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**SCHOOL OF SOCIOLOGY AND SOCIAL POLICY
PLAGIARISM FORM**

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Module code SLSP2040

Module title Disability Studies: An Introduction

Question number and title **Q5) How and in what ways might gender impact on the way that disability is experienced? In your answer show how different authors have addressed the intersection of disability and gender, then critically evaluate the way in which disability and gender are discussed in one academic journal paper published during 2009-10.**

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**IF YOU HAVE BEEN ASSESSED BY DISABILITY SERVICES AS HAVING
DYSLEXIA/DYSPRAXIA, OR ANOTHER CONDITION WHICH AFFECTS YOUR ABILITY
TO WRITE THIS ESSAY PLEASE TICK (✓) THE BOX BELOW.**

Q5) How and in what ways might gender impact on the way that disability is experienced? In your answer show how different authors have addressed the intersection of disability and gender, then critically evaluate the way in which disability and gender are discussed in one academic journal paper published during 2009-10.

The essay will argue from what McCall (2005) calls an intersectional intracategorical complexity approach, to illustrate the impact gender has on disability experience and how categories need to be reconstructed to include more difference to illustrate how all women, men and disabled people have basic common interests. Throughout the essay, Lewis et al's (2009) article, *Gender and Disability: A First Look at Rehabilitation Syllabi and a Call to Action*, will be drawn on to provide examples of how gender can influence disability experience. However, the essay will begin by defining the social model of disability. There will then be a comparison of the disability social movement (DSM) and the women's social movement (WSM) with a focus on how the movements would benefit from closer collaboration. Relating to this will be a discussion of relevant theoretical debates, with a particular focus upon the sex/gender and the impairment/disability dichotomies. The essay will then provide an outline of a theme that will run throughout the essay, that of commonality and difference. Included within this discussion will be an analysis of several concepts/theories that can be used to understand difference: double discrimination; simultaneous oppression; multiple Other; situated identities; and, intersectionality. There will then be a brief outline of Lewis et al's (2009) (the journal stated above) findings and a critical discussion of their methodological approach. The essay will then move onto a substantive exploration of how gender impacts upon disabled people's experience, with a focus on disabled women's disadvantaged position. Issues discussed are how gender relates to different types of disability, disabled people's experiences of poverty, disabled people's experiences of medical intervention, and disabled people's experiences of objectification. It is acknowledged that there are many interrelated factors as well as gender that influence disabled people's experience; sexuality will be used to illustrate this.

Priestley (1998) provides a useful distinction between idealistic and materialistic social models of disability. Whilst allowing for overlap, as these are ideal types, the former focuses on the cultural representations of disability and the latter focuses on how the structure of society creates disability. The essay adopts the materialist social model position with adaption (as will be illustrated), as focusing too much on individuals - like the idealist model does - negates attention from the success the DSM has had with inverting the medical conception of

disability that sees impairment as the cause of disability. Instead, rightly, the DSM has reconceptualised disability so society's inability to accommodate and remove social barriers is seen as the cause of disability.

Whilst the DSM and WSM have been central to helping achieve a more inclusive society, both have been accused of exclusivity. For example, the Sex Wars (1980s) resulted in the WSM taking more account of sexual difference. Whereas, disabled women's discontent at the 'masculine'/male dominated culture of the Union of Physically Impaired Against Segregation (and consequently the roots of the social model) resulted in more consideration within the DSM of how gender and disability interact (Thomas 1999). Nevertheless, there is still need for greater convergence between the two movements to help improve the position of disabled women and men.

Internal fractions within the movements reflect growing theoretical debates around whether to blur the distinctions (i.e. see both as social constructions) between sex and gender (WSM) and between impairment and disability (DSM). Whilst the essay supports the argument that sex and gender are social constructions, it disagrees with the attempts to destabilise the divide between impairment and disability. One reason for this is that reconceptualising sex and gender as social constructions would assist the DSM with addressing the disabling society, as research such as Fausto-Sterling's (2002) has helped illustrate how the dominant view that there are only two sexes in society results in 'normalising' techniques to 'prevent' intersexuality (i.e. biologically not conforming to what is seen as a 'normal' male or female). This highlights how intersexuality can be constructed as an impairment due to the socially constructed view that there are only two sexes in society; illustrating how post modernist arguments by DSM theorists such as Shakespeare and Watson (2001) should be considered when addressing the impairment/disability dichotomy and, thus, the intersection of gender and disability. This is because they are right to emphasise the social component of impairment; however, they go too far with wanting to replace the social model and remove the divide between impairment and disability. This is because they run the risk of subverting the physical reality of impairment and, thus, doing exactly what they accuse the social model theorists of doing – denying the experience of impairment.

