Reading 'Asexuality' and 'Rolelessness' in the Select Life-Narratives of Indian Disabled Women

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Abstract:

Disability is a contested concept, with shifting meaning in different communities. It has been marginalized throughout the history and it evolved through the traditional concept to social model-based approach. The mainstream politics of disability neglect the unique and specific issue pertaining to women with disability. Feminine attractiveness ideologies view disabled women as unattractive, unable to appeal partners, and unfit to fulfil traditional responsibilities of wife, mother, and carer of families.

Focusing on the concepts of 'rolelessness' and 'asexual objectification' this paper explores how Indian women with disability have been marginalized at multiple positions which denies their existence as an active member of society. The study includes three autobiographies written by Indian disabled women as *One Little Finger* by Malini Chib, *No Looking Back* by Shivani Gupta and *The Other Senses* by Preeti Monga.

Keywords: Disability; marginalization; rolelessness; asexual-objectification; autobiography; femininity

Introduction:

A social movement emerged in the 1970s to address the challenges that confronted those with disabilities. The conventional societal norms often deny the existence of equal rights of persons with disability. Initially disability has been considered in the area of medical sciences where it is framed as a concept of individual impairment and misfortune and it is the responsibility of the non-disabled to be charitable towards the disabled. Although, disability is considered as a minority identity but when it comes to persons with disability, unfortunately 'disability' becomes central focus rather than seeing the people as a person first. The terminology also becomes important in the discourse of disability studies as 'impairment' refers to the individual condition whereas 'disability' is defined as social-problems.

People with disability fear the stigmatized identity of being disabled while non-disabled fears of being disabled any moment of life. Tom Shakespeare reads disability as 'a multi-dimensional concept, which should be understood in terms of a continuum.' (5) In his opinion "disability is a social category, so any prevalence estimate will depend on the definition of disability we adopt, and the bound arises of the category." (7) In the growing consequences of the post war era, a section of people with disability started realizing the complexities in their life due to the social barriers that led to the activism in the field for their equal rights, with the question of justice, etc and gained new heights. It also followed the same path as the previous movements of Civil Rights followed by Women's movement and in the same line, by the lesbian and gay movement. The disability movement flourished with a number of critical ideas, new perspectives that led to its foundation. The organizations run by disabled as well as non-disabled (who were carers of disabled people) were active for the rights of persons with disabilities.

Various conceptual frameworks have been established in order to comprehensively encompass the diverse range of disabilities. Disability models serve as a framework for society to establish programmes, services, laws, rules, and structures that impact the lives of those with disabilities. The Charity model perceives disabled persons as needing assistance and being incapable of performing tasks independently. The Medical model defines disability as an outcome of a health condition, disease, or trauma that might impact a person's physiological or cognitive functioning. This paradigm views disability as an inherent condition that an individual possesses, and

highlights the need of preventing, treating, or curing the disabling condition whereas the Social model of disability, as defined by scholars and activists, views disability as a condition that is influenced by social and environmental factors. It prioritises the challenges faced by people with disabilities rather than focusing on the impairment and deficiencies of the person with disability.

The concepts of disabilities based on charity and medical models have their origins in earlier ideologies. Their primary focus lies on the diagnosis and the notion that people with disabilities require "curing" or "assistance". The social and human rights models of disability represent more advanced perspectives on the concept of disability.

This paper examines how women with disabilities navigate the complex intersection between societal expectations of femininity and their own disabled identities and how the concepts of 'rolelessness' and 'asexual objectification' work in the autobiographies of Indian disabled women.

Gendered perspective of disability:

It is important to understand disability embodiment in historical, cultural, and class contexts because disabled women have the same rights to womanhood and selfhood. Social and gender justice require valuing disabled women's self and experiences within a reframed concept of autonomy as interdependence. Women with disabilities are a neglected and unexplored subset of the disabled population, despite the widespread focus on disability and specific impairments. While the disability movement, (like many others that seek to effect social change) has frequently focused on male-dominated issues, a feminist disability theory, according to Rosemarie-Garland Thomson, 'introduces the ability/disability system as a category of analysis into this diverse and diffuse enterprise. It aims to extend current notions of cultural diversity and to more fully integrate the academy and the larger world it helps shape.' (Thompson, 335) Examples of concerns that have received greater attention than challenges related to childbearing include male sexual concerns and work. The goal here is to get to the bottom of the unique challenges faced by women with disabilities. Malini Chib (in *One Little Finger*) writes about the way Indian society view persons with disabilities. Without ever addressing her, people talk about her and her issues before her. She writes about

initial acceptance of disability and criticizes the way people denies the desires of women with disabilities,

