GENDER AND DISABILITY
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The Meaning of Gender

> Gender is the structure of social relations that centres on the reproductive arena, and the sets of practices (governed by this structure) that bring reproductive distinctions between bodies into social processes (Connell 2002)

Why do we need to understand about gender in disability studies ? What is the relationship between gender and disability ? How are men's and women's experience of disability similar or different ? Indeed are gender and disability such different concepts given that women have been seen as deformed men   and disability is often associated with femininity (Thomson 1997)? In order to understand these relationships we must examine the meaning of gender.

 Gender is closely connected to sex, though there are different ideas about how.. Sex is usually understood as relating to the biological and physiological body. Gender is often understood as the cultural interpretation of sexed bodies, embedded in the whole apparatus of a society's roles and norms. Thus a sex /gender binary is set up parallel to that of nature /culture. Gender, as a relationship between sexes in societies, is usually seen as operating hierarchically - men being more powerful and dominant , while women are less powerful and weaker. These power relations produce stereotypes of masculinity and femininity - traits and behaviour that are expected of men and women(see further below). Role expectations of women as the nurturer, men as breadwinner and so on, define approved ways to perform gender.

While the simple binary has been persuasive, we now know that there are more than two biological sexes (transexuality, and people with congenital ambiguous sex organs) , and many ways of performing gender. Far from being a simple dichotomy gender turns out to be a complicated and evolving realm of meaning making among people with sexed bodies. Gay, lesbian and trans- genders suggest the fluidity of these performances and their capacity to change over time and across societies.

Many of these questions go to the heart of understanding disability. The simple binaries have become complicated as we learn more about the social construction of bodies, and the biological influences on human behaviours. Nature and culture, sex and gender, have their reflection (though not mirror images) in the distinctions between impairment and disability. Impairment has been used to describe functional limitations accruing to an individual as a consequence of embodied differences; while disability has been used to refer to a system of social relations that limit the individual in their daily lives. This simple binary, while heuristically useful, masks the inter-penetration of the social and the biological (Schriempf 2001 (Fall0). Gendered analysis of disability has been particularly valuable in demonstrating the web of social and biological factors that disable people, not just women. Gendered analyses address the processes through which both femininity and masculinity are constituted, and the implications of these processes for people with impairments, thereby moving beyond the particular focus of feminism on the experiences of women. (Gerschick 2000)

The Gendered Experience of Disability

Disabled people have often been represented as *without gender,* as *asexual* creatures, as freaks of nature,

monstrous, the 'Other' to the social norm. In this way it may be assumed that for disabled people gender has little bearing. Yet the image of disability may be intensified by gender - for women a sense of intensified passivity and helplessness, for men a corrupted masculinity generated by enforced dependence. Moreover these images have real consequences in terms of education, employment, living arrangements, and personal relationships, victimisation and abuse that then in turn reinforce the images in the public sphere. The gendered experience of disability reveals sustained patterns of difference between men and women. For people with disabilities gendering is conditional (Gerschick 2000).Age of onset combined with the type of impairment leads to gender expectations.

Gendered studies of disability in western industrial nations reveal the following patterns of public and private dimensions.

In the public arena :
- more women than men are classified as disabled, particularly as ageing populations mean that larger proportions of the elderly are women with impairments;
- while disabled people are much more likely to live in poverty, women are likely to be poorer than men; especially in developing countries where women are often heads of households.
- younger disabled women achieve lower educational outcomes than men;
- disabled women are less likely to be in the paid workforce than either men with disabilities for non disabled women, and in general have lower incomes from employment;

- women are less likely to have access to rehabilitation, and to employment outcomes when they do receive rehabilitation;
- the age distribution for women is different to men (older versus younger);
- the type of impairments are different for women and men, with women more likely to experience degenerative conditions, while men are more likely to experience injury-related events;
- women are more likely to experience public spaces as intimidating and dangerous.
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In the private and familial arena
- disabled women are more likely to be living on their own, or in their parental family than men;
- disabled women are more likely to be divorced and less likely to marry than men with disabilities
- women are more likely to face medical interventions to control their fertility;
- women are more likely to experience sexual violence in relationships and in institutions.
- women experience more extreme social categorisation than men, being more likely to be seen either as hypersexual and uncontrollable, or de-sexualised and inert.