Instead, disability feminists are right to argue for the social model of disability to remain (and thus, the impairment/disability divide) but for it to focus more upon the experiences of impairment, and, in doing so, like the feminists involved in the WSM, they have challenged

the gender-based distinction of private-feminine/public-masculine that can often neglect the experiences of (disabled) women (Thomas 1999). They are right to argue against the views of social model theorists like Oliver (1996, cited in Thomas 1999) who want a separate social model of impairment, as it is still based upon a gender specific private/public distinction (Thomas 1999). Instead, the essay supports their advancement of a materialist social model of disability that places more focus upon the personal experiences of impairment. Whilst it is important to remember Finkelstein's (2001) and others' arguments that the social model of disability is different to a theory of disability, and thus, is only concerned with disability; incorporating impairment more thoroughly within the social model would provide a more comprehensive overview of disabled people's experiences.

Whilst these debates reflect a growing need of the WSM and the DSM to take more account of difference, undermining commonality too far makes it harder to mobilise a collective political identity to initiate change. This is why the essay adopts the intracategorical complexity approach, which is one of the three intersectionality approaches that McCall (2005) outlines. For example, accounting for more difference and thus reforming what it means to be a disabled woman would allow for greater commonality, as it provides a more inclusive consideration of the boundaries disabled people/women face. Intersectionality looks at how several categories of difference can intersect with each other differently at different times. The other two approaches that McCall outlines are: anticategorical complexity, which reject categories attributing them as the source of inequalities; and, intercategorical complexity, which places categories as central to analysis. Intracategorical complexity takes a midway position, addressing categories critically concentrating on the processes involved and the people who are often ignored.

Double discrimination is another theory of difference - Hanna and Rogovsky (1991) argue that disabled women face double discrimination through sexism, ableism and what they term the 'plus factor'; which is specific to disabled women, as it is sexism and ableism added together. However, rightly many disability theorists such as Morris (1996, cited in Thomas 1999) have rejected double discrimination for constructing disabled women as passively oppressed. Nevertheless, Vernon (1999) refers to how simultaneous oppression, which is the concept associated with criticising double discrimination, is wrong to argue that all disadvantage occurs at the same time. Instead, Vernon (1999) argues that the concept multiple Other is the best way to understand difference, as it considers the complexity of difference,

referring to how several oppressive identities can lead to a multiplication of oppression; which can either be experienced simultaneously or independently depending on the context.

Another important theory of difference is situated identities. An example of this approach is Butler's (1990) concept of performativity, which refers to how through performance we reinforce gender (and other) binaries in society – strengthening the view that identities are stable. Instead, identities need to be deconstructed to challenge the inequality within society that places disadvantaged groups such as disabled people and women as the 'Other'; as only through this 'Othering' can identities and binaries operate. All these approaches to understanding difference interrelate and, thus, are equally important when understanding disabled women and men's experiences.

As stated, Lewis et al's (2009) academic article will be used as a case study of how gender and disability interact. This provides further evidence for an intracategorical approach to be adopted when understanding disabled men and women's experiences, as the article refers to the need to reconceptualise rehabilitation education so as to include more information of how gender and disability (and other related areas such as sexuality) intersect and, thus, illustrates the need to reformulate categories so that they are more inclusive. This is because they found only 35% of the graduate rehabilitation education courses they researched mentioned gender. Thus, throughout the essay, there will be references to Lewis et al's (2009) suggestions for disability/gender issues they believe should feature within the rehabilitation training and how they help us understand the experiences of disabled men and, in particular, disabled women. Furthermore, they rightly outline how rehabilitation reflects a masculine/feminine conception, as disabled women are less likely to have access to rehabilitation courses, less likely to receive quality help if they do gain access and are more likely to be rehabilitated into non-employment. Lewis et al argue this is due to rehabilitation being based on the supposed 'natural' relationship of men to the labour market.

Methodologically however, Lewis et al's (2009) study has problems. For one, they have a low response rate, as only 30% of the institutions they asked provided course syllabi; thus, this makes the conclusions less open to generalisation and is something they acknowledged. Furthermore, another key weakness of their study, which they again noted, is their use of quantitative content analysis, as they rated syllabi from one (gender not mentioned) to four (gender is key focus of the course). Through this approach, their coding framework is subjective (Pawson 1995), as they only coded the word gender when coding the syllabi to

assess how much gender was discussed in relation to disability. This relates to another key weakness of their method, as through this coding process the context of the unit of analysis was ignored (Bauer 2000).

Now the essay will address in more detail how gender impacts upon the experience of disability. As mentioned above, there will be a focus upon the experience of disabled women. Vernon (1999) is right to criticise theorists such as Shakespeare, who argue disabled men have been ignored within disability studies, as this overlooks how we live in a patriarchal society. However, Shakespeare's (1994) arguments around masculinity can help us understand the positioning and subsequent subordination of minority groups like women and disabled people as the 'Other'.

