

Body Beautiful/Body Perfect: Challenging the Status Quo: Where Do Women With Disabilities Fit In?

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“With a body that doesn't ‘measure up’, we learn pretty quickly what our culture wants from women” – The New Our Bodies Ourselves¹

When I was approached to write about the issue of body image and its impact on women with disabilities, the invitation brought with it a chance to explore the link between fat-oppression and the experiences of women with disabilities. Unfortunately, little research has been conducted on this issue, which may reflect the belief that the lived experiences of many women with disabilities are not important, nor perceived as valid by mainstream researchers.

I do not represent the experiences of all women with disabilities regarding the issues of body image and self-perception; however, over the years I have listened to the stories of many women with a range of disabilities. This includes women whose disabilities include being non-verbal, mobility, hard of hearing and/or visual impairments. Many of these women spoke of their lives and how they have begun to deal with some of their concerns around body image and self-perception. While recognizing that the issues for women with disabilities may vary from those of non-disabled women, our lives, experiences and fears are very similar.

Cultural standards of beauty

Women are identified socially with their bodies. For women living in Western culture, thinness is often equated with health and success. We are taught early to be conscious of our body shape, size, weight and physical attributes. The current cultural “norm” or ideal is unattainable for most women. Fat women, women with disabilities, women from particular racial or ethnic groups or with non-heterosexual orientation, and other women who do not conform to the prescribed “norm” of social desirability are viewed as having experiences and attributes somewhat different from that of other women in this culture and as a result are often isolated.

Women with disabilities living in this society are not exempt from the influence of messages that attempt to dictate what is desirable and what is undesirable in a woman. These messages are often internalized, and they have an impact on how we see ourselves. The further we view ourselves from the popular standard of beauty, the more likely our self-image will suffer. We may experience a greater need to gain control over our bodies, either by our own efforts of restrictive eating and exercising, or the intrusive procedures performed by those deemed to be the “experts”—the medical profession.

We form images of ourselves early in infancy and these are confirmed or altered by the responses, or evaluations, made by others.

Based on physical judgments, women with disabilities hear various messages from family, friends and society-at-large about our perceived inability to participate in the roles that are usually expected of women. Society believes that lack of physical attractiveness, as defined by the dominant culture, hampers our ability to be intimate. These misperceptions hamper our ability to get beyond our physical differences, perpetuate body-image dissatisfaction and contribute to eating problems.

Invisible or distorted lives

Within this culture, having a disability is viewed negatively. This notion is supported by the fact that the lives of women with different disabilities are not reflected in the media. We are invisible. However, when our lives are spoken of, they are distorted through romantic or bizarre portrayals of childlike dependency, monster-like anger and super-human feats. This increases the discomfort of others when in contact with women with disabilities, which in turn perpetuates the sense of “otherness” that women may feel.

As women and individuals with disabilities, the messages that we receive often indicate the lack of role expectations for us. For young girls with disabilities, the invisibility of our lives becomes reinforced by the fact that much of popular advertising implies the belief that the “normal” body is that which is desirable. Once these messages become internalized and reinforced, young girls and women with disabilities may try to compensate for their disabilities by striving to look as close to the non-disabled “norm” as possible. Similar to many non-disabled women’s experiences, some girls and women with different disabilities may try to hide their bodies or change how their bodies look. Comfort and health may be sacrificed as we attempt to move closer to the realm of what the “normal” body appears to be, by manipulating our bodies through continuous dieting, plucking, shaving, cutting and constricting.

Much feminist theory has been focused on identifying the reality that within Western culture women’s bodies are objectified for the purpose of male pleasure and domination. As a result, women’s perceptions of themselves and their bodies become distorted. We are taught to mistrust our own experience and judgment about desirability and acceptance. These qualities are defined by the dominant culture. They are socially and economically defined by those in power—white, able-bodied, heterosexual men. Within this context, the body becomes a commodity with which one may bargain in order to obtain more desirable opportunities, e.g., work or security.

Objectification by the medical profession

Feminist analysis identifies women’s alienation from themselves and their bodies as a result of the objectification of the female body. However, a great deal of feminist analysis may not be reflective of all women’s experience. The way in which women’s bodies are portrayed, as commodities in the media, may not be a reality for many women labelled “disabled.” In reflecting societal beliefs regarding disability, our bodies become objectified for the purposes of domination, but within a different context.

Traditionally, disability, whether visible or invisible, has tended to be viewed as something that is undesirable. Whether we are born with our disability or acquire it later, our bodies become objectified by the medical process. Medical examinations are often undertaken by groups of male doctors, who despite their aura of “professionalism,” are still perceived by the client as a group of anonymous men. Regular routines such as dressing ourselves, or other activities, are observed by doctors while on their “rounds,” as this is seen as an excellent training of new doctors.

Many of us recount our experiences, as young children, of having to display our bodies to groups of male doctors in the guise of “medical treatment” without prior knowledge or consent. We may have been asked to strip, to walk back and forth in front of complete strangers so that they could get a better view of what the physical “problem” is, or to manually manipulate our limbs to determine flexibility and dexterity.