> It took me a long time to come to terms with it. I began questioning myself. Did I have my own personality? Was I just another disabled girl who needed things done for her? . . . My body did not work like others, but did they ever realize that my mind was normal? Did they consider thinking that my desires were just the same as theirs? (54)

Phrases such as abnormal, defective, and deficiency define bodies that differ from both a 'natural' normal sex and a socially accepted body. Feminists with disabilities, such as Susan Wendell, Mairian Corker, Simi Linton, Jenny Morris, and Anita Ghai, acknowledge the importance of the body and impairment in personal and social experiences of disability. Within able-bodied conventional femininity, women with disabilities are almost completely invisible. Feminist disability researchers acknowledge that the disregard of the body is a reflection of the global masculinist prejudice in the disability movement. For women with disabilities, the body is the primary point of difference and similarities, affecting how they perceive and experience differences in their daily lives. As much as possible, they want to portray a socially accepted ideal of a good lady through feminine walk, bearing, clothes, and behaviour whereas the disabling barrier is used to negotiate and accept normative femininity where "disabled femininity is constructed, nurtured and contested by a strategic management of the impaired body, sociocultural devaluations of disability in general, and the pervasive normative social expectations of women." (Ghosh 216) Disabled women seek to minimise their physical differences in public, but often find themselves at the centre of attention due to their disabilities and lack of recognition as women. Additionally, these interactions reinforce the idea that disabled female bodies are not only rejected and discriminated against their disability, but also due to their gender. The concept of the 'gaze' both builds and devalues the presence of women with disabilities in public areas, effectively marginalising them within society.

Although it is perhaps comprehensible that women with disabilities are not visible in the predominantly male disability movement, but their absence from the women's movement cannot be easily ignored. While ethnicity, race, class, and caste have

been seen as hierarchies of inequality within the women's movement, disability and non-normative sexuality have only recently been officially identified as additional dimensions of women's oppression. Despite the complex and influential impact of second wave feminism and the evolving social concept of disability, women with disabilities nonetheless remained unnoticed or overlooked. The theoretical advancements and social activism of feminists with disabilities in the 1990s played a significant role in establishing women with disabilities as a distinct group because "it is only in the course of the past two decades that the masculine bias in disability theory has been questioned, and the exclusion of women with disabilities from feminist theory and praxis highlighted primarily by women with disabilities themselves." (Addlakha, 223) Feminist discourses on the body have mostly addressed reproduction, sexuality, and violence. However, the representation of the disabled body in these discussions has been minimal until more recently.

Disabled women face a myriad of obstacles that contribute to the absence of accepted adolescent social positions. The disability is "double" in case of women with disabilities because disabled women lag behind the appropriate socioeconomic and psychological control groups. Disparities in training programs aggravate the problem of unemployment. Vocational schools and the job training programs are more frequently recommended to men with disabilities than women with disabilities. Again, they face discrimination in social relationships because of their financial status. Marriage is a customary marker of social options and prestige, even though it is not necessarily a desired status for many women nowadays. Disabled women had higher rates of never marrying, marrying later in life, and divorce after marriage compared to non-disabled women. More disabled women than disabled men are married with an absent, separated, divorced, or widowed spouse. Preeti Monga writes about her exploitation by her husband Keith in marriage due to being a disabled and woman,

> To evade any unpleasantness at home, I dared not utter a single word or make a sign that may meet his wrath or displeasure, yet constantly feared his unpredictable outburst of abuse or sarcasm. I was even made fun of; Keith would hand me an empty plate after rattling an empty serving spoon on it, then urge me

to eat, saying with sarcastic mirth, 'Here eat!' And when I put my hand on the plate searching for the food, he would have a hearty laugh! (*The Other Senses,*104)

While talking about feminist disability studies, Chib highlights the challenges faced by women with disabilities and how they are being marginalized through the binaries of abled/disabled. Referring to a disabled feminist critic Jenny Morris, Chib expresses:

> By 'personal is political', Morris referred to how a disabled woman copes in her everyday life and the relationship of this with the outside world. A disabled woman might need help with personal care, housekeeping, support with childcare and a number of other responsibilities that a non-disabled woman would take for granted. This did not mean that it was her private individual problem. Society and state needed to address it. (144)

The rigid separation of private spaces designated for women from the public areas designated for men resulted in the development of two entirely distinct realms of physical encounters and standards of living. These separate spheres were governed by different norms and expectations, not only creating distinct roles and levels of influence, but also impacting the dynamics between both the genders. Cultural interpretations of 'disabled' bodies shape gendered identities and are influenced by ableist notions.

