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DISABLED WOMEN AND THE FEMINIST AGENDA

Nasa Begum

Introduction

Traditionally, there has been a tendency to view disabled people as one homogenous group with no gender distinctions. The reality of being a disabled woman and having a physical disability has to a large extent been overlooked by both the disability and feminist movements. However, there is little doubt that the dual oppression of sexism and handicapism places disabled women in an extremely marginalized position. Writing as an Asian disabled woman I want to open up a debate about the position of disabled women and demand that a concerted effort is made to ensure that our needs, wishes and aspirations are incorporated in all feminist debates. I will argue that the experiences of disabled women must be seen as an integral part of the social, economic and political structures which serve to control our daily lives. I recognize that disabled women cannot be treated as a unitary group: factors such as types of disability, race, sexuality and class will influence our individual experiences and these may differ from the experiences of other disabled women. However, it is essential that we use our common experiences to develop a political analysis which creates bonds and forges positive strengths.

By drawing together literature on disability and gender, I intend to demonstrate that the concerns of disabled women strike at the core of both the disability rights and feminist movements. After a brief analysis of the concept of disability, certain feminist tools will be used to provide an analysis of the experiences of disabled women. Particular emphasis will be given to three factors which have had a crucial role in understanding the lives of women: gender roles, self-image and sexuality.

The triple oppression of being a black disabled woman has not been overlooked. There are profound implications for those of us who

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experience the oppression of racism, sexism and handicapism. However, there has been very little analysis of the experiences of black disabled people, or of the diverse and complicated issues which affect us. To avoid the dangers of feeding into cultural misunderstandings and racist stereotypes, we urgently need a thorough investigation of the experiences of black disabled people. We could then develop an analysis of our position as black disabled women and articulate our particular needs. Unfortunately, it is not possible within the ambit of this article to provide this analysis, and therefore I shall suggest that all the issues affecting disabled women also apply to black disabled women. However, the way in which we experience and interpret these issues is likely to differ as the dimension of race interacts to shape our lives.

Disability: what does it mean?

It is essential to clarify at the outset exactly what is meant by the words disability and handicap. The terms used and their implicit politics within the disability rights movement are subject to ongoing debate. Throughout this article the Union of Physically Impaired Against Society (UPIAS) definition of disability will be adopted.

Disability: the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression. (UPIAS, 1981: 14)

The word handicap is used to describe the social ramifications of having a disability; it is not the biological condition but the societal barriers which restrict our lives as disabled people.

There are essentially two theoretical frameworks for understanding the concept of disability. The first may be described as the individualistic perspective, in which disability is interpreted as a deviation from accepted or expected notions of normality, the differentness is regarded as a personal tragedy which the individual must seek to 'come to terms with'. Stereotypes of passivity and childlike dependency are created for members of the 'disabled' and, at the same time, roles are prescribed which render us powerless. To avoid embarrassment and inconvenience to the nondisabled world, an emphasis is placed on accepting the goal of normality:

There's a tremendous emphasis . . . to be as able-bodied as possible. It's like standing up is considered infinitely better than sitting down, even if you're standing up by standing in a total frame . . . that you can't move in, which hurts and takes hours to get on and off, and looks ugly. (Sutherland, 1981: 73)

The individual perspective of disability makes no attempt to examine the social, economic and political perspectives which influence the lives of disabled people. Therefore an alternative framework re-defining disability as a form of social oppression has been put forward by disabled people: disability is a form of social oppression which is articulated through prevailing ideological, social and political determinants and, as a consequence of these, disabled people are socially excluded and handicapism is constructed.

Disabled people as a collective force have, through the disability rights movement, used the experiences and understanding of disability as social oppression to: (a) challenge the professional and public perceptions of disability as being a natural consequence of a biological condition; and (b) demand the right to self-determination and full and equal participation in the social, economic and political sphere.

However, unless gender distinctions are dealt with as a matter of urgency, the oppression encountered by disabled women will be compounded and our powerless position will be exacerbated.

