

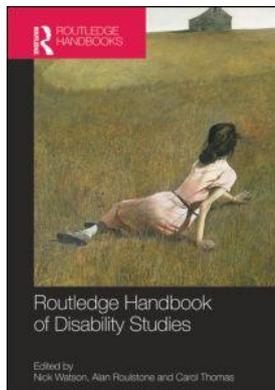
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Publisher: *Routledge*

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## **Routledge Handbook of Disability Studies**

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### **Feminism and Disability**

Publication details

<https://www.routledgehandbooks.com/doi/10.4324/9780203144114.ch27>

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**Published online on: 02 Feb 2012**

**How to cite :-** Ana Bê. 02 Feb 2012, *Feminism and Disability from: Routledge Handbook of Disability Studies* Routledge

Accessed on: 21 Mar 2019

<https://www.routledgehandbooks.com/doi/10.4324/9780203144114.ch27>

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## PART 5

# Contextualizing the disability experience

# FEMINISM AND DISABILITY

## A cartography of multiplicity

Ana Bê

### Introduction

This chapter aims to map the main debates in the growing interdisciplinary field of feminist scholarship and disability studies or, as Rosemarie Garland-Thomson termed it, *feminist disability studies* (2005, 2006). The chapter will also briefly explore some possible paths for the future. Feminists within disability studies have brought forth a number of vital theoretical debates, insights and contributions that remain crucial in both domains. However, more often than not, such contributions remain underplayed or even unacknowledged by mainstream debates in both disciplines. Despite this slow process of acknowledgement, contributions in this area have continued to grow and there is by now a solid and diversified body of work available. This chapter cannot, therefore, refer to every single publication or author in this area, but rather offer an overview of selected debates and contributions.

### Early contributions and debates

As the disabled people's movement grew in importance throughout the later decades of the twentieth century, contributions from activists and scholars interested in both feminism and disability also began to take shape. The 1980s saw a number of important publications that focused on disabled women's lived experiences (Deegan and Brooks 1985; Fine and Asch 1988; Driedger 1989; Morris 1989). Most of these earlier publications focused on bringing to light some of the issues that most affected disabled women by presenting case studies and statistics showing that disabled women were often at a relative disadvantage to both disabled men and non-disabled women, and that their specific issues and experiences remained invisible. Likewise, they called our attention to the fact that disabled women had difficulty having their points of view acknowledged – both in the women's movement and the disabled people's movement (Deegan and Brooks 1985; Fine and Asch 1988).

Furthermore, disabled women of this era also contended that disabled people could not be considered as a whole since the issues faced by disabled women were often different from those faced by disabled men. Therefore, identifying and recognizing the gender differences was seen as absolutely essential (Fine and Asch 1985: 9; Begum 1992: 72).

In addition, feminists within disability studies thoroughly challenged and deconstructed ableist<sup>1</sup> ideas within feminism. This was a crucial step. They argued that the inability to include

disabled women's concerns was not due to some unexplainable lack of awareness about the existence of disability among women but was mostly due to common misconceptions, stereotypes and what would later be termed ableist ideas about disabled people in general (Asch and Fine 1988; Begum 1992; Morris 1989, 1991, 1996; Thomas 1999; Wendell 1996). This can perhaps best be illustrated by Asch and Fine:

The popular view of women with disabilities has been one mixed with repugnance. Perceiving disabled women as childlike, helpless, and victimized, non-disabled feminists have severed them from the sisterhood in an effort to advance more powerful, competent, and appealing female icons. As one feminist academic said to the non-disabled co-author of this essay: 'Why study women with disabilities? They reinforce traditional stereotypes of women being dependent, passive and needy.'

(Asch and Fine 1988: 3–4)

These early writings were also important in demonstrating that new emancipatory models about disability had been developed by disabled men and women themselves, and these really challenged traditional individual and medical models of disability. An example of this is notably the social model of disability (Morris 1989, 1991, 1996; Thomas 1999; Wendell 1996). This new thinking exposed the ableist ideas and (mis)conceptions about 'being disabled' that are deeply engraved in our culture and ways of being, as well as the difficulty in changing them. Feminists would take their time to truly listen and, in some ways, mainstream feminisms<sup>2</sup> have not yet quite heard the voices of disabled feminists.