Today, pictures or videos are taken of us and used as educational tools for future doctors, with little thought given to our needs to have control over what happens to our bodies or who sees us. While the medical profession attempts to maintain control over our bodies, some women with disabilities may attempt to regain control through dieting, bingeing or other methods of body mutilation.

Body image and ‘different’ bodies

Some disabled women speak of having numerous surgeries conducted with the hope of a “cure,” when in reality the surgeries may result in increased pain, discomfort and altered physical state of one’s body. The concept of body-image as it impacts on young girls and women with disabilities is crucial, especially when one looks at instances where the functioning of certain body parts must change or be altered, resulting in scars, diminished sensation or radically changing the physical state, e.g., amputation, mastectomies. A common theme emerges between intrusive medical intervention and popular methods of cosmetic surgery: the perceived need to change or alter the “imperfect” body. For many women with disabilities, the message is clear—the way our bodies are now is neither acceptable nor desirable. To be non-disabled is the “ideal” and along with that comes the additional expectations for the quest for the “perfect” body. Body image, self-image and self-esteem are often linked with the perceptions held by society, family and friends. Disability is often seen as a “deficit,” and women with disabilities must address the reality that the “ideal” imposed by the dominant culture regarding women’s bodies is neither part of our experience nor within our reach. We thus often need to grieve the loss of the dream of the “body perfect,” let alone the “body ideal.” As women with disabilities, some of us experience difficulty in having others identify us as “female.”

Disability and “differentness” results in many of us living our lives from the margins of society. As women with disabilities, we must begin to challenge the perceptions of “body beautiful,” along with the perceptions held by some non-disabled feminists who resist the notion of “body beautiful,” but ignore or affirm the notion of “body perfect.” Disability challenges all notions of perfection and beauty as defined by popular, dominant culture.

We must reclaim what has been traditionally viewed as “negative” and accentuate the reality that “differentness” carries with it exciting and creative opportunities for change. A lot can be learned from the experiences of women with disabilities as we begin the process of reclaiming and embracing our “differences.” This includes both a celebration of our range of sizes, shapes and abilities.

Emphasize the positive

- If you use an aid for mobility, you may want to decorate it: Wrap brightly coloured scarves around crutches, thread streamers through wheel spokes...
- Assert your right to access services; join an advocacy group.
- Accept the validity of your feelings: If you deny them, you deny yourself and may turn to unconstructive methods to feel better, such as problematic attitudes towards food and weight.
- Explore body-image issues with people you trust: a partner, a friend, counsellor, colleague. Join or start a support group.
- Work towards accepting your body as falling within the wide range of human form and experience. It is therefore both natural and lovable.
- Celebrate the things that you **can** do, and the creativity that you use to do things.
- Pamper yourself in ways that bring you the full joy of your body: Take an aromatic bath, have a massage, share touch with a loved one...
- Take control of your life. Learn which health problems that you may develop are truly associated with weight.
- Wear comfortable clothes in which you feel good.
- Replace “all or nothing” thoughts with something more realistic and affirm the things that you can, and do, do. Realize that food and weight preoccupation leaves little time or energy for self-development and affirming activities.

Working together for change

As Francine has noted, it is important to make links with other women, to show solidarity and awareness of the needs and rights of all people. Whether we are non-disabled or have disabilities, we can contribute to the well-being of all people.

- Be aware of your own prejudices around women with disabilities and your assumptions about their lives.
- Look at the media and be aware of the absence of women with disabilities and the limited roles they are allowed, if present. Protest to the companies involved if the images are disparaging. Demand to see more varied and realistic images of women.

- Educate yourself around issues of disability: access to services and environments; life-style issues; issues of consent and violence.
- Form or join women’s organizations which explore personal issues or do advocacy work.
- Work together to challenge stereotypes and prejudices, which enable us to discriminate against others who are “different.”

By changing the environment of ridicule and prejudice against women who don’t fit the “norm,” we can ease the stress of being “different,” which often results in women turning to food and weight preoccupation as a coping strategy.

A personal note from Francine

Wheelchairs, crutches and other assistive devices needed can impact on our view of ourselves. My wheelchair, although it is big and clunky at times, is part of me and how I identify myself. The wheelchair is my legs, and at times it’s hard to separate the two. But the wheelchair/scooter or crutches can make it difficult to be expressive of our femininity, to express ourselves as women in the traditional manner, or in a way that meets our needs. But that does not have to stop us! Many women have taken the opportunity to accentuate their whole being by being creative and painting their crutches and decorating their wheelchairs in fashionable colours. The activity can be done alone or with friends, and is fun and empowering, with uplifting results.

While disability in and of itself does have an impact on the way we see ourselves, it may actually enhance our perception of self. It allows us to move away from the narrow notions held by society as a whole regarding people with disabilities. It broadens our understanding and acceptance of “difference” in all its permutations. It is the attitudes of others that create additional barriers to moving past the “body perfect” as the prescribed ideal.

It is important to remember that as women with disabilities, we too must deal with and address similar issues around body image, self-concept and inequality, as do non-disabled women. We are not alone in this struggle!! It is important to make the links with other women, to show solidarity and a greater awareness of the positive issues connected with “differentness.”

Reference

¹ Boston Women’s Health Book Collective. 1984. *The New Our Bodies, Ourselves*. N.Y.: Simon & Schuster Trade, p.6.

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