An overview of the position of disabled women

Although disability may be the predominant characteristic by which a disabled person is labelled, it is essential to recognize that gender influences play an important role in determining how that person's disability is perceived and reacted to. A frequent complaint lodged by disabled women is that rehabilitation programmes place so much emphasis on 'cultivating competitive attitudes' and addressing concerns about male sexuality, that while enabling men to aspire to dominant notions of masculinity, the needs of disabled women are ignored or left on the periphery (Morris, 1989; Matthews, 1983; Becker, 1978; and Duffy, 1981). Fine and Asch explain:

To be male in our society is to be strong, assertive and independent; to be female is to be weak, passive and dependent, the latter conforming to the social stereotypes of the disabled. For both categories the disabled woman inherits ascriptions of passivity, and weakness. (1985: 11)

Both disability and gender are understood as socially constructed classifications, the impact of each may be mitigated or exacerbated according to whether the individual can be identified with an alternative social group which is perceived to be inferior. Disabled men could identify either with the negative role of disability, or they could strategically choose to identify with the powerful and advantageous male role. Both roles available to disabled women label us as inferior, passive and weak. Fine and Asch write:

Disabled women are not only more likely to internalize society's rejection, but they are more likely than disabled men to identify themselves as

'disabled'. The disabled male possesses a relatively positive self-image and is more likely to identify as 'male' rather than as 'disabled'. The disabled woman appears to be more likely to introject society's rejection, and to identify as disabled. (1985: 9)

Disabled women have become perennial outsiders, our powerless position has not been seriously addressed by either the disability rights or the women's movement. This simultaneous neglect is unforgivable; the exclusion on the basis of gender or disability cannot be defended by groups which purport to express the demands of all those who are ascribed membership to them by virtue of a particular biological criterion.

Although all women are supposed to be represented in the fight for women's liberation, disabled women have drawn attention to the fact that the movement has disregarded them:

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. (Fine and Asch, 1988: 4)

As disabled women we have spoken about how our experiences as women leave us in a marginal and ambiguous position. One woman claims: 'there is no arm of the movement concerned about disabled women . . . we do fit in, but only on the outside like some sort of mascot'. (Duffy, 1981: 167). Another woman explains, 'In the women's group I go to I am a token disabled.' (Begum, 1990).

It must not be assumed that disabled women are silent observers of feminist issues. One woman explains the contribution to be made:

Able-bodied women can learn from the disabled, who have had to learn this before they can truly cope, that the physical body is not as important as the person that lives inside; that one is first a person, and second a female; that sex is less important than these two; and that every woman who is honestly involved in her own personal growth is making a contribution to the women's movement whether she is aware of it or not. (Duffy, 1981: 168)

There are certain aspects of women's oppression which highlight the parallels and the differences between disabled women and nondisabled women. The basic issues may be the same for both groups but the impact of disability means that the implications or effects may differ. I have chosen to examine some of the areas which have played a crucial role in developing a feminist understanding of the position of women. These are gender roles, body image and sexuality, all of which help us to understand the process of socialization in our lives. The division into

three distinct areas is an artificial one created for the purposes of writing; in reality our experiences in relation to gender roles, self-image and sexuality are inextricably linked; they interweave together to determine our experiences, and thus cannot be regarded as separate aspects of our lives.

Gender roles

A woman's role is traditionally one of nurturer; throughout her life she is to a large extent defined by her capacity as a daughter, wife or mother. Women have criticized the concept of the family as an oppressive institution through which socially-constructed feminine roles have been established and maintained. It can represent the power struggle between men and women in its starkest form (see Barrett and McIntosh, 1982). Despite the fact that women have fought hard to challenge traditional sex roles, the influences of such roles still remains strong and therefore their significance should not be underestimated. Graham (1983: 21) explains:

Caring – whether for husbands and children, or for those outside the nuclear family – is far from trivial and insignificant. It is moreover, an activity where questions of success are constantly raised, and women can indeed feel 'unsexed' by failure.