### **Building new horizons: constructing a body of work**

The last decade of the twentieth century was crucial for the disability movement, with a series of equal rights conquests achieved in some countries, and also the appearance of a number of influential works in disability studies. It was also the decade that saw a sudden growth in the number of publications by feminists within disability studies and, consequently, the amplification of debates and contributions in this area.

These feminist writers found it important to continue to focus on the lives of disabled women by bringing their experiential stories to light (Thomas 1999) and organizing anthologies of first-person narratives (Driedger and Gray 1992). Consequently, as more studies appeared in the era of new ideas and models about disability, disabled feminists were better equipped to theorize dimensions of social life in novel and sophisticated emancipatory ways.

In a groundbreaking and essential book, *Pride Against Prejudice* (1991), Jenny Morris explored in detail how disabled people experienced prejudice and, indeed, how ideas and perceptions of disability are to a great extent defined by the non-disabled world (Morris 1991: 37). The devaluing of disabled people's lives and existence by the non-disabled world can also affect the value disabled people ascribe to their own lives. This is exactly why, as Morris states: 'We need to value our lives, and we also must value the lives of other disabled people and refuse to make assumptions about the quality of life based on the nature of a particular disability' (Morris 1991: 59). Moreover, Morris argues, this devaluing of disabled people's lives often leads to the widespread perception that these are 'lives not worth living' and that, therefore, they should be extinguished, for instance, by preventing disabled people from being born in the first place, by defending the use of euthanasia for disabled people, or by systematically persecuting, erasing and policing their lives and experiences. In its extreme, as Morris points out, it can lead to a policy of mass murder for disabled people, similar to what happened in Germany in the 1930s and early 1940s (Morris 1991: 51–8).

In the same book, Morris also analysed other aspects of the problematic relationship that mainstream feminists had with disability. While Morris continuously pointed out the ways in which feminisms had excluded disabled women and their issues from research and theoretical agendas, she was also clear to state that she had 'brought the perspective of feminism to an analysis of the experience of disability, using the principle of making the personal political as [her] primary analytical tool' (Morris 1991: 9). This remains an important political point for feminists within disability studies. The reason they felt it was important to point out both feminism's ableism and disability studies' often gendered character was exactly because, being situated in two different social locations as women and disabled people, they wanted and felt the need to draw from both feminist and disability studies' frameworks in original conceptual moves.

For example, in Britain – where the social model of disability played a key role from the 1970s – deconstructing traditional ideas about 'care' became both possible and essential. The activities of the disabled people's movement and the Independent Living Movement laid the groundwork for feminist thinkers in disability studies to redefine notions of dependency and care (Morris 1993; Thomas 2007). It was argued that Western culture constructed disabled people as 'passive', 'dependent' and 'in need of care' – a position that immediately placed them under the control of others. The point was that disabled women and men needed to have control over their own lives, including choices and self-determination related to accessing support and personal assistance, otherwise they would always be under the control of other people (for instance institutional carers or informal carers) and not have the power to determine their own lives (Morris 1993). Disabled feminists contributed to this debate by critiquing how some mainstream feminists *accepted* the normative constructions that 'disability equals dependency' and, thus, had unthinkingly made disabled and older women invisible and/or 'needy' when they discussed the important role of (non-disabled) women as carers in society (Thomas 2007). Disabled feminists such as Jenny Morris (1993, 1996) led this critique by referring to research she had conducted that demolished notions that disabled women were simply 'burdens of care' or mere 'passive recipients of care'. She concluded that: 'people who are commonly considered to be passive recipients of others' help can also be "care-givers" themselves' (Morris 1993: 89). Indeed, disabled women often had caring responsibilities of their own, and relationships that involved reciprocity were common (Morris 1993; Thomas 2007: 110). In Britain the care debate remains a heated one, and disabled feminists continue to bring forth essential contributions.

