways in which you can extend this initiative?
- What has this conversation been like for you?

Sulagna and local responses to community crisis

Sulagna was living in a small community within a metropolitan city in India. In early 2021, a fire broke out that destroyed the homes of 17 families in her area. The families survived, but all their things were destroyed.

As soon as news of the fire reached the community, people shifted into action. People gave food and clothing, and they sat with people while they were crying and helped them regain their strength. One community member had access to a vacant lot that was reserved for building construction. They offered it to hold makeshift shelters. Sulagna had helped to arrange food and clothing. She also arranged donations to replace common household items for each family.

For Sulagna, people standing with one another had been an important ethic throughout her life. Even when she was in Class 8, she would provide free tutoring to the children of her neighbourhood. Once, she came across a woman who had taken food from a shop but did not have the money to pay. She offered to pay for the woman's meal. This ethic came into Sulagna's life through her connection with her parents and

witnessing their acts of care. Whenever there is crisis, she tries to help out in whatever way she can. When she can't help out herself, she tries to mobilise others to help.

Witnessing the efforts of her community members helped Sulagna to stay connected to these ethics. Her community has a long history of standing with one another. During the pandemic, people helped each other out with food and relief. Even during non-crisis times, they support one another with everyday tasks.

Sulagna used many skills in this work. These included courage, having faith in God and knowing who to ask in order to get things done. A lot of Sulagna's actions were fuelled by sadness:

When people cry, I can't take it. When people torture each other, I just can't take it. I'm not talking about things that are outside my control, but whenever something is within my control, I take some time off work and help out.

These initiatives made visible the interconnectedness of everyone's survival and brought to light the importance of backing each other up:

In the current context, it is not possible for us to survive without ensuring others in our community survive as well. These efforts may not always solve the problem, but they help us find the strength to keep going.

Sulagna observed that those who go through a crisis have often experienced many difficulties. The help a person offers may not be a permanent solution to their problems, but it might give the person the strength to move forward and take the next steps in their life:

As a result of these actions people get a little happy. They become a little confident. Maybe it doesn't help completely, but small acts of support can go a long way. It can make them believe again. This will enable them to move forward. We are not taking anyone else's responsibility. However, with just a little bit of help, someone whose heart is breaking can gain a little bit of strength. This does not mean showing pity and sympathy: showing pity and sympathy disempowers people. We are just taking them forward a little so they can move forward themselves. It's not about searching for people to help, but to help whenever we see something has happened, and to understand

when someone needs help even when it's not explicitly expressed by them. And we shouldn't expect something back from them.

In the future, Sulagna wanted to keep these ethics close to her. If she can access resources, she wants to take on these initiatives on a larger scale.

Ahana and community action in the context of the covid crisis

Ahana was volunteering in mutual aid and relief initiatives that had been responding to the COVID crisis. She spoke about how these initiatives stepped in where the authorities could not. They were finding leads for medical resources like hospital beds, medicines, oxygen cylinders and plasma, and connecting those in need with these essential resources. For Ahana, it was important to use the privilege and resources she had to help others out. She believed it was important to help out during these times in whatever way possible, even if she could devote only two to three hours each day.

Ahana spoke about how anger had fuelled action in the community at large:

To be honest, for me this action is fuelled by anger. I don't like to be helpless. I don't like what's happening right now, and I need to channel that energy into doing something that will change that. I think that's what it is for a lot of us: we can't sit here with our hands on our heads and wait for something to happen; we need to do it ourselves. It's still fuelled by anger for a lot of people, and people are still struggling to process it, but doing something helps you tackle that. Doing something about an issue helps us to come to terms with it by finding some amount of agency in the situation. We can't control everyone's actions, but at least we can control what we are doing.

Like in Sulagna's experience, these instances of community action were not isolated incidents. Ahana described multiple social movements that had been initiated by the community at large to combat various systemic injustices through the years.

These acts of community care made a whole range of things possible. First, these initiatives offered people hope in spaces where the authorities were unable to respond. Ahana said:

One of the things is that where the authorities could not, that's where the citizens have stepped

in. Not just one, but multiple such efforts have been initiated. Most people are doing something like this or helping out in some capacity, be it helping with injections, beds, plasma, etc. Twitter and Instagram have been of immense help in finding leads. Multiple accounts, both personal and professional, regardless of ideology, have stepped up to help.

Being a part of this work helped Ahana overcome inhibitions. Ahana shared how she had struggled with shyness and felt uncomfortable reaching out to unknown people for leads to resources. However, this work had helped her prioritise and move past these inhibitions.