For disabled women, there may be an automatic assumption that our disabilities will prevent us from ever taking up such traditionally defined roles.

To many women, the absence of rigidly prescribed gender roles would be a source of great relief and a sense of liberation, but for those of us who have been constantly denied access to what could be construed as the 'goals of womanhood', the attainment of such goals can be a real sense of achievement:

I pushed myself to have the very things my parents said I could not have. I was determined to prove I was a 'normal' woman. I deliberately sought the most handsome man to parade around. And although I did not consciously intend to do it, I became pregnant out of wedlock at 17, which was extremely affirming for me. One of my proud moments was parading around the supermarket with my belly sticking out for all to see that I was indeed a woman, and that my body worked like a normal woman's body. (Rousso, 1978: 159)

Occupying a position in 'no woman's land' may either (a) push disabled women into choosing very traditional feminine roles to aspire to notions of 'normality'; or (b) lead disabled women to select nontraditional

feminine roles as a process of default rather than personal choice. However, one must be wary of assuming that nontraditional roles are adopted as the only option available. There are some disabled women who do not wish to be confined by the prescriptions of femininity and a decision to be a single parent, a career woman, a partner in a lesbian relationship, or a lesbian mother, is a positive choice.

Women who have been married before the onset of disability often find that the perceived threat to the traditional role of wife and housekeeper can cause irreparable damage. Hannaford (1985:18) claims:

Four times as many women as men face marital breakdown, after the onset of disability. This reflects, I think men's inability to see themselves in the role of 'carer' . . . the man usually defines this new situation as unacceptable and leaves. With the back-up that this view is 'normal', now that the woman has forfeited her right to 'normality' and hence acceptability, the man will feel remorse at his actions which are seen as justified. Under the pressure of these implicit assumptions, the woman will often agree. A negative self-image will result and her expectations and demands of life will be curtailed accordingly.

If, as disabled women, we do not conform to conventional gender roles then the fight to gain access to institutions such as the family becomes extremely difficult, if not impossible. Although these institutions are considered oppressive by many feminists, the struggle against the family may be different for those of us who are excluded from the outset.

As disabled women our experiences of institutions such as the family are significantly influenced by the pressure of conventional gender-role distinctions. We either make a positive decision for political or personal reasons not to ascribe to traditional roles, or we fight very hard to conform to the ascriptions which classify us as 'real women'. Alternatively, we recognize society's rejection, and in realizing that the socially sanctioned roles are prohibited, we acquire a sense of worthlessness and negative self-image.

Self-image

Self-image is the internal concept we have of ourselves. Our self-image as women is significantly influenced by our body-image. Indeed, for many women self-image is synonymous with body-image. This is a direct consequence of the fact that women are primarily defined by physical appearances. Body-image is determined by the messages we receive about how our bodies should look and behave. It is a gendered concept which has been constructed by men to endorse the view of women as ornamental objects put on this planet for the gratification of men. The dominant image of women does not incorporate the diverse

and individual characteristics of women. Instead, it suggests that an attractive woman is young, medium height, slim, nondisabled and white. Consequently, black women, older women, fat women, too short or too tall women and disabled women are not attractive because they do not conform to the dominant body-image in Western society.

The term 'disabled women' can quickly and easily be substituted with the words 'defective women'. In a society which places substantial emphasis on 'feminine' attractiveness and the ability to take care of one's own basic bodily functions, disabled women are dealt a severe blow. One disabled woman writes, 'I had this image of myself as a big blob, no shape just dead meat' (Carrillo, *et al.*, 1982: 26).