### **Rethinking impairment**

The use of the old feminist maxim 'the personal is political' would profoundly influence the debate in Britain during the 1990s over the role of impairment in the social model of disability – a discussion that would deeply engage disabled feminists (French 1993; Crow 1996; Morris 1996; Meekosha 1998; Corker 1999; Thomas 1999). As the social model slowly began to establish itself in Britain, it also began to be under some scrutiny from disabled people themselves. One of the major sites of contention was the debate around the experience of impairment and the role of the body in the social model of disability. Proponents of the social model made a strong distinction between 'impairment' and 'disability' in order to dissociate disability from the personal tragedy rhetoric of the individual model, and to place the focus more unambiguously on the disabling barriers that exclude and oppress in the social sphere. For example, Michael Oliver clearly mentions that the social model does not deny the proximity of impairment to the body, adding that 'impairment is, in fact, nothing less than a description of the physical body' (Oliver 1996: 35). To the social model disability is therefore about: 'all the things that impose restrictions on disabled people; ranging from individual prejudice to institutional discrimination, from inaccessible public

buildings to unusable transport systems, from segregated education to excluding work arrangements, and so on' (Oliver 1996: 33).

Some disabled feminists began to insist that this strong impairment/disability distinction dismissed the *experience* of impairment and the 'body-felt' altogether. They argued that this division actually mirrored the classic patriarchal split that mainstream feminists had challenged – the split between the public and private, where the 'private' becomes a personal arena of no collective significance (Morris 1996; Crow 1996). It is not entirely a surprise, therefore, that disabled feminists felt the need to question this split as replicated in disability studies: disability as public and impairment as private. While they understood that talking about the experience of impairment held the danger of reinforcing negative stereotypes about disabled people as 'victims' and 'hostages' of their bodies, they also realized that if disabled people do not reconceptualize their knowledges of the body and impairment *in their own terms*, then that would always constitute a gap that the individual or medical model would eagerly claim and occupy. As Liz Crow eloquently puts it:

External disabling barriers may create social and economic disadvantages but our subjective experience of our bodies is also an integral part of our everyday reality. [...] Recognizing the importance of impairment for us does not mean that we have to take on the non-disabled world's ways of interpreting our experiences of our bodies.

*(Crow 1996: 210, 211)*

Coming at it from a postmodern perspective, Mairian Corker and Sally French also contended that in the social model framework: 'disability and impairment is presented as a dualism or dichotomy – one part of which (disability) tends to be valorised and the other part (impairment) marginalized or silenced'. As such, in the authors' view, this framework fails 'to conceptualize a mutually constitutive relationship between impairment and disability which is both materially and discursively (socially) produced' (Corker and French 1999: 2, 6).

Social model proponents responded by remaining firm in their belief that impairment had no role to play in a model that had always intended to focus on the social barriers that cause disability rather than on the personal restrictions of impairment (Oliver 1996: 38). The debate continues.

### **New concepts**

On the basis of the earlier work of disabled feminists, newcomers were encouraged to actively construct ideas and proposals that could bridge conceptual gaps. It was in this context that British feminist sociologist Carol Thomas formulated two important proposals that were to move thinking along. These were first developed in the context of Thomas's study about the lived experiences of disabled women in Britain (Thomas 1999). Her book, *Female Forms: Experiencing and Understanding Disability* (1999), remains an essential book for its innovative methodology and for its enduring theoretical contributions to disability studies. For example, Thomas argued that socially imposed restrictions that shape disabled people's identity and subjectivity by working along psychological and emotional pathways – what she termed the psycho-emotional dimensions of disablism – should be taken much more seriously by disability studies (Thomas 1999: 46). She went on to conclude that the impact of disablism in both how disabled people act in the face of disabling barriers (doing) and who they are in the face of psycho-emotional disablism (being) is interactive and compounding in individuals' lives (Thomas 1999: 46). This is a vital contribution towards a deeper understanding of the ways the non-disabled world contributes to shaping the inner existence of disabled people and has rightly gained a key role in disability studies.

