Framing Disability and Gender into Intersectionality Theory: An Analytical Review

Md Shahrier Haider

Assistant Professor, Institute of Education and Research, University of Dhaka, Bangladesh
PhD Researcher, Monash University, Australia

Abstract: *This article discusses the theoretical explanation of 'disability' containing various definitions from significant bodies and models that scholars proposed to frame disability studies from different viewpoints. Later, the article proposes a working definition of disability consulting the World Health Organization's latest initiative to conceptualise 'disability'. Beside this, it also discusses 'intersectionality' literature to frame disability and gender and making sense how this combination of identities creates marginalization and oppression.*

1. Understanding 'Disability'

Complexity in conceptualizing 'Disability'

'Disability' is a complex as well as contested topic. Stemming from their ambition to portray disability in a uniform language, the World Health Organization (WHO) defined it in 1980 as "… any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (World Health Organization, 1980). This approach combined three different forms of human experiences – i.e. impairment, performance limitation (disability), and experience of disadvantage (handicaps).

While long considered a robust definition (Simeonsson et al., 2003) the WHO criteria have since been criticised for imposing *'disability'* solely as an outcome of disease, impairment and/or health condition of the person. Critics accused it for not emphasizing on environmental factors which might hinder a person to live around a disabling situation (Whiteneck, 2006). Consequently, after some decades of debates around a comprehensive re-definition, WHO re-conceptualized 'disability' in their *International Classification of Functioning, Disability and Health* (ICF). The revised conception therefore formed disability as:

> …an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).
> (World Health Organization, 2001, p. 213)

This concept combines medical and social models of disability and frames disability as a shared outcome of both biological and external factors (Iezzoni & Freedman, 2008). It constitutes a 'bio-psycho-social model' of disability which conceives 'disability' as resulting from interactions between health characteristics and contextual factors (World Health Organization, 2001). The ICF has been welcomed for its acknowledgement of physical, social, and attitudinal forces to defend disability (Whiteneck, 2006). In many ways the ICF definition complements the *Union of the Physically Impaired Against Segregation* (UPIAS)'s concept of disability. The UPIAS stated that 'Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society' (cited in Šiška & Habib, 2013, p. 396). UPIAS's definition contributed a salient perspective for understanding disability by disagreeing with the previous impairment prone concept of disability (Šiška & Habib, 2013).

More recently, in 2006 the majority of countries in the United Nations came to a consensus to promote rights based services with the aim of protecting the dignity of persons with disabilities (PWD). The 'Convention on the Rights of Persons with Disabilities' defines persons with disabilities (PWD) as "… [people] who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations, 2006). It has been claimed that this convention endorses a new pattern of attitudes and perceptions towards disability- moving the understandings away from a narrower viewpoint of 'object to charity' to a greater 'subject with right' where the disabled person is no longer passive recipient of medical support and social salvation, but is an empowered actor meriting equal participation in society (United Nations, 2006). While making a shift in thinking, this definition has been criticized for over-emphasizing the rights of groups with long term impairments while other short term, fluctuating, and episodic impairments remain largely excluded (Leonardi et al., 2006).

This article agrees with the ICF (2001) conception of disability which combines the medical and social approaches. The ICF model of disability is based on health condition which is a normal life event for any individual. It has two major domains: one *is functioning and disability*, another is *contextual factors*, i.e. personal and environmental factors (World Health Organization, 2001). The *functioning and disability* domain comprises of two mirror image-like terms where *functioning* consists of *body function and structure*, *activities*, and *participation*. *Disability* is understood to be occurring if any problem persists with human functioning in those three inter-related components, and then the components have a shift to a new set of categories encompassing *'impairments'*, *'activity limitations'* and *'participation restrictions'*. While describing the component *'body function and structure'*, ICF refers to both the physiological and psychological aspects of human organism (Whiteneck, 2006).

Seeing 'Disability' through different lenses

Alongside these regulatory definitions, we also need to consider academic models of disability which act to describe the multifaceted issues encompassing the notion of disability. Various models of disability studies have emerged at different phase of the history. Among them, this part of the current chapter will discuss two significant models - which have impacted on contemporary disability concepts.