Understanding Rolelessness:

Women with disabilities experience varying degrees of impact from other societal variables, such as those pertaining to sexual and reproductive interactions. When 'optimal' social policies are being developed, these women's concerns, such as reproductive freedom, child custody, and domestic abuse, are often disregarded, in other words, "the social neglect of the sexual and reproductive roles of disabled women worsens the circumstances that they confront in personal relationships." (Asch and Fine 9) Compared to disabled males, disabled women are more prone to self-identify as 'disabled' and to internalize society's rejection. The disabled man has a higher tendency to identify as 'male' than as 'disabled,' and he has a generally favourable view of himself. It seems that the disabled woman is more prone to internalize the stigma of society and to label herself as 'disabled' and "the combined forces of a hostile economy, a discriminatory society, and negative self-image contribute to a systematic rolelessness

for disabled women. There is no avenue for self-affirmation." (10) Disabled men and women have different access to different social positions, despite the fact that both the sexes, disabled or not, are susceptible to many stereotypes. Men with disabilities may feel that they must choose between two comparatively incongruous roles: male and disabled. Women with disabilities sometimes feel that they have to choose between two more logical roles: being a woman and being disabled because roles vary to different settings, whereas prejudices remain static regardless of the context.

Due to structural bias in the normate world, disability is frequently used as the primary identity marker for people with disabilities in response to which Merton says, "rolelessness, the absence of sanctioned social roles and/or institutional means to achieve these roles, characterizes the circumstances of disabled women in today's society." (qtd. by Asch and Fine 14) Although we acknowledge that roles alone would not resolve the issue, but the absence of sanctioned roles may introduce feelings of worthlessness that exacerbate disability. Therefore, disabled girls grow up feeling not just different but inferior. Disabled women fight without social roles. It could hinder their career and personal development, freedom, and choice. The labour market, family values, and sexism in school worsen these limits. The stereotypes about disability and the "disability" role dominate the lives of disabled men and women. It is interesting that disabled men exhibit greater confidence than non-disabled women. If this fact is to be considered, disabled males may have an advantage over disabled women if they learn to be independent, assertive, and confident. They can overcome 'disability' barriers by adopting the 'male' role. This exit path is inaccessible to women with disabilities. The flawless female sex role reinforces the submissive, stereotyped disadvantage role in response to which Malini says;

> I applied for many jobs. . . I felt that my speech was the biggest barrier. The actual fact is that employees could see only my disability, not my capability. . . I did not get any job. (174)

According to ableist views, women with disabilities are seen as dependant and unable to handle greater responsibilities. Women do household tasks such as cooking, cleaning, washing clothes, sweeping, and caring for children and elderly people. In rural

areas, they also have to fetch water, collect firewood, and care for animals. Disabled women perceive this process differently based on their physical disabilities, surroundings, and familial notions regarding their capability. The majority of duties are regarded unattainable for disabled women which Nandini Ghosh marks as, "families devalue and question the capacity of disabled women to engage in productive work like other women. Disabled women themselves also internalise such ideas of devaluation and doubt their own abilities." (211) Disabled women experience higher economic, social, and psychological hardships than their non-disabled female and disabled male counterparts. Although we recognize that disability imposes financial burdens on both males and women, we can say that double discrimination disproportionately affects the latter. The disabled woman is often regarded as an entity determined by her disability, with her personal choices, sexual orientation, and way of life being regarded as outcomes of her disability rather than deliberate choices. Given the aforementioned social psychological observations, the evolving legislative policy regarding the disabled, the anticipated integration of disabled women into the women's movement, and the increased public awareness of disabled women, numerous institutional implications become pertinent.

Negotiating Asexual Objectification:

Culture-based gender ideologies define activities, behaviour, norms, and representations for men and women, legitimising sexual segregation in society. Disability is sometimes viewed as a power imbalance between those with disabilities and non-disabled people, leading to devaluation and exclusion from mainstream society in the form of deviant behaviour. Girls with disabilities are raised by their family and the community to conform to gendered and disability expectations that dictate their whole lives, resulting in the development of differences that form the basis of their identities. Given that women are primarily expected to fulfil the responsibilities of wife and mother, it is essential for them to possess the ability to perform domestic tasks.