In the course of her oeuvre, Thomas has continued to develop this concept and in her book, *Sociologies of Disability and Illness* (2007), she states that:

[P]sycho-emotional disablism involves the intended or unintended ‘hurtful’ words and social actions of non-disabled people (parents, professionals, complete strangers, others) in inter-personal engagements with people with impairments. It also involves the creation, placement and use of denigrating images of ‘people with impairments’ in public spaces by the non-disabled. [...] The effects of psycho-emotional disablism are often profound: the damage inflicted works along psychological and emotional pathways, impacting negatively on self-esteem, personal confidence and ontological security. (Thomas 2007: 72)

Another central and helpful concept coined by Thomas in this context has been that of ‘impairment effects’ (1999, 2007, 2010). In a recent publication, Thomas defines impairment effects as ‘the *direct and unavoidable* impacts that impairments (physical, sensory, intellectual) have on individuals’ embodied functioning in the social world. Impairments and impairment effects are always bio-social in character, and may occur at any stage in the life course’ (Thomas 2010: 37 – author’s emphasis). For Thomas, then, the bio-social nature of impairment effects is crucial since neither impairments nor their effects can be reduced to mere biology. They are both corporeal *and* social in nature. For instance, someone’s particular morphology – Thomas gives the example of someone who is born missing a hand – has particular consequences for how that person does certain things in the world, or what one might call certain restrictions of activity. However, if other people see a person who is missing a hand as being unfit to work or carry out any other activity, or indeed if biomedicine labels this person as ‘abnormal’ because having two hands is what is deemed ‘normal’ in contemporary societies, then this experience is always already immersed in the social and is thus never *only* biological.

Additionally, I would add, if we as a society come to embrace the multiverse-of-bodies that constitute human presence, stop being rigid about what parts of our bodies ‘should do’, and come to accept that people might be creative in the ways they use their bodies (e.g., drinking a glass of water can be done in very different ways by different people – maybe by using just lips, elbows or feet instead of hands), then the experience of not having a hand might be conceptualized in another way altogether. As Thomas mentions, it then becomes very evident that ‘the bio-material always intersects with the socio-cultural’ (Thomas 2007: 137). Given this, Thomas is clear to conclude that: ‘The distinctions made between impairment and disability (disablism) cannot [...] be mapped onto familiar biological/social or natural/cultural dualisms, nor should impairment be sidelined as an irrelevant category’ (Thomas 2007: 137).

In other words, by using an inter-relational approach, Thomas does not really conceive of ‘impairment’ and ‘disability’ as completely separate entities that have nothing to do with each other, or that refer to completely different realms. Rather, she sees them both as inherently related and interconnected. Furthermore, she is clear to state that they both have bio-social processes and factors involved and are not *only* biological or *only* social.

Once again inspired by the feminist maxim ‘the personal is political’, many disabled feminists’ personal experiences were also often featured in their own work, therefore refusing the pseudo-neutrality of positivist and male traditions of thought. Susan Wendell (1996), for example, talked openly about her own experiences with chronic illness in her book *The Rejected Body: Feminist Philosophical Reflections on Disability*. This is an essential and enduring book in disability studies and feminism wherein Wendell interweaves her own personal story with an interdisciplinary theoretical framework to construct a powerful critique of biomedical power and the cultural and social

forces that construct disabled people as ‘other’. Wendell is clear to place the book theoretically as a ‘feminist philosophical discussion of disability’ (1996: 1) and one can clearly find a well-crafted analysis and discussion of fundamental issues around disability. The book therefore remains an essential introduction to the novice and a constant place of return for those already working in the area. Like Morris, Wendell is interested in calling our attention to the links between disability and ageing, reminding us that we construct our environments ‘to fit a *young* adult, non-disabled, male paradigm of humanity’ (1996: 19 – author’s emphasis). Furthermore, when we think about ageing as inherently disabling we realize that non-disabled people are only temporarily non-disabled and, consequently, it is in everyone’s interest to structure society in a way that enables people of all abilities to participate fully.

