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Disability as a New Frontier for Feminist Intersectionality Research

Nancy J. Hirschmann, *The University of Pennsylvania*

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Disability is the new gender. I make this claim with trepidation and a sense of irony. Certainly, disability studies today is like women's studies was in the 1970s and 1980s, when feminist scholars had to convince colleagues in "mainstream" political science that gender was something worth attending to, that it was a serious enterprise, and that it should be part of the mainstream. The fields of history and English have been somewhat more welcoming of disability as a valid topic of study, just as these fields

preceded political science in realizing that gender was an important category of study. But political science has been slow to catch on.

The connections between disability and gender go much deeper into substance, however. Disability intersects with all vectors of identity, since disability affects people of all classes, races, ethnicities, and religions, male and female, straight and gay. Indeed, disability is not a phenomenon limited to a small minority but is a significant social issue: In the United States alone, 51.2 million Americans are disabled, approximately 18% of the population (Steinmetz 2006). Women make up more than half of the people with disabilities throughout the world, often largely due to discriminatory treatment in health care and social status, as well as problems stemming from reproduction. That means it is probable that one of every five feminists will have a disability, if not yet, then eventually. Many of us also have or will have loved ones and family members with disabilities; and, of course, women tend to assume the majority of care work throughout the world. So, even on the “old style” vision of feminism, identity politics presents multiple reasons for paying attention to disability.

There are ontological, phenomenological, and epistemological reasons as well, however. Disability is configured as helplessness, weakness, and incapacity, all conceptually related to the ways that women have been seen throughout history (Thomson 2002, 10). Disabled women are in some ways eroticized in a heterosexual framework, the willing but passive objects of sexual desire who are incapable of resistance; yet at the same time, they are seen as asexual because they violate the norms of ideal feminine beauty (Kim 2011). And disabled males are thereby “feminized” by that same association.

Feminist and disability theory also share a deep concern about the body and bodily difference. Feminists, of course, have been at the forefront in recognizing the importance of the body. But we tacitly operate from a particular body. We assume certain reproductive capacities, certain body parts, certain capabilities. Philosophers like Nussbaum presuppose a certain kind of “capability” that effectively bars seriously disabled individuals from full membership and participation in relevant communities (Nussbaum 2000; 2006). Lesbian feminism, transgender theory, as well as postmodern theory have challenged feminism on these assumptions to some degree, raising the question of what “woman” means, of who “counts” as a woman, and the potential oppressiveness of the boundaries of identity. But even these feminists have excluded disability from the categories in need of inclusion (Samuels 2002). And

feminists have even used disability as a pejorative term to describe what patriarchy has done to women, “crippling” our abilities and imaginations (Young 1980). Asch and Fine (1988, 4) maintain that some feminists exclude disabled women from study for fear that they will reinforce stereotypes of women as dependent.

Yet disability theorists maintain that disability is not a disadvantage; it is a difference. We argue that what makes something a disability is not bodily difference itself — not impaired vision, or weak or missing limbs, or cognitive impairments — but rather the social contexts in which they exist. For instance, using a wheelchair does not itself constitute a “disability”: rather, the built environment, with its curbs and stairs, disables some bodies from moving freely.

In this view, which disability scholars call the “social model” of disability, disability is a social construction in the most obvious sense: Because of the ways that social relations, the built environment, laws, customs, and practices are structured and organized, certain bodies are disabled, and other bodies are facilitated. Impairment is seen as a natural part of biological life, not “abnormal,” and is incorporated into a person’s sense of self. *Disability* is thus a term that refers exclusively to what society, social conditions, prejudices, biases, and the built environment have produced. Disability is thus not applicable to the body per se but to the body in a hostile social environment.

By contrast, the “medical model” views disability as an individual disorder of a particular body that must be fixed or cured if its “owner” is to live a full life. In this model, disability is seen as both intrinsic to the “abnormal” body, which must be made to adapt to the preexisting environment, and simultaneously alien to the body, a hostile force that undermines its true *telos* and the individual’s presumed intentions. For “the body” that is held up as the standard against which it is measured is what Thomson (1997) calls the “normate” — male, white, in perfect health and physical attribute, a standard that almost everyone fails to meet, and yet which informs our assumptions about the body and how it should function in the world.

