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”To be cocky is to challenge norms”

The impact of bodynormativity on bodily and sexual attraction in relation to being a cripple

Regardless of how much I go out I will always be seen as different, but I pave the way not only for guys and girls who share my bodily condition or who are active like myself, but it paves the way for all disabilities, including the crippled, bent and miserable who I know are full of warmth and want to give, but it scares, scares other people (Karin).¹

KARIN, AS I have chosen to call her, has used a wheelchair for a number of years, as the result of a polio infection. Her life has since been transformed, not only physically but also spatially, as her mobility is limited. The wheelchair, on which she depends, has also become a social obstacle and stigma. Her clothes cling to her body in the warm sun, which she used to love when she still could walk, albeit with some difficulty due to her weak left leg. But the constant staring and the unabashed comments that she faces all the time are worse. ”It scares me that there is no tolerance for being somewhat different.” Like many of the other women that I have interviewed,

she expresses the view that as a disabled person, you are less worth, both as a human being and as a gendered person. You're an "either/or". When Karin was still able to walk, she was someone, but today, as she sits in her wheelchair, she is not seen as the woman she is, and she feels that she is no more than an *it* in a wheelchair. At the same time she expresses a mind of resistance, force and strong will. In her own eyes the crippled leg and the wheelchair make her in some sense different but there is no reason to treat her as a "non-gendered" person.

The current political climate may dupe us into believing that individuals with different impairments are seen as one of many human bodily variations. The difference between being defined as disabled or able-bodied is "just" a question of special needs and supports. Karin's experiences reflect, however, that being and living in a body that does not conform to the prevailing western ideals of a normative body is to be ascribed a status of objectification, of not belonging, and a sense of otherness. You are at the same time marked out and made invisible. It implies a position of being an object (Longhurst 2001:28), since a disabled body potentially poses a tension, and sometimes even a threat, to bodily orders. In this article I question the impact of bodynormativity (Malmberg 2008a) in relation to being a woman and disabled. My focus is on embodiment, gender and sexuality. I argue that bodynormativity keeps reproducing the embodied and sexual oppression of being disabled. What does it mean to have a body that is not considered to conform to this norm? I specifically discuss the implications of bodynormativity in relation to bodily and sexual attraction, especially for women with visible, physical disabilities because such disabilities have been clearly shown to affect how non-disabled people treat and react to women such as Karin as well as having an impact on her self-perception and behaviour.

Bodynormativity – a norm imbued by gender and power

Still, the problem remains that disability is based on the idea of corporeal otherness.² Rosemarie Garland-Thomson has criticized the underlying ability/disability system, which constitutes and reproduces this difference based on which the normate, or the able-bodied, not only symbolically but also quite tangibly represents the corporeal normality. She defines the concept "normate" as "the social figure through which people can represent themselves as humans beings" (Garland-Thomson 2004:8). According to Garland-Thomson, this means having or rather taking a position of privileged power – supremacy – where normality constitutes a boundary to corporeal otherness.

The ideas of corporeal otherness can, in my opinion, be analysed from the concept *bodynormativity*, which I use to illustrate and to understand the normative view of the body on which the ability/disability system rests, and which forms the basis for the dichotomy in western societies between, on the one hand, the able body of the normate, and the dis-abled body of "the other". Bodynormativity can be defined as the predominant or hegemonic cultural and societal norms of bodily attraction.

The concept of bodynormativity establishes the boundary between the dominant and the deviant norm, that which is classified as matter out of place in a hierarchal power and gender structure that assigns subject status to the male and object status to the female. This boundary is, however, not clearly defined but fluctuates and is redefined by the terms of the normate. The point is that the criteria are seldom distinct, and a normative body is primarily defined by the deviations – by what it is not – for example in modern western society, it should *not* be fat, skinny, too short or too tall. However, the limits for transcending being fat, skinny, short or tall are, to a

certain degree, fluid. This creates an instability and ambivalence, which strengthen the vulnerability of the many categories that fall outside of the boundary or are defined as other.