Wendell’s careful discussion of what may count as disability, the complexities of who identifies as disabled and who counts as disabled, remains fundamental. She reminds us that disability is often viewed from the outside as a taken-for-granted and stable category that is clearly recognizable. However, many people who may be perceived as disabled by others may not in fact identify as disabled (e.g., members of the Deaf community), whereas some people who do consider themselves disabled are not identified as such by everyone else (e.g., people with ‘invisible’ or what I prefer to call undistinguishable impairments such as chronic illnesses). It therefore remains essential to problematize notions of perceived dis/ability.

Wendell’s work (1996, 2001), along with that of Thomas (1999, 2007), has also been instrumental in opening up the field by arguing for the inclusion of chronic illnesses and other disabling conditions in the disabled people’s movement and in disability studies. This particular theme has continued to be of interest for many feminists engaged with disability, as can be seen for instance in the edited collection *Dissonant Disabilities: Women with Chronic Illnesses Explore Their Lives* (Driedger and Owen 2008). While understanding the initial desire to dissociate illness from disability because this might fuel ableist stereotypes of the ‘totally incapacitated’ disabled person, Wendell calls for a more nuanced analysis that recognizes that while some disabled people may be either well or very healthy, others may experience illness and may therefore be exposed to particular forms of disablism. Further, as she mentions: ‘like healthy people with disabilities, most people who have disabilities due to chronic or even life-threatening illnesses are not “globally incapacitated”. [...] Thus there are issues of access for people with chronic and life-threatening illnesses that need to be addressed’ (Wendell 1996: 20).

Following from this important point, I would argue that it is now important to begin to realize that disability studies has itself tended to uncritically accept dualistic and opposing notions of health and illness, conceptualized in very similar ways to those of the biomedical model. Thus, as the experience of chronic illness demonstrates, it is now important to rethink dualistic and exclusionary models of health and illness by presenting more fluid, interlacing and interdependent models that focus on the importance of fostering a standard of well-being in the experience of illness and on questioning standard assumptions about what health is and how it is conceptualized (Zola 1983).

### **Bodies of knowledge**

Susan Wendell also reminds us of the complex ways in which disabled people have been constructed as ‘the other’ in society, and the disabling consequences that has had in disabled people’s lives. However, influenced by the feminist notion of *standpoint*, she argues that this particular location may invite a specific standpoint for disabled people stemming from disabled people’s unique and specific knowledges and accumulated experiences (Wendell 1996: 73). In fact, I would add that along the lines of the project of modernity, where only some

knowledges are valued (most notably scientific knowledge) in detriment of others, disabled people's specific knowledges have been deemed unimportant or indeed nonexistent and therefore do need to be recovered and cast in a new light. Adopting standpoint theory can greatly aid this project.

Contributing to the importance of uncovering how normalcy is constructed, Wendell draws on feminist theory to conclude that the: 'disciplinary practices of physical normality [...] are in many ways analogous to the disciplinary practices of femininity. [...] Like the disciplines of femininity, they require us to meet physical standards, to objectify our bodies and to control them' (1996: 88). Yet, as Wendell so eloquently mentions, while criticizing constructions of femininity, mainstream feminisms have often constructed their own bodily ideals around the importance of ablebodiedness and strength, often refusing to confront the frailty of the body. Thus: 'Until feminists criticize our own body ideals and confront the weak, suffering, and uncontrollable body in our theorizing and practice, women with disabilities are likely to feel that we are embarrassments to feminism' (1996: 93).

One of the major obstacles Wendell identifies as crucial to coming to terms with 'the full reality of the bodily life is the widespread myth that the body can be controlled' (1996: 93). As she mentions, both biomedicine and alternative therapies are proficient in the notion that the mind can fully control the body and, consequently, that people are responsible for their illnesses. Such influences have grave consequences for those involved, including the stigma and guilt experienced by those whose bodies seem 'out of control'. Additionally, as Wendell postulates: 'by creating a culture of individual responsibility for illness and accident, the myths of individual control and medical control through cure, discourage any search for possible social and environmental causes of diseases and disabilities, thus inhibiting efforts to prevent them' (1996: 106).