The social model of disability has certain shortcomings, of course; some bodily impairments are sources of suffering and frustration, disabling no matter what social context. Furthermore, focusing exclusively on the social ironically obliterates the body from view; we fail to see the suffering caused by physical conditions that cannot be addressed through accommodation. This may be seen to parallel feminist arguments over the relationship between sex and gender; if the body is always already

social, then sharp lines between the medical and social models cannot be drawn.

The social model of disability is nevertheless important, and it coheres with insights made by feminists for decades that it is not that women are naturally unable to do things ranging from being professors and chief executive officers to weight lifters and firefighters, but rather that they have been prevented and restrained from doing so by norms, laws, practices, customs, and regulations that “disable” their minds and bodies from achieving whatever they otherwise could, just as stairs “disable” a wheelchair user from entering a building. Feminists have also been at the forefront of understanding the value of difference, arguing that even if women do want to be professors, CEOs, weight lifters and firefighters “just like men,” they also, even simultaneously, may want to do those things differently: Being “just like men” is not the goal, any more than the disabled want to be able-bodied. They only want the chance to live their lives; much of that may entail doing the same things that men or able-bodied people do, like earning a living, going to parties, to school, to the movies. But they do not want to be men, any more than disabled people want to be nondisabled.

This is the most difficult idea for most nondisabled people to grasp: “Who would want to be deaf/blind/in a wheelchair/have cerebral palsy?” the thinking goes, “of course such people want to be ‘normal.’” But in fact they do not; multiple studies show that levels of happiness are the same for disabled people as nondisabled people, and the major frustration for the former is the prejudicial attitudes and treatment, the blockages of a hostile built environment, all of which make living in their bodies harder. They are all barriers, constraints, to living their lives as they wish. So they do not want to change their bodies; they want to change these barriers. They want the able-bodied to see these facets of the world *as* barriers and not as inevitable or natural. For instance, the bitter division between the hearing and Deaf communities over the use of cochlear implants, devices which are “hard-wired” into the brain to create sound waves to enable deaf people to “hear,” stems from the fact that many Deaf people do not want to hear but wish to preserve Deaf culture and sign language. In fact, they do not consider deafness a disability at all.

This should sound familiar to feminist and queer theorists. For years, being gay was considered a psychological disorder that had to be “cured,” and indeed even now hostility toward gays, lesbians, and transgendered individuals operates out of a tacit assumption that such

individuals are perverted or abnormal. Feminists, too, are familiar with this line; just two years ago, a well-respected and even adored senior male political theorist asked me, “But don’t most women really, fundamentally, want to be men? I mean, women are so subordinated in so many ways, and men have such freedom and power, don’t they all really want to be men?” Granted, there was more context to this conversation than I can present here, but this was 2010, not 1940.

Additionally, the ways in which the disabled are shunned and demonized parallels ways in which gays, lesbians, and particularly transgendered people are: Both relate to the anxiety that Butler identified about the “undecidability” of the body, the notion that our bodies are not essentially given to us, nor static and unchanging, but rather in states of flux and uncertainty. Butler upended feminist theory when she challenged the accepted wisdom that “sex” constituted the biological reality of female bodies whereas “gender” constituted human-made social roles, arguing instead, following Foucault, that sex and the sexed body itself are socially constructed and constituted by language and discursive practices (Butler 1990). This way of understanding the sex/gender relationship recast our understanding of the body and introduced the notion that central aspects of identity — gender, sexuality, physical capability — are not fixed but in flux, not in our control. Disability brings that flux into view in a particularly sharp manner; while my understanding of my gender and sexual identity may suddenly shift (though such a change is more likely to occur gradually), I am confident that I will not wake up tomorrow with a penis. By contrast, I could wake up tomorrow in intense pain, or be blinded or paralyzed in an accident. Such things happen to people every day: Only about 15% of people with disabilities were born with them (Davis 1995, 8). The apprehension of disability forces individuals to come to grips with the way the body changes and can change further without warning, betraying the self’s conception of who and what one is.

