

Gender and Disability

Rachel Adams, Columbia University

The United Nations Convention on the Rights of Persons with Disabilities defines disability as “an evolving concept” that “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others” (UN Convention 2006). This definition highlights the interconnection of body, performance, and environment in shaping the meaning of disability, and it acknowledges that these factors contribute to persistent discrimination against people with disabilities. Defined in this way, disability starts to look a lot like gender, a concept that also refers to the relation of bodies to acts and environment, and that is the basis for inequities among a sizeable minority of the human population (the number of people with disabilities is second only to the number of women). Yet the relationship between the two terms is more than just an analogy. Gender and disability are inextricably related social, political, and historical phenomena, each working to define and illuminate the other.

The body is central to understandings of both gender and disability. Feminist critics have established the importance of decoupling sex—defined as the raw material of the body—from gender—the stylized repetition of acts by which the sexed body becomes identifiable as male or female (Rubin 1975). Although sex and gender typically correspond, sex need not be determinative of gender, as is evident in the examples of transgender and intersexuality. Disability studies makes a similar distinction between impairment—defined as an acquired or innate bodily condition—and disability—the social and environmental factors that exclude people with physical and intellectual

impairments from full participation in the social world. By this account, the body is differentiated from, although informed by, acts and environment. This is an important distinction because it shifts the problem of disability away from the impaired body, and onto the limitations imposed by physical and cultural barriers. For example, a person in a wheelchair is disabled not by being unable to walk, but by the broken elevator that prevents her from accessing the upper floors of a building. People with autism are disabled by overstimulating or unfamiliar surroundings, while a Deaf person is disabled in a context where verbal speech is the only mode of communication.

One way that people with impairments are disabled is by being seen as imperfectly gendered. In the eyes of able-bodied culture, disabled women are stigmatized as asexual, incompetent, and unattractive. Their right to parent is called into question, as if disability necessarily disqualified them from bearing and mothering children (Thomson 2002). Where disabled female bodies are seen as sexless and unmaternal, male bodies are feminized by disability. The passivity, vulnerability, and weakness associated with disability effectively neuter the male body, stripping it of the qualities of an idealized heterosexual masculinity. While there are obvious disadvantages to being degendered in these ways, some people with disabilities claim an empowering freedom from the traditional constraints of masculinity or femininity (Thomson 2002). Over the past two decades, the movement for disability rights has given rise to a prolific expressive culture that seeks to establish or reclaim the gender of the disabled body through literature and the arts (Crutchfield and Epstein 2000, Koppers 2003, Thomson 2009, Siebers 2010).

Disabled bodies also confound the assumed correspondence between gender and sexuality. Disabled bodies are unconventionally gendered bodies. In an ableist society, people with disabilities are often seen as asexual. They are portrayed as both undesirable and lacking the same needs and desires as able-bodied adults. People with intellectual disabilities and those who require assistance of a caregiver have long been denied the right to sexual intimacy. At the same time, the sex lives of people with disabilities can also serve as a resource for complicating heterosexual norms (Siebers 2009). They may need the help of a third party, endure chronic pain, use prosthetic devices, or find pleasure in nonstandard positions or activities. But, given the complexities of human sexuality, it would be wrong to suggest that these departures from the norm apply only to people with disabilities. Rather than making a clear distinction between disabled and able-bodied sexuality, it is more accurate to say that disability offers a particularly vivid example of the diversity of all human sexuality. In this respect, there are obvious affinities between disability and queerness (McRuer 2006, Tremain 2005)

The disabled body is a hybrid body, one that is open to and shaped by its interactions with the world. Wheelchairs, prosthetic limbs, cochlear implants, and alternative communication devices form an interface between body and environment. Feminist theory has long been interested in the porous and shifting nature of embodiment. Scholars of gender studies have found evidence for the malleability of the human body in transsexuality, cosmetic surgery, and the health and fitness industry. Monsters, grotesques and cyborgs have been held up as feminist icons because of their shape-shifting abilities, their challenge to binary oppositions, and capacity to break down

entrenched hierarchies (Haraway 1990; Braidotti 1994; Russo 1994). Although such figures are often inspired by disabled bodies, their material referents tend to be overlooked in feminist affirmations of their transgressive potential. The disabled body may be slower, more discomfiting, and less sexy than the imagined bodies of monsters and aliens, but it can tell us something important about the realities of undisciplined, hybrid forms of embodiment in a culture that presumes the body to be closed, singular, and complete (Thomson 2002). Making disability an integral part of feminist understanding can help to invest theory with historical and sociological depth.