Wendell's carefully constructed critique of the power of biomedicine remains one of the most authoritative in the disability studies context and an essential point of departure for anyone interested in this issue. Her concept of 'epistemic invalidation' (1996: 122) highlights the ways in which personal knowledges and experiences of our bodies are simply disregarded or even denied by biomedicine while scientifically produced discourses are the only ones considered authoritative. Her analysis is a fundamental contribution to understanding the many ways biomedical power operates in disabled people's lives.

### Diversification

As debates from a framework of feminism and disability became more and more sophisticated, the field welcomed an increasingly bigger amount of theoretical and geographical diversity. Influenced by postmodernism, the work of Janet Price and Margrit Shildrick is important in feminist disability studies, often challenging concepts that are taken for granted, inviting us to move beyond modernist standards as well as to look at the importance of reclaiming the 'uncontrollable body' (Price and Shildrick 1998, 2002; Shildrick 2009).

As disability scholarship and communication spreads throughout the world, several important contributions have appeared that draw from both feminism and disability studies. Helping to introduce readers to research in the Nordic countries, *Gender and Disability Research in the Nordic Countries* is an exciting collection edited by Kristjana Kristiansen and Rannveig Traustadóttir (2004) that applies a joint framework of gender and disability to Nordic perspectives. Writing from an Indian perspective, the work of Anita Ghai (2002, 2003) weaves together disability studies, feminist theory and postcolonial theory to produce a crucial view of the struggles faced by disabled people in the South as well as a fundamental theoretical contribution that is relevant for anyone interested in disability studies.

### Inviting the humanities

In the United States, where disability studies has always been much more connected with the humanities (especially literary and cultural studies), feminists engaging with disability have shown how feminist disability studies can both draw from and enrich these areas. The work of Rosemarie Garland-Thomson truly stands out in this context, providing numerous and important insights for those wanting to engage with the humanities and cultural studies. From the start, Garland-Thomson's project has been a bold but fundamental one. In her riveting book *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (1997), she explores the intricacies that allow for the construction of the disabled body in culture, and the role of medical, political, cultural and literary narratives in shaping an exclusionary discourse that constructs certain bodies as inferior. Her purpose, then, soon becomes explicit: 'to alter the terms and expand our understanding of the cultural construction of bodies and identity by reframing "disability" as another culture-bound, physically justified difference to consider along with race, gender, class, ethnicity, and sexuality' (1997: 5).

By clearly placing disability alongside race, gender and sexuality in culture, Garland-Thomson is drawing our attention to the similar processes they may share when constructed as categories of 'otherness'. She is equally addressing the fact that the disabled figure, or what she eloquently terms the *extraordinary body*, had been missing from the broad critical enquiry that had allowed other cultural categories such as gender, race and sexuality to be destabilized to the point of implosion. Analysing the role of bodies in culture, and exactly how and why some are constructed as 'inferior' and 'lacking', the author reminds us that this is not due to some inherent physical characteristics but, rather, to the imposition of powerful social norms that value and legitimize certain physical characteristics over others. In this particular work, as would happen in her subsequent works, Garland-Thomson calls on the role of several cultural discourses in the construction of disability, and examines the exclusionary position of liberal individualism as well as the role of representation in specific literary and cultural sites. As such, her work has effectively reached the goal she first formulated in *Extraordinary Bodies*: to foster and create a true place of presence for disability studies as a subfield of literary criticism and cultural studies.

In *Extraordinary Bodies* Garland-Thomson joins voices with other feminists within disability studies by wishing to bring their discussions to the attention of mainstream feminisms and vice versa. She also reminds us that *both* female and disabled bodies have been historically constructed as inferior and lacking, and that these are associations that must be acknowledged:

Many parallels exist between the social meanings attributed to female bodies and those assigned to disabled bodies. Both the female and the disabled body are cast as deviant and inferior; both are excluded from full participation in public as well as economic life; both are defined in opposition to a norm that is assumed to possess natural physical superiority.

(Garland-Thomson 1997: 19)

In this context, the author reminds us that such association began as far back as Aristotle's *Generation of Animals*, where the female is described as a deviation from the normate male and as a 'deformed male' (Garland-Thomson 1997: 19–20). This form of taxonomy, then, as the author points out:

[I]nitiates the discursive practice of marking what is deemed aberrant while concealing what is privileged behind an assertion of normalcy. This is perhaps the original operation of the logic that has become so familiar in discussions of gender, race, or disability: male,

white, or able-bodies superiority appears natural, undisputed, and unremarked, seemingly eclipsed by female, black, or disabled difference.