The *Medical model*, which flourished in the late 19th century (Drimmer, 1992; Iezzoni & Freedman, 2008), perceives disability as a limitation of the person purely caused by physical impairments and/or health conditions. From this point of view, disability is largely understood as a physiological limitation manifested by any damage of body parts, diseases, or other health conditions including mental structures or functions (Llewellyn & Hogan, 2000; Simeonsson, 2006; World Health Organization, 2001). According to this model, existence of impairment in any individual is the sole criterion for labelling him/her as 'person with disability', whether or not s/he has limitation in day to day activities (Mitra & Sambamoorthi, 2006). Since (according to this model) most disabilities have medical origin, medical model perceives that person with disability should be treated by medical professionals for preventing any disabling condition and/or curing the diseases which are responsible for impairments or health conditions (Crossley, 1999; Drimmer, 1992). In other words the physicians are supposed to be the primary authority for supervising the treatment and rehabilitation of person with disability (Crossley, 1999; Iezzoni & Freedman, 2008; Marks, 1997; Mitra & Sambamoorthi, 2006). Under the medical model, society positions the person with disability in a 'sick role' (Parsons, 1958) and discounts any obligation to place them in the mainstream (Drimmer, 1992). Medical model of disability is characterized by the effort to cure the cause of disability so that individual with disability can be rehabilitated as a non-disabled individual (Mohamed & Shefer, 2015). This model actually reinforces the concept of normalcy as it finds disability within the individual and attempts to correct it instead of modifying the built environment to facilitate the individual (Mohamed & Shefer, 2015). Thus, the medical model treats disability as a deviation to the normal body and tries to fix the individual according to the established idea of normal body. This model entirely focuses on impairments while ignoring the probable cognitive and emotional factors of illness and disabilities (Marks, 1997).

In contrast the *Social model* comprehends disability from the human rights perspective describing it as a by-product of social negligence/oppression towards the needs of people with disability (Mitra & Sambamoorthi, 2006; Oliver, 1996). It firmly constitutes the notion that disability is not a personal attribute, rather individuals with impairments and other health conditions sometimes become a victim of adverse social environment thrusting the notion of 'normality' on them (Marks, 1997; Mitra & Sambamoorthi, 2006; World Health Organization, 2001). This model "…puts the problem back into the collective responsibility of society as a whole and there is a de-emphasis upon the individual" (Llewellyn & Hogan, 2000, p. 159). Unlike the medical model this social model disagrees with the established social obsession of normality in which people are required to comply with a standard way of functionality (Llewellyn & Hogan, 2000). In contrast, this model perceives, disability is attributed to the society when it fails to ensure the condition in which people with disability can lead their lives as they wish (Mohamed and Sefer, 2015). And, the social model refers the physiological limitations as impairments which can effectively be removed by modifying the built environment according to the needs of people with disabilities. When the society fails to do so, with these impairments troubling their interactions as a social being, these people become 'disabled' (Mohamed & Shefer, 2015). However, some scholars portrayed this model as an overrated attempt to position social constructs like discrimination and oppression as main contributor to disability. Shakespeare and Watson (2001) partially contradict the social model for overlooking particularly the cases with critical health condition or profound impairment where survival of that individual would be critical without medical interventions. Terzi (2004) in her philosophical critique criticizes social model for failing to acknowledge the practical impacts of impairment and for disagreeing about any standard of performance that a person should obtain for minimum human functioning. However, the reality of difference between person with disability and person without disability is not denied by the proponents of social model. The prime focus of the supporters of this model is on the conception of disability and biased policy construction depending on the organic inequality (Reindal, 2009) that impede the full participation of people with disability as their non-disabled counterparts could do. Vasey (1992) cited in Barnes and Mercer (2006, p. 38) precisely denotes what the social model interprets and what is misinterpreted regarding the model:

The social model is not about showing that every dysfunctioning in our bodies can be compensated for by gadget, or good design, so that everybody can work 8-hour [a] day and play badminton in the evenings. It's a way of demonstrating that everyone – even someone who has no movement, no sensory function and who is going to die tomorrow – has the right to a certain standard of living and be treated with respe

2. Conceptualizing 'Intersectionality'

Intersectionality is an integrative concept which addresses all the identities of an individual and entails that the intersection of multiple identities (which can be both marginalized and privileged) stimulates interaction which ultimately creates unique experiences for the individuals (Museus & Griffin, 2011). However, it needs to be mentioned that intersectionality does not claim that having multiple marginalized identity means more seclusion and oppression in the society or having multiple privileged identities means more acceptability in the society; rather intersectionality framework recognizes every identity and it has the scope to discuss the experiences the individuals obtain due to their identities (Berger & Guidroz, 2010).