Disabled women live in bodies which do not always work and often defy the dominant notion of 'normal' appearance. This can be particularly difficult to reconcile with the pervasive myth of perfection:

I try hard to accept my body and improve on it but it's a losing battle. I'm bombarded with pictures of beautiful bodies and I just cannot compete, so I try to hide my flaws (Morris, 1989: 61)

Through the countless images of beauty that find their way into the daily lives of women, the message that they must have a certain appearance to be admired and loved, particularly by men, is internalized. Certain aspects of disability can make it difficult for a woman to incorporate her physical characteristics and her daily needs into this concept of attractiveness:

Most disabilities come equipped with drooping breasts, a thin rib cage and a lax-tum, due to a lack of muscle . . . The inability of the disabled person to be purely physical, showing body movement, posture . . . can be a great disadvantage within the 'market place' of relationships. (Campling, 1981: 17)

I did feel less sexually attractive, because I was surrounded by metal and wheels and had no control over my body, bladder and bowels. I needed help with absolutely everything and couldn't see how men could find me sexually attractive. (Morris, 1989: 82)

In view of the fact that disabled women may challenge societal perceptions of accepted, or expected, standards of appearance, our differences may be labelled as 'defects':

Specialists trained to treat one or other of our body parts have contributed to our dismembered body image. Value judgements are assigned to our 'good' parts and 'bad' parts. Health is seen as a virtue, disease as evil and ugly. (Browne *et al.*, 1985: 246).

With very little attention given to the positive aspects of a person's appearance and a tendency to reduce the body to an asexual object, disabled women learn very early on that their bodies can be objects

which are manipulated and controlled by others (Boston Women's Health Book Collective, 1984).

Having a disability made me very aware at an early age of the messages I was receiving from the larger society about how I was supposed to look and how you're supposed to be. Also as the doctors poked and studied me endlessly, I learnt more quickly than some non-disabled women that I'm seen as an object. . . . I was made to walk naked . . . and then lie on a mat while in turn they (5 male student doctors) examined my body, opening and closing my legs, poking and prodding here and there and making comments. I was at the age when I was developing from a child into a woman . . . I started to lose my self-respect. (Campling, 1981: 10).

If a woman loses respect for her own body, and internalizes the negative messages that hang the label 'defective and undesirable' around her neck, then it is not surprising that her body becomes a source of pain, embarrassment and guilt. This can subsequently lead her to believing that her body is the enemy and she has no control over it:

One of the results of considering your body to be the enemy is a sort of disassociation. The disassociation manifests itself in a feeling of not owning one's body because it is causing so much trouble. It may happen that someone else is spending a lot of time taking care of it, so it is really easy to just hand it over to that person. Consequently we see a mind-body split which has major implications for self-concept and sexuality. (Bogle *et al.*, 1981: 92)

Body-image has a profound impact on the way in which we perceive ourselves. A positive body-image can help to build confidence and promote self-esteem, and a negative image can affirm feelings of inferiority, worthlessness and inadequacies.

Sexuality

Sexuality refers to the whole span of personality related to sexual behaviour. To challenge male supremacy and object to the sexual objectification of women by men, the women's movement has demanded the right for women to define their own sexuality and an end to all discrimination against lesbians. Disabled women are entitled to the same rights as other women, however we may be a long way behind in trying to reach the same goals. One woman explains the dilemma she faces by saying:

It has been rare in my life that I have feared men getting sexual with me, because most men don't see me as a sex object in the same way as they see most women for THAT I am profoundly grateful! . . . But if only more women had made me feel like a woman. (Campling, 1981: 32)

Until recently, disabled people have been seen as asexual. The non-disabled world has found it difficult to grapple with the idea that these 'damaged' bodies could have sexual feelings, the mere thought that they may engage in sexual behaviour is considered 'unwholesome, repulsive and comical' (Greengross, 1976: 2).

Usually, during adolescence children develop an understanding of their own sexuality and anticipate or explore relationships with others. Body-image and self-esteem often significantly influence a child's sexual development. For a disabled daughter who has acquired a negative self-concept, the control and manipulation of her body by others may leave her feeling ambivalent and confused about her own sexuality. One woman talks about her turmoil: 'It was difficult enough to be feeling so confused about my sexual identity. Not to be able to experiment with boys only added to my confusion and growing self-doubts.' (Rouso, 1978: 146).