What characterizes bodynormativity in contemporary western societies? At present time the predominating appearances are a body which is transcendent, complete and intact, physically and mentally. It is healthy, with a fresh odour, white, and implicitly male and heterosexual. Another desirable trait is youth. From the ideal outside we see a material body, autonomous, independent and under control, or in Foucault's words, a "docile" and, I will add, attractive body (Foucault 1991). It is a body that is mastered by its owner, and independent of its surroundings. To own such a body is to have cultural, social, and material capital. In many respects it is an incorporeal, almost artificial body, as today it can be changed through different medications and surgical procedures. Not to speak of the myriad of cosmetic products to "stay fresh". But there are cracks behind the façade of this body as of all bodies. It leaks and smells, gets ill and hurts. This "material" or real dimension of the body is, however, only allowed to find expression in disciplined ways, and in rooms specifically designed for this purpose (Longhurst 2001:66-90). Even in these rooms, like the toilet or the bedroom, there are restricting rules for what the body is allowed to express or not.

The impact of femininity

In a recently completed research project about sexual assaults against people with disabilities, I specifically studied how the research participants experienced their bodies. A recurrent theme in the participants' narratives, as well as in the literature on disabled women, is the uneasiness many women experience in relation to being feminine, an uneasiness that is closely related to their body – or rather

the symbolic representations of a disabled body. Attributes that are dominant in representing being disabled are clearly marked by pejorative connotations, such as weakness and vulnerability, being passive, non-productive, subservient, dependent, and even stupid.

Such stereotypical perceptions, which should be dismissed and contradicted, do, however, affect how the identity and self-perception is constructed for many disabled women. The limping leg or the missing arm, by definition, excludes them from being attractive, in a broad sense, no matter how their bodies, in other ways, conform to the normative body. In particular, many women with physical disabilities have internalised an image of seeing themselves as non-attractive, which is strengthened by how they are treated and the prevailing societal norms. Many disabled women experience a constant aversion to their body, and have great difficulties in befriending it. This is particularly difficult in contemporary society where obsessions surrounding the body are so important.

Karin expresses a common view, which, I argue, illustrates how existing symbolic representations of being disabled in western societies influence an identity construction based on the negative attributes. She has never liked her body. "Never ever. And that is the most traumatic." The reason is, according to her, that the leg, which was afflicted by polio when she was teenager,

is so darned very thin in comparison to the other. I have never been good enough body-wise. [...] I have never seen myself as I actually look [...] I can never see myself, I cannot accept it...in some ways it is as I despise [my] damaged leg, my twisted foot. I cannot accept it and it is...probably just a part of me, unfortunately.

Because of her leg she constantly despises her body, which she sees

as ugly and awkward (cf. Young 1990). Like many other women with a physical disability she is reluctant even to look at her own body and to like herself. She has internalised the contempt and the staring normative gaze, but also the fear that her non-normative body might provoke in the normate.

Anna, another woman I have interviewed, has always been confined to a wheelchair. Her two legs were never developed for a reason she doesn't know. She grew up at an institution, situated in the outskirts of the city. Here all children were similar to her. It was not until she left the institution as a young teenager for "the wider world" that she became aware that using a wheelchair was not a given condition

I probably thought that there were more persons in wheelchairs outside the gates. I really thought that. I didn't think that I would be as lonely on the outside and had to fend for myself. I was almost shocked that more persons did not use crutches and bandages and were in wheelchairs, I really had a skewed picture of things.

"Things" are, for her, mainly her body, and at the institution she paid hardly no attention to it but in the "outside world" it was difficult not to do it. "I see people with handsome bodies, nice legs [...] I go to a party and sit there in my boring old wheelchair instead of having great shoes", Anna sighs. Her unattainable dream is to wear a pair of beautiful shoes. She too despises her body and for her this has made it difficult to for example be naked even in front of her husband. Like Karin, she has found it difficult to look at her own body. "I was ashamed, I thought I was angular and ugly". Now she thinks this was all self-imposed, imbued as she was – and still is – by dominant representations on the basis of bodynormativity.

She points out that her husband is not disabled and several years younger, but that he never saw anything deviant about her body. On the contrary: "He thinks I'm beautiful!"

When the material body means limitations, be it the pain, inability to move freely or other consequences of physical disability, it is difficult to live up to the prerequisite of dominant, stereotypical, femininity. According to Anna, disabled women must always perform so much better and do things better than able people, but without any recognition. "You will never become a Woman, even less if you are a bit cocky." For her it is important – along with the right to be a feminine woman – that she can take it for granted to affirm being tough, verbally quick and to raise her voice. These are attributes that she means are not in accordance with predominant representations of being feminine, or more specific a respectable woman.