Moreover in the developing world, gender patterns in relation to disability indicate that:

- poverty hits harder on women and girls due to patriarchal property ownership structures
- aid is less likely to reach women and girls who are less able to compete in situations of scarcity

- disabled women are more vulnerable to domestic violence
- disabled girls are likely to find their access to education even more limited than girls in general
- women disabled by war have few resources to survive
- disabled women who are sexually abused are likely to have few if any social supports or options
- disabled women are less likely to be accepted as refugees by industrially-advanced countries (eg Australia prohibits the immigration of people with disabilities).

(Abu-Habib 1997; Meekosha and Dowse 1997; Snyder 1999; Charowa 2002)

Gender has been widely used within the humanities and social sciences as both a means to categorise differences, and as an analytical concept to explain differences. In both the humanities and social sciences , feminist disability studies has emerged partly as a result of attempts to explain gendered experience of disability and partly as a challenge to contemporary feminist theory on gender which fails to take account of disability such as the work of Judith Butler (Butler 1990; Butler 1993).

The Psyche and Gender

Disability has been used as a powerful metaphor in psychology, particularly as a means to assign to women the status of incomplete or deformed men. In addition, gender stereotypes have been used to characterise disabled people, particularly men who have been presented as feminised and lacking masculine traits. These approaches have confused the conceptual difference between disability and gender.

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Gendered analyses of disability have tried to move beyond these metaphors, to create a disciplined account of the impact on the gendered psyche of disabling social relations. Here four elements are presented- the development of the 'normal' individual; the impact of disabling events; support for the survival of the disabled psyche; and strategies for normalisation and social role valorisation.

Psychological models of individual development are increasingly taking account of gender-formation. As the psyche takes form it develops a sense of self through the interaction with others, one result of which is the defining of relations through the lens of gender. This process of identity formation contains a deeply-embedded set of responses geared to the hierarchies of value in the able-bodied world. The identities that coalesce are thus both gendered and embodied, affected by the hormonal changes of growth and the social influences from role expectations, peer groups, family and the wider society. For people with impairments, the reading of them from significant others and the wider society combines with the gendered nature of relations to differentiate them from the 'normal' world. For instance, disabled girls may have their desires to be mothers supported by their gender role expectations, but simultaneously denied by their disability status.

For people without impairments who experience disabling events later in life, their suddenly changed status will create major conflicts in their expectations and self-image, reinforced by public perceptions of them as disabled. In this case women may no longer be able to mother, and thus may have their children taken from them in custody battles. Or men may have their masculinity denied, and thus face struggles to sustain an affirmed identity. Whatever the situation, gender will be centrally implicated.

Psychologists and social workers can provide support to people with impairments seeking to survive their disabilities. Approaches include adjustment and adaptation as key mechanisms of 'coping' used in such support; these are themselves gender-saturated. Assumptions of appropriate behaviour, suitable outcomes, and role allocation reflect professional stereotypes and models, and are often dominated by medical model assumptions about the gendered body.

There is ample evidence that women with disabilities experience major psycho- social problems that remain largely neglected including depression, stress, lowered self-esteem, and social isolation (Nosek and Hughes 2003). Evidence also suggests that women tend to be directed towards home-based activities, while men are likely to be supported into more public and outward-looking opportunities.

People often recognise that disability can undermine masculinity, so therapies often assert traditional masculine identities, e.g. encouraging disabled men to play wheelchair rugby. On those occasions when identity assertion occurs for women, it is likely to be about hyper-feminine self presentation, e.g make up and grooming sessions.

With de-institutionalisation, there has been a growing emphasis on the social education of people with intellectual and developmental disabilities to support their living in the community. The primary orientation, 'social role valorisation' (SRV), uses a training approach to modify the behaviour of people with impairments, to reduce the disabling impact on them of social stereotypes. SRV adopts a 'conservatism corollary' in its individual program plans, seeking to

minimise the dissonance created for 'normal' people by the presence in their midst of people with significant impairments and high support needs. This means, unfortunately, that training seeks to impose more traditional gender roles, and disabled people are drawn to perform these roles in order to reduce their visibility as stigmatised others.

While much of the professional practice concerned with the link between gender and disability together occurs within psychologically-inflected professions, there is a wider social science involvement in the analysis of these questions.