Intersectionality can be defined as the "relationships among multiple social dimensions and modalities of social relations

and subject formations" (McCall, 2008, p. 1771).That means intersectionality is the process of shaping collective or individual experiences by the convergence of multiple identities (Shields, 2008). However, there are two forms of intersectionality which are structural intersectionality and political intersectionality. From Crenshaw (1991)'s definition of structural intersectionality, Museus and Griffin (2011) state that structural intersectionality explains how the experiences of discrimination generate in the society due to the confluence of different inequities. On the other hand, political intersectionality explains why an individual avoids to be identified as a protagonist or an antagonist of a particular ideology in fear of being branded because the individual with his/her multiple identities would like to stay at the intersection of multiple political agendas. From these definitions Museus and Griffin (2011) clarify the fact that intersectionality deals with all forms of social identities and thus, intersectionality analysis and intersectionality framework has become an integral part of empirical social science research.

According to Museus and Griffin (2011), most important role of intersectionality framework is that it can effectively address the diversity of higher education. Racial background, sexual orientation, religion, socio-economic condition, socio-political condition and every other aspect of identity of an involved individual play a role on the process of higher education. Therefore, the authors argue that, to get the proper understanding, researchers need to explore how and where these identities intersect and create interaction among the individuals and what kinds of experiences are being formed at the intersecting points of these diversified identities.

Incorporation of 'Disability' movement into the idea of 'Intersectionality'

Scholars have opined that at first disability movements were just like feminist movements; homogenous and unified. For instance, according to Fawcett, "Disability rights movements and feminism(s) in the past have often been presented as homogeneous and unified movements, with feminism appearing to speak for all women, and disability rights movements, based on the social model of disability, appearing to speak for all disabled people" (Fawcett, 2016 , p. 40). Like feminist movements, disability movements also ignored internal differences as the activists thought that these will be tackled by other relevant social movements such as race, gender, and sexuality (Vernon, 1999). However, soon, the disability activists realized the significance of intersectionality as disability movements are different from any other movement in various aspects. Conejo (2013) argues that one of the differentiating factors was unlike other movements, activists of disability movement live in an disempowering, marginalized environment and most of whom are already stigmatized for being "impaired." According to Vernon, these characteristics are unique to disability movement and this is why for this movement 'internal difference' cannot be ignored by its activists (Vernon, 1999). Also Vernon (1999) further argues that such incidents of stigmatization add different experiences among people with disabilities which make them individually different and unique. And, as many people with disabilities also encounter 'racism, sexism, heterosexism, and

ageism'(Vernon, 1999, p.387), each person's experiences of disability become entirely different according to the 'type, severity and visibility of the impairment' (Gerschick, 2000 , p.1265). From these experiences, Conejo (2013) argues that disability activists started to embrace intersectionality in their movements so that experiences of people with disabilities can be addressed fully including their experiences of disability with regard to all other dimensions of identity.

Intersection of Feminist approaches and Disability studies

Conejo (2013) analyses how feminist movement and disability movement interact with each other to address their common struggle against oppression and marginalization while recognizing the diversity existing within the both movements. She claims, intersectionality was introduced to feminist studies to address the diversity among women and it was also considered by the feminist theories as a tool to improve inclusiveness in the social movements and public policies. According to her, thus, intersectionality has been used as the bridge between feminist ideologies and other theorists and activists who have been working for other aspects of human rights.

Hirschmann (2012) presents a comparative analysis between feminist and disability theories. It has been argued that feminist theorists often exclude disability from their intersectionality study despite the fact that disability studies include a lot of significant intersecting ideas with gender and sexuality (Hirschmann, 2012). She claims that disability intersects with these factors (gender and sexuality) in such a profound way that it not only embodies the difference between the individuals, which intersectionality in feminism often does, but also it clearly shows the inter-connectivity between the individuals, disabled or non-disabled. Therefore, she elaborately explains the intersecting ideas of disability and feminism and concludes that disability has now become an integral part of the feminist intersectionality research (Hirschmann, 2012).

For confirming her claim regarding undeniable relationship between feminism and disability Hirschmann (2012) presents a wide range of arguments. One of the most important arguments is that, according to the traditional definition of feminism, feminism deals basically with the social and political construct of human identity. Therefore, by definition feminism cannot exclude disability as individuals of any identity can be affected with disability. It can occur to any individual regardless of their gender, religion, sexual orientation, ethnicity, race, class etc. This argument becomes more substantial when she admits that women are more vulnerable to disability than men. She reasons, "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" (p. 397).

Conejo (2013) focuses on the influential relation of feminist movements with disability movements and shows how diversity has become an integral part of the disability movements. The author argues that although disability movements used to focus more on 'unity than on diversity'

(p. 25), at present, for the influence of feminism and most importantly due to the initiatives of female activists of disability movements, the social model of disability has been transformed for acknowledging all forms of differences. According to Conejo (2013), this transformation has made both qualitative and quantitative impact on disability movements; as currently discrimination against people with disabilities methodically examined from a vast number of perspectives and there are increased discussion on issues such as abortion, homosexuality, care, heredity and such many things in disability studies.