Although women with disabilities experience the same bodily changes and sex drive, they have deeper concerns for their bodies in comparison to 'able-bodied' people. While fears may be rational or irrational, they significantly impact behaviour and identities because negotiating selfhood with a disabled body might lead to a different

aesthetics that prioritises ability-based and moral norms. Frequent sexual harassment, especially in public, challenges normative ideals of womanhood and abuse is a kind of violence, but it is often accompanied by asexual objectification and rolelessness for women with disabilities. Rosemarie Garland Thompson says, "cultural stereotypes imagine disabled women as asexual, unfit to reproduce, overly dependent, unattractive as generally removed from the sphere of true womanhood and feminine beauty." (344) Disabled women experience limited physical agency as a result of traditional feminine cultural practices including foot binding, clitorectomies, corseting, and less extreme forms of female costuming like stiletto heels, girdles, and chastity belts. However, "some disabled women negotiate the possible identity crisis by developing alternate sexualities, such as lesbianism but what Harlan Hahn calls the 'asexual objectification' of people with disabilities, complicates the feminist critique of normative sexual objectification." (344) However, sexual identity and disability seem more mutable; whereas sexual mutability is thought of as optional, disability is rarely thought of as a choice. Talking about the asexual objectification and denial of her sexual desires, Malini Chib remembers;

> I have had a hard time accepting that I am trapped in a rejected body. A body that is not sexually attractive. Some people argue whether sex is important? . . . As I grew older, I naturally desired sex and relationship. Like most women, sometimes I craved to be in the arms of a man. Most men look at me asexual. (146)

Socialisation into patriarchal concepts can lead to internalising ideals of feminine appearance, attractiveness, and behaviour, limiting divergence from fixed norms. Patriarchal/ability systems determine the visual desirableness of women, which for disabled women is influenced by both their physical appearance and disability level. Disabled women face public perceptions of feminine issues and stereotypes that portray them as dependent, incompetent, and weak. Ghosh expresses it as the 'prevalent ideologies which posit them as 'incomplete' women, who do not need any form of ornamentation, as against 'normal' women, who have to adhere to acceptable notions of dressing and adornment." (212) They are often viewed as unfeminine and unattractive,

leading to an assumption that they should not aim of beauty for male pleasure. Many women with disabilities believe that men do not find them desirable due to their lack of beauty, grace, and physical perfection and that leads to denial of their sexuality which is noticed by Chib as,

> It is crazy but society on one hand thinks that disabled people should lead normal lives, but when it comes to the crunch of having an intimate relationship with a person who is disabled, they get scared and pretend that the problem is not theirs. The thought of having an intimate relationship with someone who is different does not even cross their mind. (147)

In the similar experiences, Shivani Gupta also writes that

> Each time I went out in Delhi, I was used to bystanders being curious about what had happened to me and feeling sorry for me and saying 'chhi chhi! See, such a young and pretty girl in a wheelchair- who will marry her now?'(*No Looking Back*, 76)

Nandini Ghosh opines that "disabled women are not expected to get married due to the sociocultural constructions of marriageability for women. Disabled women, located beyond definitions of sexuality, desirability and marriageability, live in the liminal space of not being a good girl and, yet, also not being a bad girl." (213) Therefore, they fear being labelled a loose woman and stigmatised for their disability and sexual desires. Many disabled women fear physical and societal consequences for receiving sexual attention, notwithstanding their denial of their sexuality. This desexualisation of disabled women not only denies their femininity and sexuality, but also signals that they will never marry like other so called 'complete' women. Functional impairment is a major basis for denial of marriage. Limited marriage prospects for disabled women are often attributed to their inability to manage household responsibilities and care for their families. Families fear for physical abuse against disabled daughters due to their lack of ability to handle marriage responsibilities. Disabled women can feel unable to express their sexuality in relationships due to societal expectations of femininity and virtuous women. Feminine attractiveness ideologies view disabled women as unattractive, unable to attract partners, and unable to fulfil traditional responsibilities of wife, mother, and

carer of families. Monga writes about physical violence and sexual abuse against her and shares a prominent issue which disabled women face in their marriage;

> Till the time I married him, I had never felt I was blind, but now my blindness was rubbed into me as often as was possible: 'Hey you blind bat ...,' he would yell, 'what do you think of yourself? You should thank your stars I married you . . . don't you all ever forget it,' would be his favourite monologue. (105)