The initiatives were not always about reaching perfect outcomes but taking small steps to be useful in whatever way possible. Given the current circumstances, it was not possible to help every person who reached out. More often than not, situations were beyond their ability to help. However, at least those who reached out felt a little less isolated in their moments of crisis, knowing there was someone out there offering support and standing with you. This understanding also helped to reduce the burden of pressure:

You need to understand there is no 100% success rate. Look at some of the cases we have had – you could have many people helping out but still the case could go either way. But there's something about knowing that even if you are going through shit, you are not alone. Somebody is there. Somebody is looking at that with you; somebody is willing to at least come in and share whatever pressures you are going through. You are not alone.

Sometimes, when things worked out, these community initiatives could really make a contribution to someone's life. Such experiences also provided ideas about what resources could be used in other cases and could help to engage larger numbers of people. Ahana explained:

It's very unpredictable. Sometimes it works out sometimes it doesn't. There isn't a specific ratio you can assign, like a 60% success rate or a 70% success rate. But every case where people manage to get help lets us know that there are more resources available. We can get 10 more people through that. You remember at the end of the day that at least 10 more people get to live.

Ahana also spoke of the fact that most of the people involved in the movement were college students who

could have avoided taking on such responsibilities at this time. The fact that they were stepping up made her hopeful for the future.

Ahana said that compared to the first few weeks of the second wave of COVID-19, there had recently been fewer crisis calls. This made Ahana hopeful that the situation may be getting a little better in some parts of the country. It also let her know the efforts to make these issues visible have been useful as they have led to an increase in contributions towards resources.

There is still a long way to go. Many recent cases of COVID-19 have been in semi-urban and rural areas where there is less access to resources. The hardships faced by these communities are not visible in the same ways they are in the cities, making it more difficult to draw attention to their needs and mobilise resources.

Complexities involved in the work

The work of responding to the COVID-19 crisis through mutual aid and community action has not been without complexity.

There have been a lot of barriers involved. Many people are not very supportive of these initiatives, and mock or discourage those involved. This was especially true when the work challenged systemic injustices. Sulagna found it helpful to keep moving in these spaces even if it meant moving alone:

If you keep persisting even if there is no-one with you initially, in the end you might manage to inspire at least one or two others to walk on your path.

Ahana spoke about how this movement could become exhausting for those involved. Sometimes, no matter how hard you have tried, you are not able to help. The most frustrating cases were when a person could have survived but inadequate access to resources led to their avoidable death. When it gets overwhelming, it has been important for Ahana to take care of herself and step away if she needs to. It has also been important to know her limits and understand what does and doesn't work for her.

It has been helpful to reflect on how this crisis has taken an immense toll on the country's collective mental health. This is a situation that no-one was prepared for and there is no manual or handbook to handle it. Therefore, it has been important to make space for exhaustion and to resist the characterisation of these actions as heroism. This allows us to honour diverse

responses to the current situation and move away from creating a hierarchy of responses.

Something that has sustained everyone in these initiatives – in spite of exhaustion – has been the ways in which everyone involved tries to help one another out. Support from other volunteers has been key in keeping these initiatives sustainable. People involved have made it a point to always check in with one another. These forms of caretaking ensure that the burden does not fall on just one person. Even in terms of getting the work done, collective sharing of the work ensures that the work does not become too overwhelming for those involved.

It has also been important for volunteers to be responsible with their intentions to help. Often people intending to be useful might end up sharing leads and resources that are not always verified. This can sometimes make the situation complicated for those requiring help. Therefore, it's important to be very mindful and tread cautiously with whatever efforts you are contributing.

Sometimes the guilt of not doing enough or not reaching desired outcomes takes over. At that point it's important to remind one another that ensuring access to healthcare is not a responsibility at an individual level. Most of us do not have access to the requisite skills, training and resources to enable this. In this context even being able to help one or two people becomes significant. In order to take this work forward, it is important to enhance systems of accountability and effect change at a systemic level.

Through partaking in these conversations, Sulagna and Ahana were able to reconnect to their responses. This in turn reduced feelings of helplessness. It also helped them reconnect to their intentions in taking up these initiatives and got them thinking of ways to hold on to these efforts in the future.

Conclusion

The accounts presented above highlight collective action and mutual aid in contexts in which formal systems are unresponsive. These stories offer a counter to damage-centred narratives (Tuck, 2009) of the COVID crisis in India by bringing forth stories of agency, solidarity and resistance. These stories highlight that the community is not a passive recipient of what is happening, but is active in bringing about change and standing up to injustice.

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