Of course, there are a variety of ways in which women are disabled because of their gender. Women are more likely to experience the kinds of autoimmune disorders, such as lupus, chronic fatigue, and fibromyalgia, that others cannot usually see. Women suffer from a wider range of pain disorders than men do, experience chronic pain from two to six times more than men, and “may be more vulnerable than men to unwarranted psychogenic attributions by health care providers for pain” (Unruh 1996, 123). Additionally, “[w]omen are more likely than men to experience disability from the same pain condition” (Greenspan et al.,

S35), creating a negative feedback loop: Women are put in situations of greater vulnerability to pain by having their symptoms treated as emotional problems, resulting in less aggressive treatment and thereby greater disability from pain. Whitson et al. (2010) found that among people over 65, women were up to two and a half times more likely to experience disabilities than men. And, of course, old age not only brings physical impairments in vision, mobility, and other bodily functions but is itself viewed as a disability, particularly for women. This is not simply biological bad luck; it is also social. The “feminization of poverty” similarly means that a higher percentage of disabled women than men may be unable to afford the resources they need to supplement their impairments (Barile 2001).

Understanding the intersections of disability with gender and sexuality can thus yield productive new insights and complicate feminist analysis. But disability is more than simply another “case” to be added to intersectionality, or another intersection with gender and sexuality; considering the intersections of disability with gender and sexuality also raises methodological issues about how intersectionality research is conducted. Often, intersectionality is conceptualized as a crossroads, with single lines of identity crossing at discrete points, a conception that fails to capture the depth of the degree to which various aspects of our identity and situation shape all others. Even the more inclusive conception of a Venn diagram, with overlapping planes, presumes a combination of two separate and distinct identities that happen to overlap.

Disability, however, presents intersectionality within intersectionality. I mean two things by this. On a simple level, if gender and sexuality studies is interdisciplinary because its subjects are themselves already intersectional, and if disability studies is as well, then the intersections between these fields, and between disability and gender and sexuality, are intersections of intersections — perhaps a double-helix imagery rather than a crossroads or Venn diagram.

On a more complicated — and perhaps controversial — level, I would venture to say that disability presents intersectionalities within intersectionality because of the role and meaning of difference. I think feminist approaches to intersectionality have been limited in part because, no matter how much feminists remind ourselves that “women” occupy all racial, ethnic, religious, class, and sexuality positions, one tends not to hold all of that multiplicity in mind when one uses the term — we are sometimes better at calling for intersectionality and proclaiming its importance than we are at actually doing it. It is a

feminist truism how “different” women are from one another, and such difference is said to make the category “woman” impossible. And yet we use the term for the most part without confusion, incorporating those differences into our usage. Despite our repeated insistence that women are so different from one another, perhaps we share more than we differ.

Saying this makes me nervous, I admit, threatening a return to the 1980’s essentialism debate and I do not mean to suggest that. Indeed, I find myself surprised at my own position, having argued against the unifying and unitary understanding of categories like “women” or “white” or “lesbian” or “black” (Hirschmann 1992; 2003). And yet such arguments, no matter how politically inspiring they are, increasingly strike me as intellectually empty because of the work being done on disability, an identity category that truly embraces “difference” in a way that feminism could learn from.

For disability is so very variant as to strike at the core of human identity. As Thomson (1997) argues, the disabled are “the ultimate other,” far more than women or people of color, because the able-bodied know that they could become disabled at any time, and they fear that possibility:

Cast as one of society’s ultimate “not me” figures, the disabled other absorbs disavowed elements of this cultural self, becoming an icon of all human vulnerability and enabling the “American Ideal” to appear as master of both destiny and self. . . . [T]he disabled figure . . . assures the rest of the citizenry of who they are not while arousing their suspicions about who they could become. (Thomson 1997, 41)

Or as Seibers puts it, “Disability is the other other that helps make otherness imaginable. . . . In no other sphere of existence . . . do people risk waking up one morning having become the persons whom they hated the day before” (2008, 48, 26). I would substitute “fear” for “hate.” This fear of the disabled other is so powerful because it is fear of the self, for anyone could become disabled at any moment as I have already noted; it happens to people every day.