Anna has therefore resisted the idea of fulfilling traditional femininity, not only by being bodily attractive, but also by taking care of the home and her husband. She, or rather her body, did not have the energy, "[no] it felt too burdensome." The notion of traditional femininity has furthermore excluded disabled women from or denied them access to arenas that are undisputable for the female normate, such as motherhood, childbirth and housework. A body defined as disabled is considered incompatible with the ideology of care ascribed to the role of being a caring mother and loving wife. Disabled women have therefore been stripped of, or excluded from, reproductive competence. Moreover, they must fight for incarnations of women that are contested in feminist theory: allowed to be a wife, a mother and a lover – "rights" viewed as unquestionable by female normates. More and more disabled women are opposing the aspects of the prevalent symbolic representations. Having children, being lovers, partners and mistresses are indisputable rights. Several

feminist researches, as well as disabled women, have sharply criticized what they consider to be feminism's questioning of traditional women's roles. This questioning works against disabled women's desire and struggle for what has been denied them. As disability researchers Michelle Fine and Adrienne Rich have pointed out: Even if women as gendered beings are subject to oppression, the type of sexism is not the same for the normate woman and the disabled woman. Thus, the concept of gender has different meanings depending on whether a woman is disabled or not (Fine & Rich 1988).

It is possible to argue that many women with able bodies have a permanent feeling of bodily inadequacy (Bordo 2003), which I see as a dimension of the ascribed imperfection that has subordinated the female sex to the male sex in the Western gender system. On this level, the feeling of having an inadequate body, both the physically disabled and the normate woman find common ground. There is, however, an important difference between them: the inadequacies of the normate woman deal with gendered leakage, such as menstruation and pregnancy (Longhurst 2001). These bodily "defects" disturb the order temporarily and transcend outer and inner bodily boundaries, but order is restored when the "leakages" are over or made invisible. This instability has become one of the pretexts for subordinating the female sex and giving it the status of an object. For a female normate, the objectification is, however, not incompatible with being a subject (if not equal to the male normate's subject status, which always includes a power dimension). I argue that disability, however, regardless of its form and expressions, always constitutes a constant leakage that can be related to notions of impurities and dirt – in Mary Douglas' sense of the word – or that which challenges the order (Douglas 1976). It transcends and breaks the boundary of the body's exterior and interior. By defini-

tion, such a body can never be "complete" and as woman you can therefore never become or be a respectable woman with a capital "W" (cf. Young 1990:136). This means that the gender category "woman" only includes women with normate status. Women with any disabilities are excluded from that category and from the possibility of being a subject (as can be understood from the quotation by Karin in the beginning of this article), regardless of what expressions and forms the disabilities take (Malmberg 1996).

The ascribed otherness in a woman with any disability thus places her in a further subordinated and marginalized gender position. The otherness means that a third sex is ascribed, subordinated to both the male and the female. Rosemarie Garland-Thomson speaks of the disabled woman as a product of a conceptual triangulation. She argues that a disabled woman is defined as the binary, implicitly subordinated, opposite of the male sex. At the same time, the disabled woman also constitutes the antithesis of the normative configuration of being a woman. A woman with a disabled body thus occupies an intragender position (Garland-Thomson 1997:288). From the point of view of bodynormativity, a woman with a disability is placed in a neither-nor position and is reduced to an object, a thing, a wheelchair, autism or polio, that is to the disability or technical aid themselves. The disability is placed in the foreground and made into an object, which in turn is transposed to the individual as well as to the complex and differentiated category "disabled". The disability is superordinate to gender and displaces gender by objectifying it (Malmberg 2009). A disabled person is made into and treated as an object, which the normate allows itself to regard as a thing. The objectification of people with disabilities means that one is stripped of one's humanity. Karin describes situations which were so humiliating, since she was not treated as an independent being:

As soon as you enter a room and you are in a wheelchair, you are doomed. You are automatically labelled and have to prove all the time that *I am!* Hello, see me. Talk to me. The person standing here is not stupid. That takes energy, lots and lots of energy.

People no longer speak *to* her. Sitting in her wheelchair she is seldom addressed, especially when she is accompanied by an assistant. And when addressed, people over-enunciate when talking to her. She is in a constant state of self-defence, which is very tiresome. But the resistance is important for her to "pave the way for others".