Despite the moves to push for the recognition of women's sexual needs, there is still a notion that the disabled woman's needs are either nonexistent or inferior. One young adolescent woman with spina bifida who asked her gynaecologist whether she would be able to have satisfying sexual relations received the following response, 'Don't worry honey, your vagina will be tight enough to satisfy any man'. (Fine and Asch, 1988: 21). Greengross seems to endorse the notion that the sexual needs of disabled women are either nonexistent or inferior by writing, 'there is no doubt that women suffer the same pains of loneliness as men; and their sexual needs, though usually not as great, certainly exist' (Greengross, 1976: 110). Such an approach seriously undermines the sexuality of disabled women. There is no evidence to suggest that the sexual needs of women are any less than those of men (Coveney, *et al.*, 1984).

The reality for many disabled women is that the lack of social and employment opportunities may exacerbate the difficulties of establishing and maintaining relationships, particularly if a woman is living in her parental home.

Personal relationships can be difficult if you live with your parents . . .

The situation can be frustrating if you are at the age, as I am, when you could be living independently, working and travelling. Parents can be over-protective. (Campling, 1981: 17)

Given that many parents find it hard to come to terms with the fact that their children are sexual beings, it is not surprising that, where the daughter has a disability, parents find it particularly difficult to accept their child's sexuality. If a daughter appears to have a 'damaged' body or mind then parents might not be able to see why anybody else would be attracted to her. Consequently, they often convey negative attitudes to their disabled daughter and try to discourage any sexual development (See Rouso, 1978; Greengross, 1976; Campling, 1981: 80).

As an adolescent I realised that boys do not react in the same way to a girl in a wheelchair as they do to other girls . . . My mother did not help me during this, telling me to look for spiritual relationships because any man who appeared to be attracted to me must be perverted.

Sometimes men might be attracted to disabled women because they perceive disabled women as passive and more likely to respond to their sexual advances. Men who are threatened or intimidated by women who define their own sexual needs or appear as equals in a relationship may choose to focus their attentions on those women who seem to be in a less powerful position. Thus, men might choose to assert their power by establishing relations with the least powerful sections of the community such as disabled women, black women or single mothers.

Disabled women can challenge orthodox notions of the way people are expected to gain sexual satisfaction. For example, the traditional missionary position adopted in heterosexual relations may be totally inappropriate for many disabled women (as well as nondisabled women). Kirsten Hearn writes:

Different women with different disabilities have different needs and abilities, before, during and after sex. Some of us can only lie in certain positions or may have to use different parts of our bodies. Some of us have more strength and energy than others. (McEwen and O'Sullivan, 1988: 50)

The diverse range of methods used to gain sexual satisfaction by disabled women must be seen as a positive step for all women as it enables us to decide how our sexual needs can be met most sensitively.

There are sometimes distinct rules relating to the type of men that disabled women are allowed to have a relationship with or marry:

The invalid may marry another of his kind, and live happily or unhappily ever after. Society doesn't greatly care whether he is happy or unhappy as long as society isn't troubled. A wall is raised between the 'normal' world and the disabled – a wall 'invisible and hard and cold as unbreakable glass'. (Judith Thunem in Shearer, 1981: 84).

Greengross argues:

The principle problem for a marriage between an able-bodied person and someone handicapped is one of motivation. It begs the cruel and unavoidable question: 'What normal person would saddle him/herself with someone who probably will need a lifetime of care. Many 'normal' people when they enter a marriage of this nature are not marrying an equal but someone they want to treat like a child. (1976: 29)

This type of attitude is not only patronizing but also very insulting. It

wrongly assumes that a disabled woman is passive, helpless and a burden. The persistent undermining of disabled women in such a way means that if we have a relationship with a nondisabled person then we are constantly subjected to the negative responses of other people:

I am told how wonderful he is, and how lucky I am. It's great for the self-esteem . . . Implicit implication; he's wonderful/a saint for staying with an undesirable like you. You (disabled) are lucky not to be alone, unwanted in an institution. No one has ever said he is lucky (unthinkable), or he obviously stays with you because you give as much as you take. But then of course, that's an unthinkable proposition, isn't it? After all I'm only one of THE DISABLED. (Campling, 1981: 50)

Fine and Asch (1988) argue that the fact men want women who are not only visually attractive, but also functional in their role as a homemaker and wife means that disabled women are perceived as being incapable of fulfilling such a role.