Culture and Meaning

Stereotypes are artefacts of culture, that can only be understood by exploring their relations to each other in the cultural system. Gender stereotypes interact with disability stereotypes to constitute a deep matrix of gendered disability in every culture, developed within specific historical contexts, and affecting those contexts over time. While language is the most analysed site for the examination of both gender (Connell 2002) and disability(Corker and French 1999), they interact in many other cultural locations - such as cinema, television, fiction, clothing, 'body language' and gesture. Thus cultures sustain the social relations of gendered disability in constant reiterations of stereotypes and expectations.

Put simply, disabled men are expected to behave and express their being differently to disabled women in all cultures, though the manner of these expressions will be culturally specific. It is likely though that the hierarchies of power - most usually male over female, able-bodied over disabled - will set the cultural parameters. In most cultures

too, the subordinate groups are not passive, but have developed strategies of resistance and self-affirmation.

Ironically the interaction of stereotypes can generate resistance which consists of an embracing of stereotypes - for example, disabled women may be perceived as inappropriate mothers and only have status as receivers of care by others so their resistance may consist of asserting a desire for a traditional female carer role in relation to their own children (Grue and Tafjord Laerum 2002). Disabled men who are not able to behave in stereotypically competitive masculine ways, may adopt a variety of strategies to cope with the stigma they experience from others. Such responses include redefining masculinity as financial autonomy rather than physical prowess; building physical strength in areas of physical capacity (the 'supercrip' phenomenon); or creating alternative masculine identities that stress personhood rather than gender roles (Gerschick and Miller 1994).

Disabled men and women narrate their experiences in significantly gendered terms, with both the content and styles reflecting the way in which gender-expectations are modulated by disability status. Illness narratives are mobilised to make sense of the experiences, which are in each case centred on the impact on sexual identity, sexual relationships and gender opportunities. Riessman-Kohler examines masculinity and multiple sclerosis and points to the break-down of traditional marriage relationships when partners cannot cope with the disease state. She reflects on the importance of moving beyond the analytical binary of male/female sexual identities. She also reveals the analytical binary of able-bodied/disabled, which she argues can force descriptions of experiences into either/or categories, rather than allowing sensitivity to a complex

range of responses and attitudes. When some men find themselves unable to perform masculine roles (including employment), and resent their decreasing capacity to be independent, self-sufficient and self-determining, they explore their sexuality and widen their definition of gender-identity to include more feminine and bi-sexual components (Riessman-Kohler 2003).

The social realm

Sociological accounts of gender and disability stress the systemic nature of the social order, and its reinforcement of powerful social institutions and their capacity to enact and impose definitions and allocate resources. For disability the most central institutions remain those associated with the medical profession, rehabilitation and social support. Many other institutions also reproduce patterns of gendered discrimination - such as education, employment and transport. One of the most potent patterns of discrimination is in the access to and use of public space.

Both gender and disability have both traditionally been seen as a product of biology. Gender as a result of biology has been thought to determine all manner of social behaviours on the part of men and women. In a similar way disability as biology has been seen as determining disabled people's choices and behaviours. In the 1970s feminists attempted to differentiate gender from sex (the social from the biological) to counter the argument of women being naturally inferior and weak. So too disability theorists attempted to separate disability from impairment (the social from the biological).

But it is no longer adequate to separate the social from the biological in this dichotomous way. The social relations of gender and the social relations of disability are now viewed

as much more complex and nuanced. The social model of disability has demonstrated that wider power relations (e.g. class relations in capitalist societies) significantly affect the pattern of disability disadvantage - making disability survival into a lottery critically affected by the individual's income and other material resources. Because the model drew on political economy it emphasised political and economic processes that generate disabling environments.

For instance, analyses of the medical establishment's uses of individualising and victim-focussed ideologies and technologies have argued that disability is devalued because disabled individuals have little economic worth. Rehabilitation is thus geared to prospective productivity. But this ignores the different economic situations of men and women. In order to understand the differential outcomes for men and women, a gendered model that incorporates patriarchal structures into class structures is absolutely crucial.

Lorber (2000) has shown that while social action around disability issues has benefited both women and men, women with disabilities are less likely to be economically self-supporting, or to have spouses to care for them. These patterns together with conventional norms of femininity have hindered the quest for independence for women with disabilities. Women thus confront major obstacles not only in relation to overcoming disabling environments, but also in achieving equal outcomes as men similarly disabled (Fairchild 2002).

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