Sexually (non)attractive

A severe impact of bodynormativity, in its actual Western conceptualization, is that sexuality and sexual attraction are seen as incompatible with being disabled and woman. Several feminist disability researchers have discussed how sexuality is the source of the most severe oppression that particularly disabled women must encounter and combat. According to Sumi Colligan, sexuality is an area reserved to heterosexual, symmetrical and gender specific bodies (Corrigan 2004) and Anne Finger contends that sexuality is the source of the greatest pain for physically disabled women (Finger 1991). It can be difficult to "feel sexually and erotically attractive", when the body leaks or is in pain, as Anna puts it. And perhaps a helping hand from someone else is also needed in certain intimate moments. Too often she has experienced the view that being disabled you are not sexually attractive. One of the worst situations was a return visit to a doctor she had never met before, following a necessary abortion (her body cannot take a pregnancy to term). At this visit, the doctor had said: "Is it necessary to have sex when you are 37 years old and look like you do?" And as Anna commented: "This he blurted out

when I was lying there exposed in the gynaecologist chair.” For her the pregnancy was important to her identity as a woman and as a wife. The doctor’s comment not only sent the very opposite message, but also manifested a most offensive attitude.

In relation to sexuality, it seems as if the kind of disability plays a certain role. Asexuality is more often associated with a physical disability, whereas hypersexuality is linked to women with a mental, cognitive or psychological disability (cf. Engwall 2000). To be labelled as asexual means to be denied one’s sexuality through an inability to experience sexual lust and desire, or, in fact, to be unable or unwilling to have sexual relations. According to Harlan Hahn, women with physical disabilities are asexually objectified (Hahn 1988). She means that disability *per se* can impede or prevent sexual relations and lead to the idea that a disabled woman is not sexually attractive. The latter expresses an implicit assumption that the function of the female partner is to give an assumed male partner sexual satisfaction. Asexuality is further not considered to be a possible and active choice, a self-chosen identity, for disabled women.

An often-overlooked aspect of the sexual objectification of disabled women is that it reinforces an infantile view of these women. The woman is deprived of her rights to adulthood and the need for socio-sexual relations, including lesbian, bi-sexual or other same-sex relations. At the same time, it does not seem as if a lesbian or queer identification is seen as a major problem. The ascribed intra-gender position combined with the non-sexual representation mean that a physically disabled woman is not seen as a direct threat to the prevailing norm of heterosexuality. She is not attractive as a partner and thus her sexual identity is of no interest.

As I see it, the ascribed non-sexuality is a manifestation of an objectified view of disabled women. One consequence is that this has

been used to justify denying them knowledge of and insight into sexuality and the body, which has made them sexually vulnerable. In my view, this withholding of information may be part of an existential anxiety in relation to being disabled. There exists an unfolding fear that disabled women will reproduce disabilities (cf. the issue of abortion and fetal diagnosis, Hubbard 1990) – a fear that does not seem to encompass men, especially men with physical disabilities.

Still, the ascribed non-sexuality has not protected women with different disabilities from sexual assaults and sexualized violence in different forms. When Karin was subjected to a grievous rape by an unknown person who threatened her with a knife and also damaged her genitals with a candlestick, she reacted in the following way: "What I hated most was [...] that I could not defend myself. How I hated it [the polio] because I could not hit him, I could not kick him." Her despair grew even stronger when she reported the rape to the police and was asked why she did not run away!

The idea of being non-sexual has implied a notion that a disabled woman is not subjected to any kind of sexual assaults at all. Such a notion can be tied to empathy – a disabled woman is already vulnerable and therefore "protected" from assaults. Another idea is that a physically disabled body is too revolting for an assault. A third common conception is that a physically disabled person lacks the ability to experience a criminal action, either physically or emotionally. Therefore, as studies on sexual violence have made clear, there is an attitude that it does not "matter" if a physically disabled woman is sexually abused. On the contrary, perpetrators can "defend" the crime or abuse by arguing that he (the perpetrator is most often a man) did such a woman a favour, as no one else wants her sexually. Thus the sexual crime is turned into an act of "benevolence" by the perpetrator (Malmberg 2011).