Although society is organized and structured around heterosexual relationships, it must not be assumed that all disabled women are striving for marriage and motherhood. There are disabled women who have chosen to reject heterosexual relations and some of them will make a positive decision to be lesbian mothers. However, their experiences as lesbians can be extremely isolating.

There's nobody here I can talk to really. I'm not telling the social worker or anyone at the centre. I'd get ostracised . . . I did tell someone years ago . . . He told me I could get treatment for it. I don't want that, I don't want my brain interfered with, there's enough wrong with me without that. (Gemma, 1989)

When I came to live with my lesbian mate I felt a bit absurd about being gay and disabled . . . With her I was at ease of course, but I felt self-conscious about meeting other lesbians, I thought they'd see me as non-sexual, they'd think 'how can she be gay like us'. When I was passing for heterosexual it didn't occur to me to think I'd be regarded as non-sexual – I think this is because I saw heterosexual women as sexually passive anyway, whereas I see lesbians as equals. (Campling, 1981: 86)

Severely able-bodied lesbians look at us and go, 'Urgh, what's *wrong* with her?' (McEwen and O'Sullivan, 1988: 50)

Some disabled lesbians argue that the lesbian community has adopted many of the values and expectations of the heterosexual community. Kirsten Hearn writes 'You only have to go to a disco to realize to what extent lesbians have bought the image of the slim, agile, symmetrical body' (McEwen and O'Sullivan, 1988: 50).

Both within the homosexual and heterosexual communities, disabled women have struggled to gain access to the same options as our nondisabled contemporaries. Unfortunately, our denied sexuality and

exclusion from traditional gender roles has not exempted us from the threat or actuality of male sexual violence:

Maria was twelve when her brother's closest friend began raping her regularly. He attacked her when she was in bed, unable to get to her wheelchair. He was eighteen, and powerful; she didn't stand a chance. (Matthews, 1983: 72)

As disabled women we can be much more vulnerable to sexual abuse and victimization, particularly if we have been bombarded with ideas that our bodies are a neutered object which is repulsive and inferior. A failure to recognize sexual development leaves us open to exploitation:

A young woman of 14 who had a disability was raped by her teacher. He had fondled her and had intercourse with her. Because she had no sex education or values clarification, she didn't know that she didn't have to submit to this, and so she just went along. That is rape. That is coercion. As women we are taught to be passive. But if you are disabled very early on or when you are born, then this passivity is enculturated into what it means to be disabled and into the role of the disabled person. (Bogle, *et al.*, 1951: 102)

My first sexual experience was coercion, but I figured that nobody was even going to do it with me again, so I'd better get it now. I now feel that was rape. (Bogle, *et al.*, 1981: 102)

The perception that a disabled woman may never have sexual relations has been used as a justification for rape. One rapist said, 'I wanted to give her something that nobody else wanted to give' (Bogle, *et al.*, 1981: 102).

Disability Rag (1986) and Galler (1984) report instances where women with cerebral palsy have been ignored when they have reported rape. The effects of sexual violence can cause serious psychological and social problems for all women. However, as disabled women the problems we encounter can be magnified if we are perceived as asexual and not believed when we report rape. It is harder for us to leave exploitative or abusive relationships when we are trapped by our physical and financial dependence.

As disabled women, we are prescribed a life of passive dependence. Our neutered sexuality, negative body-image and restricted gender roles are a direct consequence of the processes and procedures which shape the lives of women.