(Garland-Thomson 1997: 20)

One is thus, once again, reminded of the intricate ways in which the unmarked body (be it male or white or able) is constructed only in regards to its fictional opposite – a process that requires contrast, hierarchy and exclusion.

Although Garland-Thomson finds a constructionist perspective helpful in understanding the body as culturally constructed within social relations and in destigmatizing the differences we have come to know as gender, race or disability, she also recognizes that constructionism may contribute to erasing the material and bodily effects of those differences and the social categories we claim to be important. In the case of disability this can still be problematic because, as she wisely points out:

[A] disability politics cannot at this moment, however, afford to banish the category of disability according to the poststructuralist critique of identity [...] [W]hile in the movement toward equality, race and gender are generally accepted as differences rather than deviances, disability is still most often seen as a bodily inadequacy or a catastrophe to be compensated for with pity or good will, rather than accommodated by systemic changes based on civil rights.

(Garland-Thomson 1997: 23)

As a result, while the constructionist argument is helpful in addressing the fact that disability is *not* a state of bodily insufficiency but rather comes into existence via the interaction of physical difference with the surrounding environment, it is also important to recognize that the material existence of the disabled body demands *accommodation* as well as *recognition*. This is a very powerful observation that still rings true today.

As an interdisciplinary area with much to contribute, Garland-Thomson also calls for disability studies to become a discourse that is recognized as ‘structuring a wide range of thought, language, and perception that might not be explicitly articulated as “disability”’ (Garland-Thomson 1997: 22). As disability studies establishes itself in ever greater increments, it is hopefully almost inevitable that this will be so.

### **Possible futures: intersectionality**

There are many possible bright futures for feminist disability studies. There is no doubt that this interdisciplinary area will continue to expand. As an example, I want to suggest that engaging with theories of intersectionality can provide another interesting way forward, and I would like to briefly focus on some of its possible contributions.

Disability studies has always struggled when it comes to the integration and theorizing of multiple location subjects. Some authors have used additive approaches and the notion that, for instance, disabled women have a double disadvantage. Terms such as double oppression or multiple oppression have also been used but from the early years, authors such as Morris have warned that such an analysis can shift attention away from the socio-structural problems and risk subjects being looked at as mere passive victims of oppression (Morris 1993: 57; Morris 1996: 89). Both Thomas (2007: 73) and Garland-Thomson (2005) agree that additive analysis can be overly simplistic and that more complex approaches are necessary. Feminisms have had to face the same kind of issues, and intersectionality arose as a paradigm of research precisely from the need to tackle

‘internal diversity’ in a more sophisticated manner. Even though many internal debates have risen over the concept of intersectionality in mainstream feminisms, it remains helpful. Leslie McCall even argues that ‘intersectionality is the most important theoretical contribution that women’s studies, in conjunction with related fields, has made so far’ (McCall 2005: 1771). As such, it can prove a helpful tool to disability studies too and a way forward for future explorations. It is beyond the scope of this article to define and summarize debates in this area, but for more on intersectionality see, for instance, Crenshaw [1989] 2003; Collins 1990; Brah and Phoenix 2004; McCall 2005; Hancock 2007.

Exploring intersectionality from a joint framework of race and gender, Evelyn Nakano Glenn recognizes the importance of identifying: ‘a framework in which race and gender are defined as mutually constituted systems of relationships [...] organized around perceived differences. This definition focuses attention on the processes by which racialization and engendering occur, rather than on characteristics of fixed race or gender categories’ (Nakano Glenn 2002: 12).

Perhaps one of the most interesting articulations Nakano Glenn makes resides in her take on the importance of relationality. In her view, this concept is important because it helps problematize how the dominant categories always establish themselves by way of contrast. It also helps to highlight how the lives of different groups are inexorably interconnected. Lastly, the author points out that relationality helps to address the critique that abandoning fixed categories means race and gender can mean anything one wants them to mean: ‘Viewing race and gender categories and meanings as relational partly addresses this critique by providing “anchor” points – though these points are not static’ (Nakano Glenn 2002: 14).