These seemingly contradictory notions are based on the already discussed otherness, emanating from the norm of functionality. The objectification of a disabled woman constructs a "logic" according to which the perpetrator does not violate or assault a human being, but an object, a "thing" (Malmberg 2008a; Finndahl 2001). By combining the objectification with notions of either asexuality or hypersexuality, the justification for the sexual assault of women with disabilities gains even greater strength. That disabled women are sexual beings and have sexual identities is an indisputable fact (Ericson 2010). But this obvious fact is turned against the disabled woman. If she affirms her sexuality, she is assumed having agreed to the assault, and she is therefore responsible for being sexually abused. If, on the other hand, she is not considered a sexual being, the assault is considered of no consequence. Maintaining the representation of disabled women as objects is part of a power strategy being pursued by the normates.

The normative gaze

In relation to bodynormativity, the symbolic representation of being conventionally attractive has developed in such a way that it has primarily positive effects for the non-disabled women. My reasoning is based here on the assumption that conventional ideas about attraction imply a symmetrical body. Attraction is therefore conditioned. Thus being ascribed a body that is not considered sexually functional means having a body that, as Alexa Schriempf has suggested, is never suitable (Schriempf 2001). According to this norm, unattractive non-disabled women are viewed as deviating from a normative female ideal with regard to their appearance and female gender. Disabled women are per definition non-attractive as lack of attraction is considered intrinsic to disability and reinforces be-

ing objectified as well as the "otherness". "You're disabled and then you're ugly by definition", as one of my informants put it. Iris Marion Young has pointed to this phenomenon, how "socially abjected groups" are constructed as ugly, which leads to feelings of aversion towards these groups (Young 1990:142). In this situation, endeavours to be accepted as attractive as you are may be important.

As several of the women I interviewed reported, they have developed various strategies either to compensate for or oppose the ascribed non-attractiveness. For some the strategy can be to pay attention to their appearance, for example, to be extra clean and tidy, and to dress properly. Otherwise you may confirm existing prejudices. In opposition to the prejudices other disabled women deliberately attempt to challenge and transgress prevailing aesthetic ideals and boundaries of attraction. Sitting in a wheelchair does not prevent you from dressing fashionably, wearing makeup and shaving your legs and armpits. Another strategy has been to enter into contexts where women's beauty or sexual attraction is central, such as beauty pageants, fashion advertisements or pornography. The prosthesis or the visibly amputated leg is used as a protest against the prevailing beauty template and can be interpreted as violating, on a symbolic level, the current ideal in the fashion or porno world. Women who participate in these contexts seek not only to reclaim the body and sexuality but also to be seen as subjects – not as a parody of exaggerated femininity. At the same time, this effect is also the consequence. In the world of the normate, physical disability is an anomaly; attraction is the opposite of being physically disabled. The combination leads to a tension similar to freak shows, and legitimizes a kind of voyeurism, which is tied to the explicit exposure of physical disability (cf. the notion of trans-coding in Hall 1997:270). Thus, transgression of boundaries may also entail reinforcing the

very thing it is supposed to help mitigate, in this case the lack of acceptance of asymmetrical bodies.

Disabled women, especially those with visible physical disabilities, are obviously not being regarded as desirable in terms of the normative gaze. They rarely receive admiring looks, but are, if they are seen at all, subjected to staring and harassing comments. Thus, being stared at affects the self-perception and how you position yourself and are positioned by others, in society.

When I talk to Anna about the difficulties of being physically disabled and a woman, she says "that people stare so much, and not just looking, but staring." When she was younger she would offset the staring by saying "a penny for a look" and "sometimes I would get a penny or two." Today, when she is more aware of societal norms she finds it more difficult to deal with and counteract the staring. She gives several examples of how people, some of whom are close to her, can "casually" insult her or meet her own reactions with arrogance. "It makes me furious." She is often referred to as "that person" or the cripple, and, full of spite, her neighbour has kicked her indispensable small electric car (*Permobil*), calling it a "crip car" (*handikappkärra*).

Disability researcher Harlan Hahn assumes that disability seems to bring out a kind of existential and aesthetic anxiety in the non-disabled (Hahn 1988). Many of the informants can provide numerous episodes of how they have encountered this "fear", episodes that have left deep scars. Anna, for example, gets very upset when she remembers what her half-sister replied when they were talking about why she did not want to get pregnant: "I'm so afraid it will be like you!" As if my disability were contagious!" Her experiences are, unfortunately, not unique. This type of very offensive comment is legitimized by the prevailing symbolic representation of being

disabled, and it reinforces the notion that with a such a body, life is not worth living.