Conclusion

When talking about disabled women, we are talking about women who have the same hopes, differences, anxieties, fears and other emotions as nondisabled women. The oppression we experience is similar to that

encountered by our nondisabled sisters, but certain aspects are magnified in our daily lives, and others are altered to fit into the position that we hold as disabled people in society. There can be no doubt that for disabled women 'it is not difference which immobilizes us, but silence. And there are many silences to be broken' (Lorde, 1980: 15).

By applying the feminist principle of 'the personal is political', I have shown how disabled women have become misplaced and tolerated in a society which is both sexist and handicapist. Certain aspects of feminist analysis, particularly the concepts of gender roles, self-image, sexuality and socialization, have been used to highlight our experiences. Through such an analysis it has been possible to demonstrate how the concerns, needs, wishes and aspirations of disabled women strike at the core of the feminist movement, yet our voices usually remain unheard.

The feminist movement has restricted its thinking to the needs of nondisabled women. It has had difficulty tackling diversity among women, consequently many women, particularly those of us who have disabilities, have been left out in the cold. Feminism urgently needs to address the issue of diversity and in the process of doing this it must learn from the experiences of disabled women. It is crucial that 'the personal is political' is not simply used to provide an analysis of the experiences of a select group of women, namely white, nondisabled, heterosexual women, and that it goes beyond understanding immediate experiences to incorporate the needs and wishes of a diverse group of women. Charlotte Bunch explains, 'We cannot depend on our perceptions alone as the basis for political analysis and action – much less coalition. Feminists must stretch beyond, challenging the limits of our own personal experiences by learning from the diversity of women's lives' (quoted in McEwen and O'Sullivan, 1988: 290).

In this article I have tried to break some of the silences surrounding the experiences of disabled women. Now the feminist movement needs to engage in an open dialogue with disabled women to learn from our experiences and develop a movement which reflects the diversity of the sisterhood. It is crucial that nondisabled feminists acknowledge our experiences and recognize our needs, wishes and aspirations as being a fundamental part of feminist experience and a key component of the feminist movement.

Writing from the perspective of a disabled woman, I can only conclude by emphasizing that the feminist movement has to accept the fact that disabled women have a right to full and equal participation. However, 'by this we don't mean just pity or embarrassment, or just plain access as outlined by us in the past, but an acceptance that we are viable, lovable and totally worthy members of the sisterhood'. (Kirsten Hearn quoted in McEwen and O'Sullivan, 1988: 53).

Notes

Nasa Begum is currently researching the needs and wishes of Asian people with disabilities. Before this she worked as a policy adviser in a local government women's unit. She continues to be actively involved in the disability rights, women's and race field in a personal and professional capacity.