The depiction of disability in the classical literature also shows that our ancestors used to identify disability as a feminine feature. It is evident in the classical texts that disabled people have been perceived as weak, helpless, dependents for long since which are similar attributes given to a woman in those days (Garland-Thomson, 2002). Besides these historical contexts, Hirschmann (2012) claims that there is also clear intersection between disability theories and feminist theories. She argues, almost all the feminist theories have established that women are equal to men but they are different. Women are able to do everything that men can do but they want to do these things in their own ways which might be different than the familiar ways established by men. Therefore, feminist theories have always endeavored to establish 'the value of difference' likewise the disability theories because, disability theories also term 'disability' as 'difference' not as 'inability' (Hirschmann, 2012 , p.398). According to this perspective, she argues, using a wheel chair is not an example of disability rather it is an example of difference. If the society gives them the opportunity to move freely with the wheelchair, the wheelchair user can do everything just like the people who don't have to use wheelchairs, but, their ways of doing those things will be different which should be recognized first by the society as a normal way of mobility (Hirschmann, 2012).

Hirschmann (2012) establishes that the social model of disability completely intersects with the feminist theories despite of its few limitations. According to the social model, disability is not a biological condition rather it is created by the 'built environment' of the society which produces prejudice and stigma towards disabled people (Hirschmann, 2012 , p.398). That means, a person who can move freely using a wheelchair is not a disabled person rather when a wheelchair user cannot move freely due to the obstacles created by the society is termed as a person with disabilities. The similarity between this idea and feminist theory is that according to feminist theories, women are not 'disabled' rather the social laws, norms, practices, regulations and customs make their minds 'disabled' and prevent them from achieving their goals just like stairs prevent a wheelchair user from moving freely (Hirschmann, 2012).

By establishing the social model of disability and by proving its coherence with feminism, Hirschmann (2012) put forward the idea that disability is neither a pejorative term nor it is any inability that can reinforce stereotype. Rather, disability can be called a 'new gender' as it intersects with feminist theories in almost every aspect. Moreover, she argues, disability enriches the feminist intersectionality by

signifying both the differentiating and common traits of human individual instead of recognizing only the differences.

As disability victimizes women more than men, it can be expected that there should be fundamental researches on disability from the feminist perspective. However, despite such remarkable insterssectionality between disability and feminism, such research was pretty rare (Mohamed & Shefer, 2015). This happened due to feminist interpretation of strong, competent and capable female figure (Asch & Fine, 1988) which clearly excluded women with disabilities. Renowned feminist Rosemary Garland Thomson has been appraised for integrated feminism with disability for the first time and showed that this intersection challenges the traditional feminist theory and initiates more critical "analysis of embodiment, representation, identity and activism" (Mohamed & Shefer, 2015, p.6) - the four intersecting components of feminist and disability discourses.

However, feminist approach of disability does not defy the negative experiences caused by living within a body with impairments (Wendell, 2013). Rather Hall (2011, p.8) suggests that the intersection of feminism and disability revolves around some particular issues which are, the relationship between gender and disability, role of gender in experiencing disability, process of generating 'classed, raced and gendered disability' and the ways feminists address the body's materiality.

Again, the post-colonial feminist disability studies discovered a sophisticated relationship between disability and the creation of hierarchy as disabled people are always seen as the subjugated and suffering people (Mohamed & Shefer, 2015). And, due to the established idea of normalcy only few of the disabled people are taken to the forefront of the society who can defy their impairment by some extra-ordinary means of adaptations and can lead a life similar to the non-disabled people within the same restrained environment (Mc Dougal, 2006 in Mohamed & Shefer, 2015). However, feminist disability study addresses this issue and establishes an alternate discourse which recognizes the disability of women and glorifies those disabling traits as differences, not inabilities (Mohamed & Shefer, 2015).

Sommo and Chaskes (2013) explains that persons without disabilities initiate a world for persons with disabilities with strained access to social, economic and political power approaches. In this world person with disabilities experience a range of devalued social roles and discriminatory practices. Concept of intersectionality acknowledges that multiple social identity variables such as class, race/ethnicity, religion, gender, sexual orientation and disabilities can produce oppression in that confined world (Sommo & Chaskes, 2013).