The deviation, the otherness, seems to stir a fascination that is built on a tension between attraction and dread, threat and fear, and also contempt. In Kristeva's words, the physically disabled becomes an abject (Kristeva 1982), which generates these feelings of anguish and aversion in the normate. One reason is that the abject "exposes the border between self and other" (ibid), but also that the boundary shows its instability. At the turn of the twentieth century, deformed bodies were put on display as subversive counter-images of the prevailing bodily ideals (Johannisson 1994:90). In our own times monsters and freaks are gazed upon in different cultural arenas such as the circus, film, and in science fiction with a mixture of horror and delight (Garland-Thomson 1996, 1997; Schildrick 2002). This duality of positive and negative connotations can be seen as a paradox from a dialectical perspective (see also Conroy's article in this issue).

The different reactions are not necessarily each other's opposites, but rather, from a perspective of bodynormativity, each other's preconditions. I argue that the ridicule as well as the contempt are rooted in the symbiosis between, on the one hand, the fact that the objectification allows for transcending the boundaries of civil behaviour and takes advantage of a physical disability, and on the other hand, the fact that the abject is seen as frightening and threatening by the normate. There is fear of being afflicted with or contaminated by the life of a physically disabled person, a life that is seen as so miserable and poor that it is hardly worth living (Corrin 1999). The threat can also be seen as an expression of the instability, the transcending of boundaries, that persons with different disabilities illustrate. They make themselves into subjects, make themselves seen

and assume a position in society. They deviate from "the normal" and offer a possibility for transcendence, made up by the boundaries of the impermissible (Hall 1997:258). Thus, the subject too is dissolved.

Bodynormativity – a norm to be reinterpreted

The notion of a normative body permeates our societies, creating hierarchies and establishing conditions for inclusion and exclusion. Symbolically, the idea of the complete/able body becomes an invisible marker separating individuals from each other and is used for the creation of social categories or groups. Being ascribed a non-abled body is to be placed outside of, and to transcend or break the boundaries of the normal. It equals being objectively determined (in a negative sense), biologically, materially, socially and culturally. The disabled woman is made into an abject and is placed in the social strata of otherness. Thus, bodynormativity expresses the way society categorizes, defines, and determines able and disabled bodies through prevailing attitudes and norms, both materially and symbolically.

Individuals with different disabilities are seen as a homogenous category, which is yet another dimension of power. Usually the wheelchair symbolizes this large group of men and women, a symbol which also strengthens what I would like to call a homogenization process within the category "being disabled". Far from all physically disabled persons need a wheelchair and they are not helped by efforts to increase wheelchair accessibility. Individuals with physical disabilities, or any other disability, are as diverse as individuals without disabilities, not only in terms of the kind of and the degrees of disability, but also in terms of gender, age, ethnicity, race, class, and sexuality. Just as for non-disabled, conditions vary and

the homogenization implies a reduction which in turns strengthens processes of objectification, and a decrease of power and authority for the disabled.

I claim that there are obvious parallels between bodynormativity and the power relations in the heterosexually based gender system with its ideal bodies of masculine complete subjects and feminine incomplete objects. This division presupposes that the female body is not seen as "complete" or intact, as it leaks, implicitly during the entire reproductive process. Thus it is ascribed as uncontrollable and not to be trusted. As disability, per definition, makes a disabled body incomplete it is automatically excluded from the male-defined subject strata and is confined to being a subordinate part of the female gender. Therefore this body may never achieve the status of normative body or, like the female gender, the status of a powerful subject on equal terms as the male gender.

In several aspects, being a disabled woman means being viewed and treated, from a societal perspective, as *something* else. This othering, which in feminist theory is mainly discussed in relation to gender, and not primarily to embodiment, does include a potential for subject positioning. This makes it possible to reinterpret prevailing gender, and bodily, discourses in most feminist theory. Women in wheelchairs, women who depend on crutches or prosthesis and/or have missing arms or legs, do marry, divorce, have children, have sex with heterosexual as well as bi- or lesbian partners. They invest in attractiveness. By entering women's traditional positions, the disabled body, which from society's perspective is subjected to being marginalized and stigmatized, can reinforce, confirm and change these positions.

