

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

By Francine Odette

*L'auteure explique comment l'idéal de beauté affecte les femmes handicapées. Pour ces femmes le message est clair: leurs corps sont inacceptables et indésirables. C'est pourquoi il est important pour les femmes de repenser et de démystifier les perceptions socio-culturelles de la "beauté."*

With a body that doesn't "measure up," we learn pretty quickly what our culture wants from women (Boston Women's Health Collective 6)

When I decided to write about the issue of body image and its impact on women with disabilities, the challenge brought with it a chance to explore the link between fat oppres-

sion and the experiences of women with disabilities. Unfortunately, little research has been conducted on this issue as it affects the lives of women with disabilities. This 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 perceptions, however, over the years I have listened to the stories of many women who have a range of disabilities. These women's disabilities include being non-verbal, mobility, deaf, 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. 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.

Women are identified socially with our 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 par-

ticular racial or ethnic groups or with non-heterosexual orientation, and other women who do not conform to the prescribed norm of social desirability are often 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 not in a woman. These messages are often internalized, and have an impact on how we see ourselves. The further we see 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 in our lives. 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.

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 child-like dependency,



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monster-like anger, or 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 with disabilities 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

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fact that popular advertising suggests 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.

### Medicalizing our bodies

Much feminist theory has been focused on identifying the reality that within western culture, women's bodies are objectified for the purposes 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 judgement about the notion of 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 with in order to obtain more desirable op-

portunities, for example, work or security (Szekely).

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 labeled "disabled." In reflecting societal beliefs regarding disability, our bodies become objectified for the purposes of domination, but within a different context.

Traditionally, disability, whether it is 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 as part of the medical process. Medical examinations are often undertaken by groups of male doctors who despite their aura of "professionalism" are still perceived by the patient 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 for new doctors.

Many of us recount our experiences 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, walk back and forth in front of complete strangers so that they can 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.

Some disabled women speak of

having numerous surgeries conducted with the hope of a "cure," when in reality, the surgeries result in increased pain, discomfort, and altered physical state of one's body. The concept of body image as it impacts young girls and women with disabilities is crucial, especially when one looks at instances where the functioning of certain body parts must change and be altered, resulting in scars, diminished sensation, or radically changing the physical state, for example, 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 of the "perfect body."

Body image, self-image, and 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. As women with disabilities, some of us experience

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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 "body beau-

tiful" but ignore or affirm the notion of the "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 by the experiences of women with different disabilities, as we begin the process of reclaiming and embracing our "differences." This includes both a celebration of our range of sizes and shapes and abilities .

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#### References

Boston Women's Collective, *The New Our Bodies, Ourselves*, Boston: 1984.

Szekely, Eva, *Never Too Thin*, Toronto: The Women's Press, 1988.

#### Resources

National Eating Disorder Information Centre, CW 1-304 200 Elizabeth Street, Toronto, Ontario, M5G 2C4, (416) 340-4156. Information and resource centre, counselling.

DisAbleD Women's Network (DAWN) Canada, 7785 Louis-Herbert Avenue, Montreal, P.Q., H2E 2Y1 (514) 725-4123. Feminist self-help, publications. (There are provincial and local DAWN offices in many major cities across Canada that offer a range of activities).

## ELIZABETH ZETLIN

### I am beautiful

*The woman wins who calls herself beautiful  
and challenges the world to change to truly see her.*

Naomi Wolf, *The Beauty Myth*

My breasts dip almost to my waist—thick  
as the trunk of a mature cedar.  
My hair is medium brown except  
when I decide to colour it.  
Then the grey turns purple or orange.  
My glasses are thick and scratched.  
When I smile, there's a fan of lines  
and a dimple in each cheek.  
The loose skin at my neck crinkles  
when I look at myself sideways.  
There are two liver spots on the back  
of my right hand. I'm short,  
buxom and have dark brown myopic eyes  
and crooked crowded teeth. My nose  
has a bend in the middle as though it were  
once broken and when I'm not smiling  
I look stern, even harsh.  
I've been told I snore and I know I fart a lot.  
My feet are long and narrow.  
I walk purposefully. Once I was even  
mistaken for in-house security at Sears.  
My voice is childlike, at least it sounds  
that way on tape. I interrupt often  
and clear my throat a lot.  
When it's very cold, I wear the same  
clothes day after day, sleeping in them  
to avoid getting undressed.  
A few times a year I wear lipstick and cleavage.  
It's then that I notice a big difference  
in how people respond.

*Elizabeth Zetlin co-authored Said the River, a hand-printed book of poems and lithographs. Her poetry has been published in Contemporary Verse 2, Sounding and Poetry Toronto.*