Disability also draws attention to the temporality of embodiment. The term “temporarily able-bodied” refers to the fact that anyone who lives long enough will eventually become disabled. Disabilities that involve chronic pain and illness ebb and flow, meaning that the same person may experience different degrees of impairment at any given time. And because the majority of disabilities are not congenital but acquired, most people will experience life as both disabled and able-bodied. Theories of gender have been less attentive to the temporal dimensions of embodiment than has disability studies. The insights offered by the disabled body might provide a way of thinking diachronically about gender, attempting to understand how ideas about masculinity and femininity change over time, as well as the shifting experience of embodiment that comes with age.

Identity is another crucial point of intersection between disability and gender. Within the movement for disability rights, as in the women’s movement, identity has been an extremely important, if vexed, basis for coalition. Second wave feminism began with the problematic assumption that “woman” was a fixed and unitary category. Almost

immediately, issues of race, class, and sexual identity surfaced to trouble the idea that the struggle against gender oppression could be organized around a singular Woman. These fissures made it harder to define shared concerns and challenges, but they have also been tremendously productive of dialogue, debate, and theorization. The concept of “intersectionality” has been essential for understanding how multiple axes of difference work together to produce systemic social inequality (Crenshaw 1989). Identity has been no less significant to the movement for disability rights. However, disability differs from such relatively permanent forms of identity as race and gender in that one can become disabled at any time. A person cannot go to bed a woman and wake up a man, but she can cross the border from able bodied to disabled in an instant. Unlike “woman,” “disabled” wasn’t an identity until the disability rights movement brought it into being (in this, it is more akin to composite ethnic identities like “Chicano/a” and “Asian American”). Disabilities were compartmentalized into cases according to symptoms and types of impairment, each figured as discrete and particular unto itself. Such radical individuation has made it hard to imagine coalitions among such seemingly dissimilar groups as people in wheelchairs, those with chronic illness, the Deaf, and people with intellectual disabilities (Siebers 2009). Claiming these disparate experiences as “disability” enabled the formation of a coalition to demand the same kinds of political recognition that had been granted to women, GLBT people, and people of color. However, since the passage of the landmark 1990 Americans with Disabilities Act (and its British Equivalent, the 1995 Disability Discrimination Act), the challenges of finding common ground among such divergent constituencies persist. Some argue that it is important to try, as disabled identity constitutes a source of strength and theoretical

wisdom (Siebers 2009). Others argue that disability, by its very nature, confounds the notion of a stable, coherent identity and as such, should serve as the grounds to overturn all identitarian discourse (Davis 2002). Yet these positions are not irreconcilable. From the women's movement, disability studies might take an understanding of the strategic uses of identity, a necessary fiction that also serves as a powerful organizing tool and a source of knowledge.

The rationale for a conjoined consideration of disability and gender is not simply theoretical. Together, they illuminate important problems of social justice arising from such issues as selective abortion and caregiving. Reproductive freedom has been a cornerstone of the modern feminist movement because it is seen as the key to gender parity. Women cannot be equal citizens, advocates argue, without the ability to decide if and when to conceive. Many of those who otherwise oppose abortion believe that women should have the right to terminate a pregnancy in which the fetus is severely disabled. However, proponents of disability rights argue that the practice of "selective abortion" denigrates not just the disabled fetus, but all people with disabilities, by suggesting that their lives are not worth living (Saxon 1998, Hubbard 1990). At the same time, many in the disability community are strongly committed to women's reproductive freedom. Sensitivity toward *both* disability and gender is required to find a viable position that acknowledges the rights of pregnant women, as well as the potential personhood of the disabled fetus (Asch and Geller 1996).