Although we might like to think that awareness of this possibility would make us more sympathetic to persons with disabilities, the evidence runs against it: Why is there still such resistance to the Americans with Disabilities Act (see O’Brien 2004)? Why, as Watson (1998, 161) notes, do “disabled people face a daily barrage of images of themselves as other, as unworthy, as something to be feared”? Why have “ugly laws” existed in our history, forbidding disabled people from appearing in public, even to use the streets (see Schweik 2010)? The disabled body, as Wendell

(1996) puts it, is “the rejected body,” and it is fear of this body that makes the nondisabled work so hard to cast disabled people as “different” and “other.”

Even deeper are the differences of disabled persons from one another; differences so deep as to make it virtually impossible to have a category of “disability.” Is the person with cerebral palsy at all like the blind person, the person with a prosthetic leg, the deaf person? In what regard, exactly? The differences among disabilities is so profound as to make the differences between gay and straight women, or black and Latina women, seem small by comparison. Indeed, working in disability theory has made me realize how problematic, perhaps even narcissistically self-indulgent, our feminist debates over difference have been. We are much more similar to one another than are persons with divergent disabilities and impairments; and yet they see themselves as a community. How is this possible?

I believe it is because disability studies enacts intersectionality in a way that feminists have not even begun to: in a deep, profound way that understands that intersections mark not just our differences but our connections as well. In feminism, we use intersectionality to distinguish ourselves: Intersectionality theory tells me that as a professional, straight, white woman, for instance, I am different from black, working class, lesbian women. Too often there seems no recognition of what we also share.

Disability theory similarly recognizes that the struggles that I encounter in dealing with my body are different from those encountered by a blind person, a person with postpolio syndrome, or a person with only one arm. But it maintains that this difference is precisely what makes me the same as all these others. The disability understanding of intersectionality is not the Venn diagram, or the crossroads, or even perhaps the double helix, but more like Gilligan’s conception of the “web,” where we are linked to each other sometimes directly, other times indirectly through a complicated path of connections (Gilligan 1982; Hirschmann 1992).

Perhaps that simply demonstrates another way in which disability studies today is like feminism of the 1980s; but I do not mean to imply a naive nostalgia for the “good old days” when second-wave feminism “discovered” the political power of relationship and connection. For that work predated the important contributions of intersectionality theory, particularly by women of color, concerning the exclusion of various kinds of experiences and identities (Crenshaw 1991). But webs contain multiple kinds of intersections, complex patterns of connections and

interrelations, and capture what I think disability theory does much better than current feminist theory: namely, showing and theorizing our connections, and not just our differences. Disability, I believe, can help feminism develop intersectionality's truly radical potential: namely, the ways in which "difference" is just another word for being human.

Nancy J. Hirschmann is Professor of Political Science at University of Pennsylvania, Philadelphia, PA: njh@sas.upenn.edu

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Blogging at the Intersections: Black Women, Identity, and Lesbianism

Julia S. Jordan-Zachery, Providence College

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In my recent explorations of black women as subjects in research-length articles that employ intersectionality, I discovered that black women are rarely, if at all, the sole subjects of such research projects (Jordan-Zachery 2011). This analysis focused on articles published, between 1996 and 2010, in two political science journals that are often ranked at the top — *American Political Science Review* and *Journal of Politics* (see Garand and Giles, 2003, on the issue of journal ranking). Also included were two political science journals whose central focus is women and politics, generally defined — *Journal of Women Politics and Policy* and *Women & Politics*. My analysis was limited to research-length articles with a U.S.-based emphasis. The data suggest the following trends: Research on intersectionality tended to treat black women in a monolithic manner; only a certain group of black women served as research subjects (elected officials dominated the research); and research tended to focus on structural and political intersectionality while ignoring representational intersectionality (Crenshaw 1991).

It is suggested that intersectionality has been and is a success within contemporary feminist scholarship. In discussing the impact of intersectionality on feminist work, Risman (2004, 442) says that "there is