References

- BARRETT, M. and MCINTOSH, M. (1982) *The Anti-Social Family* London: Verso.
- BECKER, E. F. (1978) *Female Sexuality after Spinal Cord Injury* Illinois: Accent Special Publications.
- BEGUM, N. (1990) *The Burden of Gratitude* University of Warwick and SCA (Educational).
- BOGLE, J. et al. (1981) 'Women's issues: a panel discussion' in BULLARD and KNIGHT.
- BOSTON WOMEN'S HEALTH BOOK COLLECTIVE (1984) *The New Our Bodies Ourselves* New York: Simon & Schuster.
- BROWNE, S. et al. (1985) editors, *With the Power of Each Breath* San Francisco: Cleis Press.
- BULLARD, D. and KNIGHT, S (1981) editors, *Sexuality and Physical Disability* St Louis: C.V. Mosby Co.
- CAMPLING, J. (1981) editor, *Images of Ourselves* London: Routledge & Kegan Paul
- CARRILLO, A. et al. (1982) *No More Stares* Berkeley: Disability Rights Educational Defences Fund Inc.
- COOK, L and ROSSETT, A. (1975) 'The sex role attitudes of deaf adolescent women and their implications for vocational choice' *American Annals of the Deaf* Vol. 20: 341–5.
- COOTE, A. and CAMPBELL, B (1987) *Sweet Freedom* Oxford: Basil Blackwell.
- COVENEY, L. et al. (1984) *The Sexuality Papers* London: Hutchinson.
- CREEK, M. et al. (1987) *Personal and Social Implications of Spinal Cord Injury* Eltham: Thames Polytechnic.
- DEEGAN, A and BROOKS, N (1985) editors, *Women and Disability: The Double Handicap* New Brunswick: Transaction Books.
- DISABILITY RAG (1986) 'Care that Kills', *Disability Rag*, Vol. 7, No. 6: 9–10.
- DUFFY, L. Y. (1981) in ... All things are possible, M. I., A. J. Garvin and Associates.
- FINCH, J. and GROVES, D. (1988) editors, *Caring: a Labour of Love*. London: Routledge & Kegan Paul.
- FINE, M. and ASCH, A (1985) 'Disabled women: sexism without the pedestal' in DEEGAN and BROOKS.
- (1988) editors, *Women with Disabilities – Essays in Psychology, Culture and Politics* Philadelphia: Temple University Press.
- FINKEL et al. (1981) 'Sexuality and attendant care: a panel discussion' in BULLARD and KNIGHT
- FISHER, S. (1973) *Body Consciousness* Englewood Cliffs: Prentice Hall.
- FOX, G. (1980) 'The mother–adolescent daughter relationship as a sexual socialization structure: A research review' *Family Relations* Vol. 29: 21–8.
- FRIEDMAN, G. (1980) 'The Mother–Daughter Bond' *Contemporary Psychoanalysis* Vol. 16, No. 1: 90–7.

- GALLER, R. (1984) 'The myth of the perfect body' in VANCE.
- GRAHAM, H. (1983) 'Caring: A labour of love, in FINCH and GROVES.
- GEMMA (1979) *Newsletter No 7*.
- (1989) *What's the Use of her Coming, She Can't Dance* London: Gemma.
- GREENGROSS, W. (1976) *Entitled to Love* Guildford: National Marriage Guidance Council, in association with the National Fund for Research into Crippling Diseases.
- GROTHAUS, R. (1985) 'Abuse of women with disabilities' in BROWNE et al. (1985).
- HANNAFORD, S. (1985) *Living Outside Inside* Berkeley: Canterbury Press.
- LANCASTER-GAYE, D. (1972) editor, *Personal Relationships, the Handicapped and the Community* London: Routledge & Kegan Paul.
- LANDIS, C and BOLLES, M (1942) *Personality and Sexuality of the Physically Handicapped Woman* New York: Hoeber.
- LORDE, A (1985) *The Cancer Journals* London: Sheba Feminist Publishers.
- MATTHEWS, G. (1983) *Voices from the Shadows – Women with Disabilities Speak Out* Toronto: The Women's Press.
- MCEWEN, C. and O'SULLIVAN, S. (1988) *Out the Other Side: Lesbian Contemporary Writing* London: Virago.
- MORGAN, M. (1972) 'Attitudes of society towards sex and the handicapped' in LANCASTER-GAYE.
- MORRIS, J. (1989) editor, *Able Lives* London: The Women's Press.
- ROMANO, M. (1978) 'Sexuality and the disabled female' *Sexuality and Disability* Vol. 1, No. 1: 27–33.
- ROUSSO, H. (1978) 'Daughters with disabilities: defective women or minority women?' in FINE and ASCH (1988).
- SHARPE, S. (1976) *Just Like a Girl* Harmondsworth: Penguin.
- SHEARER, A (1981) *Disability Whose Handicap* Oxford: Basil Blackwell.
- SMART, C. and SMART, B. (1976) *Women, Sexuality and Social Control* London: Routledge & Kegan Paul.
- SUTHERLAND, A. (1981) *Disabled We Stand* London: Souvenir Press.
- UNION OF PHYSICALLY IMPAIRED AGAINST SOCIETY (UPIAS) (1981) *Editorial from Disability Challenge* No. 1, May 1981.
- VANCE, C (1984) *Pleasure and Danger* London: Routledge & Kegan Paul.