The status of care and caregiving is another important matter of social justice illuminated by a joint consideration of gender and disability. In Western culture, care is gendered female and caregiving is accordingly marginalized and devalued. The majority

of caregivers are women, whose work is often unpaid and unrecognized. Not only do women care for their own children and aging parents, but they also dominate “helping professions” such as nursing, teaching, social work, and psychology. Care is essential to the rights of people with disabilities. However, the movement for disability rights has sometimes downplayed the issue of dependence, focusing instead on the importance of autonomy and self-determination. Placing a premium on independence as the prerequisite to citizenship and full personhood excludes many people with disabilities, such as those who require assistance for daily life activities and those who are incapable of self-representation. It also overlooks the caregiver, almost always a woman whose labor, paid or unpaid, is unrecognized and inadequately compensated. Attention to gender places new emphasis on the political and social significance of care and caregiving. Taking caregiving seriously might also remind us of the ways we are dependent, recognizing interdependence rather than autonomy as an aspect of all social life (Kittay 1998).

Analogies between gender and disability can be traced back at least as far as Aristotle, who wrote of women as “monstrosities” and “mutilated males” (Thomson 2002). Such allusions are more than just figures of speech. Femininity has often been treated as a disability, a reason to bar women from full participation in society (Young 2005). So too, disability strips and/or reconfigures the relationship between body and gender, depriving both men and women access to the idealized qualities of masculinity and femininity. Recognizing the long, entwined and reciprocal relationship of disability to gender can only enrich and broaden our understanding of both terms.

References

- Asch, Adrienne and Gail Geller. 1996. "Feminism, Bioethics and Genetics." In *Feminism, Bioethics: Beyond Reproduction*, ed. S.M. Wolf, 318-50. Oxford, UK: Oxford University Press.
- Braidotti, Rosi. 1994. *Nomadic Subjects: Embodiment and Sexual Difference in Contemporary Feminist Thought*. New York: Columbia University Press.
- Crenshaw, Kimberlé W. 1991. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review*. Vol. 43, No. 6., pp. 1241–1299.
- Crutchfield, Susan and Marcy Joy Epstein. 2000. *Points of Contact: Disability, Art and Culture*. Ann Arbor: University of Michigan Press, 2000.
- Davis, Lennard. 2002. *Bending Over Backwards: Disability, Dismodernism, and Other Difficult Positions*. New York: New York University Press.
- Haraway, Donna. 1990. *Simians, Cyborgs, and Women: The Reinvention of Nature*. New York and London: Routledge.
- Hubbard, Ruth. 1990. "Who Should and Should Not Inhabit the World?" In *The Politics of Women's Biology*, 179-98. New Brunswick, NJ: Rutgers University Press.
- Kittay, Eva. 1998. *Love's Labor: Essays on Women, Equality, and Dependency*. New York and London: Routledge.
- Kuppers, Petra. 2003. *Disability and Contemporary Performance: Bodies on Edge*. New York and London: Routledge.
- McRuer, Robert. 2006. *Crip Theory: Cultural Signs of Queerness and Disability*. New York: New York University Press.

Rubin, Gayle. 1975. "The Traffic in Women: Notes on the 'Political Economy' of Sex." In *Toward an Anthropology of Women*, ed. R. Reiter. New York: Monthly Review Press.

Russo, Mary. 1994. *The Female Grotesque: Risk, Excess, and Modernity*. New York, Routledge.

Saxton, Marsha. 1998. "Disability Rights and Selective Abortion." In *Abortion Wars: A Half Century of Struggle (1950-2000)*, ed. Ricky Solinger, 374-93. Berkeley: University of California Press.

Siebers, Tobin. *Disability Aesthetics*. 2010. Ann Arbor: University of Michigan Press.

_____. *Disability Theory*. 2008. Ann Arbor: University of Michigan Press.

Thomson, Rosemarie Garland. 2002. "Integrating Disability, Transforming Feminist Theory." *NWSA Journal* Vol. 14, No. 3 (Fall).

_____. *Staring: How We Look*. 2009. New York: Oxford University Press.

Tremain, Shelley. 2005. *Foucault and the Government of Disability*. Ann Arbor: University of Michigan Press.

"United National Convention on the Rights of Persons with Disabilities." 2006.

<http://www.un.org/disabilities/convention/conventionfull.shtml>.

Young, Iris Marion. 2005. *On Female Body Experience: "Throwing Like A Girl" and Other Essays*. New York: Oxford University Press.

Further Reading

Davis, Lennard. 2010. *The Disability Studies Reader*. New York and London: Routledge.

Hall, Kim Q. 2011. *Feminist Disability Studies*. Bloomington: Indiana University Press.

Thomson, Rosemarie. 1997. *Extraordinary Bodies: Figuring Disability in American Literature and Culture*. New York: Columbia University Press.