3. Disability Intersecting with Gender

Disability and gender create overlapping inequalities which actually reinforce each other (Emmett & Alant, 2006). It is an established fact that women with disabilities face more discrimination than men with disabilities (Emmett & Alant, 2006). They emphasize on the intersectional study of disability and development so that disability can be

addressed in every developmental agenda. They believe, this inclusion will help to understand how disability intersect with other factors of the society such as race, gender, class, socio-economic issues and this knowledge is imperative to eradicate such discriminations and social injustice (Emmett & Alant, 2006).

By reviewing the models of disability, Mohamed and Shefer (2015) precisely reveal that disability discourse involves person's all forms of interaction and function within the society. Thus, there should not any doubt that disability intersects with gender. It is indeed a fact that only for being female, women with disabilities have been becoming the victims of abuse, discrimination and deprivation in every sector of the society (Asch & Fine, 1988; Barnes & Mercer, 2010). As a result of this continuous adversity survival rate of women with disabilities is much lower than the survival rate of men with disability. It was also revealed that due to discrimination, disability is more prevalent among women than men (Mohamed & Shefer, 2015).

Emmett and Alant (2006) analyze the economic and educational security of women with disabilities compared to men with disabilities in the context of industrially developed countries. From previous research data, they claim that, women with disabilities face two fold discriminations in the labor market compared to men with disabilities. They are deprived of employment opportunity due to their disability and also due to their identity as female. As a result, they experience persistent and cumulative discrimination in the labor market compared to their male counterparts (Emmett & Alant, 2006). Regarding the educational opportunity, they find that, the girl children with disabilities also face discrimination to get access to education. Two third of the children enrolled in the special schools are male, the authors found in their research. They also reveal that despite the fact that girl students with disabilities make better score in the special education exams, the reality is that they hardly get a job, or getting low salary or experiencing hardship to pursue higher education which show the disadvantaged position of women with disability in the industrialized society (Emmett & Alant, 2006). Although difference between women with disabilities and men with disabilities may seem to be relatively small, there is substantial evidence that, women with disabilities are forced to lead a relatively underprivileged life than their male counterparts due to long established stigma against feminine gender and disability in the society (Emmett & Alant, 2006).

Emmett and Alant (2006) claim that disability impacts a lot on the family structure particularly within the low income families as they are burdened with additional expenditure resulted from disability. According to their argument, due to the existing gender discrimination in the job market, women's employment is already less certain. If a woman experiences disabilities, her employment becomes more uncertain and when this woman is a single mother and has to bring up a child with disability, she is actually pushed to the extreme vulnerabilities of poverty. On the other hand, they argue that in the less affluent families, women are considered as the main care giver of the children. In this regard, women alone have to manage the additional expenses of bringing up children with disabilities. However,

their efforts as the care givers are never compensated and valued as non-waged labor. Also, in the less affluent families, women are vulnerable to early pregnancy and are more likely to be engaged with domestic chores in their early ages. These drawbacks make way for further disadvantages such as dropping out from formal education, limited experience of parenthood, malnutrition and, in fact, each of these disadvantaged situation make women more vulnerable to be disabled or to give birth to a child with disabilities (Emmett and Alant, 2006).

According to Emmett and Alant (2006), the complex interconnections between gender, poverty and disability make a cumulative impact that can cause 'extreme vulnerabilities and seclusion' which produce many other forms of disadvantaged conditions in the society which mostly victimize female population of the society (p. 454).

They argue that the actions of gender discrimination, stigmatized approach to disability is more visible in the financially poorer developing society. The authors observe that women with disabilities find very little prospect of getting married in developing society as they are usually considered as unproductive and burden in the family. Additional to this, having a member with disabilities in the family is considered that this might harm the marriage prospect of other unmarried family members. In the rural or sub-urban areas of the developing countries, it is very common that the disabled female persons are often confined to household and are prevented from sharing their experiences with the doctors or development workers because of the conservative climate of the community. Many rehabilitation initiatives to empower women with disability failed as the initiatives required the women to travel to the facilitation centre to receive the trainings whereas mobility of women with disabilities in the rural area is extremely limited (Economic and Social Commission for Asia and the Pacific' report cited in Emmett & Alant, 2006).

4. Conclusion

From the intersectionality point of view, oppression occurs within an array of contexts such as race, class, ethnicity, sexual orientation and so on. Sommo and Chaskes (2013) explore whether disability as a state of disadvantage can be analysed through the study of intersectionality. They argue that while other dimensions of oppression create domination on an individual and if the individual has disabilities also, his/her disability imposes a further range of unique challenges and domination on the person. And, such multiple layers of diversified and unique range of dominations create a complexity for understanding the status of a person who is a victim of disability as well as other dimensions of oppression. Therefore, there are considerable justifications to fit disability studies into the intersectionality discourses.

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