In feminist embodiment theory the focus is on the material or the "lived" body. The disabled body is, however, remarkably absent

in the feminist discourses in contrast to feminist disability theory. For most women with a physical disability the material body makes itself known to the highest degree in the disabled woman's daily life and living conditions, and thus life must be tangibly adapted to the body's limitations and needs. Aches and pains are part of their concrete embodied experiences, and makes it difficult, if even possible, to have control over or master the body. Disability is crucial to how disabled women experience not only the body, but also the meaning and knowledge of their lives. To acknowledge that disabled women are subjects, and that the disabled body is not something "other" entails a forceful challenge to predominant body perceptions. Or in Margrit Shildrick's words, "disability quite fundamentally performs a queering of normative paradigms" (Shildrick 2009:5).

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NOTES

1. This quote, like others in the article, comes from interviews that I have made with adult women with visible physical disabilities (Malmberg 1996; Malmberg 2009b).
2. I use the concept disability, and I will not make a distinction between impairment and disability. These two concepts are contested, as they among other things underline the Western binary and normative logos of being able-bodied or disabled. (For a discussion see Grönvik 2007; Shildrick 2009).

SAMMANFATTNING

Att vara och leva i och med en kropp som inte passar rådande västerländska kroppsnormativa ideal innebär för många kvinnor och män med någon form av funktionsnedsättning att de abjektifieras. De tillskrivs en status av annanskap och därmed av att inte höra till. Som abjekt väcker personer med funktionshinder en blandad fascination av attraktion men också rädsla och hot. Den dubbla rörelsen av negativa och positiva konnotationer är inte varandras motpoler utan varandras förutsättningar sett utifrån ett kroppsnormativt perspektiv.

Kroppsnormativitet symboliserar den normerande syn på kropp vilken bygger på ett särskiljande av den funktionsdugliga (the normate) och den funktionsodugliga kroppen. Till de senare förs de kroppar som placeras utanför, överskrider eller bryter mot gränserna för det normala. I detta ligger att kroppsnormativitet bär på makt- och könsdimensioner. Makten drar bland annat den gräns mot det accepterade som avskiljer det som klassas som oordning i en hierarkisk heterosexuell könsordning. Denna gräns är inte tydligt definierad vilket skapar en medveten instabilitet och ambivalens. Makten opererar även genom att personer med olika funktionshinder homogeniseras under symbolen för Rullstol och därmed bortser samhället ifrån att personer med funktionshinder är lika heterogena som normater i fråga om kön, ålder, etnicitet, social och sexuell tillhörighet. Villkoren skiljer sig åt precis som för normaterna. Homogeniseringen

kan leda till en reducering som i sig förstärker en objektifierande hållning till och ett ifråntagande av makt och auktoritet för personer med funktionshinder.

Kroppsnormativitet har tydliga paralleller till könsmaktsordningens "ideal" av maskulin fullkomlighet, subjekt (den hela, transcendenta kroppen), och feminin ofullkomlighet, objekt (den icke-intakta, immanenta kroppen). Den kvinnliga kroppen anses på grund av sina reproduktiva förmågor inte vara intakt utan läckande. Därmed är den inte normal eller normativ. Den funktionsodugliga kroppen är inte heller per definition hel och intakt och förs per automatik till den kvinnliga könssfären. Den är ständigt "out-of-place". Då den funktionsodugliga kroppen är i ett konstant tillstånd av läckage (funktionsnedsättningen i sig) kan en kvinna med funktionshinder aldrig uppnå status av att vara Kvinna med stort K. Hon tillskrivs därmed en s.k. intragender-position och är antitesen till den normativa konfigurationen av att vara kvinna (som heterosexuell könskategori). Därmed försätts den funktionsodugliga kroppen i en vare-sig-eller status. "Man" är ett objekt som kan stirras på, förlöjligas och utnyttjas. Det senare inte minst i relation till sexualitet. Med motiveringen att den funktionshindrade är ett objekt tar förövare sig rätten att sexuellt utnyttja och förgripa sig på inte minst kvinnor med olika funktionsnedsättningar efter den konstruerade logiken "man gör ju henne bara en tjänst".

Kroppsnormativitet synliggör nödvändigheten av ett medvetet normkritiskt ifrågasättande av den många gånger oreflekterade självklarhet utifrån vilken västerländskt tänkande baseras. Då bärande element i denna norm utgår från idéer om kontroll, oberoende och normalitet utestängs per definition kroppar som på grund av sin konstitution bryter mot dessa utestängande faktorer.