Meekosha (2004) refers to how women and men are disproportionally defined with different types of disabilities; for example, men are more likely to be injured at work (Jones et al 2006). However, a disability that has a history of being ignored within the DSM is mental distress, and according to statistics, women are more likely to suffer from this (McNamara 1996). Nevertheless, Ussher (1992) refers to the problems of taking mental distress statistics at face value, as she argues that it reflects the diagnostic process and the relating social/cultural stereotypes that women are 'mad' and men are 'bad'. Regardless of the debates around whether women suffer more from mental distress, or if it is a reflection of social/cultural processes, mental distress has a real lasting impact upon employment opportunity, and, as women are more likely to be diagnosed, disabled women's experiences. For example, Disability Rights Commission (2007) reports how those who experience mental distress have the lowest employment rates (21%) out of all impairments.

Relating to this is that whilst disabled people are more likely to be in poverty, disabled women are more prone to poverty (Lewis et al 2009). A possible explanation for this is that disabled women are less likely to be in paid employment than disabled men (Meekosha 2004). Lewis et al (2009) argue that the rehabilitation counsellors need to be aware of how gender and disability intersect to influence employment experiences, such as how disabled women, as well as being less likely to be employed, also earn less than disabled men when they are actually working. This is supported by the Disability Rights Commission (2007) who reported that whilst average gross hourly pay for disabled women is £9.46 and £9.87 for non-disabled women, it is £11.14 for disabled men and £12.63 for non-disabled men. Whilst both disabled women and men earn less than their non-disabled counterparts, there is a marked

pay gap between men, both disabled and non-disabled, and their women counterparts. This illustrates the importance of considering the commonality of women's experience as well as differences.

Disabled women are more likely to face medical intervention in attempts to control their fertility (Meekosha 2004). For example, women are routinely offered prenatal screenings whilst pregnant to test for possible impairments, and if their child has a chance of impairment, they are often given the opportunity to abort (Bailey 1996). However, Bailey (1996) remarks on how non-disabled feminists have seen this as an extension of women's rights. This supports the argument that there needs to be greater convergence between the WSM and DSM, as non-disabled feminists have to recognise that women's rights are being abused, as it can put pressure on women to have abortions, representing disabled life as worthless. Kallianes and Rubinfeld (1997) support this, referring to how neither the WSM nor the DSM has protected disabled women's reproductive rights. They argue that the meaning of reproductive rights is a lot broader for disabled women than non-disabled women, supporting an intracategorical approach to redefine categories to include more difference. For example, the WSM have often equated motherhood to oppression, but as disabled women are often discouraged from motherhood, a more inclusive approach to motherhood emphasising areas such as choice, would provide a stronger collective identity.

Whilst disabled women are seen as asexual objects, non-disabled women are seen as sexualised objects; thus, both experience some form of objectification. Malec (1993) provides a useful account of how the attitudes towards disabled people in society parallels the dehumanisation caused by the sexualised society; interestingly, referring to how non-disabled women, due to the effects of sexualisation, frequently objectify disabled women – arguably, as they are not meeting the 'ideal'. This 'ideal' is why image programmes are used on female cancer patients to 'normalise' the physical signs of the illness to maintain women's 'femininity' (Kendrick 2008). This 'ideal' is the reason that disabled women such as Keith (1996) can feel powerless:

I don't always like the sight of myself in it [the wheelchair] – what women would when we live in a society whose idea of female beauty is the slim, taut, well-muscled body, dressed in skin tight skirts with stiletto heels? (p.76).

Thus, whilst disabled women are often viewed as asexual, it does not mean that they do not also feel the pressures of sexualisation within society. However, it is important to remember

that different types of disability result in different types of objectification, thus, women who suffer from mental distress are more likely to be sexualised due to their impairment being less visible.

In conclusion, the essay has demonstrated how gender has a profound impact upon the way disability is experienced. Whilst the essay has focused upon gender and its relation with disability, with a brief consideration of sexuality's influence upon this relationship and disability experience, it is important to recognise the variety of other interrelated categories (such as ethnicity) that can influence a disabled person's experience. The use of Lewis et al's (2009) academic journal has been utilised as a resource to draw examples from throughout the essay to illustrate the relationship of gender (and sexuality at times) with disability experience. Through this resource and the other resources referred to within the essay, there has been reference to disabled women's comparatively disadvantaged position to disabled men, and how in order to provide a more powerful collective political identity there needs to be a re-conceptualisation of women's and disabled people's differences. Thus, the essay has consistently supported the use of an intracategorical approach, whilst recognising the merits of other approaches towards difference. Furthermore, the WSM and the DSM need to reconcile more with each other in an attempt to provide this more inclusive political identity and so that disabled women's experiences are considered more by both disabled people and women alike. Overall, categories can help initiate social change; however, only through a substantial account of difference within the categories, thus reformation of categories, can disabled women and men's experiences be improved via political action.

Word count (excluding question) – 2,747

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