I want to expand on Nakano Glenn’s notion of anchor point by suggesting that this notion may be helpful to theories of intersectionality in disability studies in two ways. First, it may be useful when addressing our own internal diversity as disabled people, or the internal diversity of the other categories attached to disabled people. It is crucial to address the needs of internal diversity in a nuanced way that is non-exclusionary. In the case of disabled people, this is even more paramount since disabled people experience a wide range of impairments and experiences that are, at times, very variable – yet, not devaluing any of our experiences remains fundamental. Furthermore, as many authors mention, disability studies has at times struggled to embrace its own internal diversity either in addressing who can be counted as disabled (Goodley 2004; Wendell 1996; Driedger and Owen 2008) or what sort of issues can be deemed relevant (Morris 1991; Crow 1996; Hughes 2004). Accepting everyone’s experience as equally valid, while still being able to find a political commonality and a common articulation as an anchor point, is crucial. An anchor point can thus be perceived as a location from which to be temporarily rooted, in which to set a temporary anchor. This does not mean it is static but, indeed, that it invites fluidity and, above all, constant awareness of what is being excluded. The anchor point can certainly be easily adjusted and relocated. If we are to be able to keep fighting oppression and question ableism, it is therefore crucial that we are able to continually articulate the commonality of what unites us while acknowledging our own internal diversity.

Second, the notion of anchor point is helpful when one wishes to draw from intersectionality theories to conceptualize the role of different categories. For instance, if one wants to be aware of the place of class, race, gender and disability in a certain context, or in the life of a certain subject, one can think of all of these as temporary satellite anchor points that constantly travel and change their point of approximation. They may not all have the same weight or presence in different contexts – because in some contexts disability may be more present and in need of highlighting, while in others this might be true of gender or race or sexuality. But it remains important that one anchor point is not obliterated by another, such as what happened in the past with disabled women. Indeed, as recently as 2006, both Susan Wendell (2006) and Rosemarie Garland-Thomson (2006)

were still calling our attention to the fact that mainstream feminisms do not recognize disability as one dimension of reality that is part of many women's lives. On the other hand, disability studies has only recently began to engage more fully with other social categories (race, sexuality, age, etc) that may interlace with disability. Yet the articulation of other categories with disability is also fundamental to address the complexities of all disabled people's lives.

### Final words

In summary, I hope to have shown that a joint framework of feminism and disability has significantly enriched debates in disability studies and often helped to accommodate, even celebrate, internal diversity. The contributions of authors drawing from this joint framework, and the value of debates brought forth, should therefore be recognized and indeed be fully incorporated in disability studies and feminisms instead of being viewed as a localized perspective pertaining only to disabled women. Furthermore, I hope to have been able to illustrate the luscious heterogeneity that stems from authors inspired by both feminism and disability. As the field develops, one can clearly perceive an increasing diversity of locations and debates offered, as well as a growing number of publications. A good example of this is a collection edited by Diane Driedger focusing on the Canadian experience: *Living the Edges: A Disabled Women's Reader* (2010). Therefore, even though it remains sadly true that mainstream feminisms have not yet incorporated disability as a fundamental axis of presence in their writings, it is certain that it is their analysis that remains the poorer. Additionally, newcomers to the area, as well as newly curious, will not find a desert of absence. On the contrary, they will easily find a strong place of presence and belonging in the wide variety of writings that this interdisciplinary area has to offer.

### Notes

- 1 I define ableism as a system of beliefs that privileges normate notions of the body/mind and ability that are culturally constructed and views disabled people as inferior and lacking. It focuses on how society artificially constructs notions of normalcy.
- 2 By 'mainstream feminisms' I mean those parts of feminist theory that are generally better known, widely taught, discussed, quoted and circulated. For example, while feminist disability studies is clearly *part of* feminisms, its contributions are not yet widely taught or known.

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