Patriarchal society often denies the roles to disabled women as a 'normal' woman because they differ from so called 'normal' women in appearance and function, hence they cannot fulfil the same roles and are considered inferior to non-disabled women. It results into multiple ways as, first it socially segregates and rejects their femininity which leads them to yearn for the roles of wife and mother and asexual objectification replaces sexual objectification, leading to frustration of sexual desires and social isolation for women with disabilities. Tom Shakespeare points out the difference between male and female disability, that "men with disabilities do not become victims of such total 'rolelessness' that is the fate of their female counterparts, though disabled masculinity poses challenges for men with disabilities as well." (qtd. by Addlakha 224) Women with disabilities face helplessness because of either being marginalised or having their own desires and experiences predetermined by non-disabled feminists or men with disabilities. Therefore, patriarchal operations on disabled female bodies are distinct through asexual objectification and ubiquitous rolelessness, leading to various kinds of oppression and devaluation of the disabled female as expressed by Shivani Gupta;

> Some women, who were already married, were worried about how they would manage to take care of their husbands and families, and some of them were nervous about their husbands abandoning them. . . the biggest challenge that almost each woman faced was to accept herself now as a 'care receiver', while she had earlier been accustomed to the role of 'care provider' within the family. (87)

People with disabilities often feel embarrassed or ashamed about their disabled bodies. They tend to have a negative body image, viewing their bodies as flawed, ill, unattractive, and repulsive. These negative perceptions of disability are internalised by both disabled and non-disabled individuals, affecting their behaviour and self-

perception. Disabled women encounter both the refusal to acknowledge their sexuality and instances of sexual abuse. Men frequently regard women in public areas not merely as subjects of sympathy and mockery, but also as potential recipients of sexual services. The identical belief system that considers disabled women to be sexually undesirable benefits males who view them as mere sources of pleasure without any concern for consequences, as they assume that no one would ever harm a woman in her condition.

Society has double standard towards sexuality of women with disabilities because they are often viewed as strange, morally corrupt, and socially dangerous for expressing sexual desire, as their sexuality is seen as more threatening than that of non-disabled women or men with disabilities. In the similar line, Renu Addlakha says, "even though women with disabilities are perceived to be asexual, yet they are at greater risk of being sexually abused. This makes sense when sexual abuse is understood to be more about power than about sex." (234) A number of women with disabilities receive the message that their bodies are neither acceptable nor desirable. Being non-disabled is considered as ideal whereas it is challenging for women with disabilities to identify herself as a woman at a first place which automatically leads towards exclusion from marital roles in Indian society.

Conclusion:

Disabled women are organizing and coming out as they are beginning to examine their issues in public, compelling other groups to confront them politically. Katz and Katz (1978) state that "in order for disabled women to organize as a political unit, they must simultaneously accomplish differentiation and integration." (qtd. by Asch and Fine 19) The women must distinguish their issues, needs, demands, and rights from those of nondisabled women and disabled men as a political strategy. In order to effectively mobilize resources and expand their social positions, it is politically beneficial for women with disabilities to simultaneously integrate with other political groups, such as labour, women, ethnic minorities, and others.

New roles and role models need to be created so that disabled women can have access to a wider range of opportunities. Women with disabilities must also be included in initiatives for reproductive freedom, child custody, and domestic abuse. For instance,

battered women's shelters that fail to accommodate disabled individuals or fail to promote accessibility may be causing harm to battered disabled women. It is important for activist groups to reach out to disabled women, but we also believe that disabled women should do the same.

Works Cited:

Addlakha, Renu. "Body Politics and Disabled Femininity: Perspectives of Adolescent Girls from Delhi." *Disability Studies in India: Global Discourses, Local Realities*, edited by Renu Addlakha, Routledge, 2013, pp. 220-240.

Chib, Malini. *One Little Finger*. Sage publication, 2010.

Fine, Michelle and Adrienne Asch. "Disabled Women: Sexism without the Pedestal." *Women And Disability: The Double Handicap*, edited by Deegan, Mary Jo and Nancy A. Brooks, Routledge, 2017 pp. 7-28.

Ghosh, Nandini. "Bhalo Meye: Cultural Construction of Gender and Disability in Bengal." *Disability Studies in India: Global Discourses, Local Realities*, edited by Renu Addlakha, Routledge, 2013, pp. 201-219.

Gupta, Shivani. *No Looking Back*. Rupa Publications, 2014.

Monga, P. *The Other Senses*. Roli Books, 2012.

Shakespeare, Tom, et al. *The Sexual Politics of Disability: Untold Desires*. Cassell, 1996.

Shakespeare, Tom. *Disability: The Basics*. Routledge, 2018.

Thompson, Rosemarie Garland. "Integrating Disability, Transforming Feminist Theory." *The Disability Studies Reader*, edited by Davis, Lennard J., Routledge, 2013, pp. 333-353.

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