

What the Hell are You? An Intercategorical Analysis of Race, Ethnicity, Gender and Disability in the Australian Body Politic

HELEN MEEKOSHA

School of Social Work, University of New South Wales, Sydney, Australia

ABSTRACT Critical disability studies has examined the intersections between gender and disability. Meanwhile, feminist analyses of the intersection between race, class and gender identities have developed important insights, but failed to include dimensions of disability. A wealth of literature deals with issues of health and illness from a cross-cultural perspective, but disability has been a much-neglected area. This paper will examine why gender, race, class and disability have developed as mutually exclusive areas of research and inquiry. It will argue that an intercategorical examination between racialized groups, disability groups and gendered groups in a period of colonialism and neo-colonialism in the Australian context can bring to the fore the ways dominant cultures produce and reproduce themselves. Issues of eugenics, population control, the constitution of the normal subject and exclusion of different bodies provide evidence of these processes.

Introduction

Australia has been marketing itself to the world under the slogan of “Where the bloody hell are you?” (Australia.com 2006) implying that only ignorance could be keeping the world away from Australia’s attractions. Yet in the images of everyday Australia, the Outback, the beaches, the vineyards and the restaurants, among the dozens of people represented, there is no-one with an identifiable disability. What we do see are images of vital, healthy, “able-bodied” European-descent Australians, with an occasional Aboriginal person as an attraction for the visitors. We see then a nation’s marketing representation of how it believes itself to be; its history, geography, social reality and contemporary divisions are nowhere to be seen.

Colonial settler societies, such as Australia and Canada, are characterized by tensions between settler and indigenous communities, and among the ethnic hierarchies inside the settler blocs. Governments respond to these tensions with a variety of strategies, which operate in terms of either

Correspondence: Helen Meekosha, School of Social Work, University of New South Wales, Sydney NSW 2052, Australia. Tel: +61 2 9385 1862. Fax: +61 2 9662 8991. Email: H.Meekosha@unsw.edu.au

1501-7419 Print/1745-3011 Online/06/02–3000161–16 © 2006 Taylor & Francis
DOI: 10.1080/15017410600831309

reinforcing or contesting pre-existing hierarchies and power differentials. An examination of the intersections of ethnicity, race, gender and disability points to a significant challenge for all colonial settler societies. In a society that espouses egalitarian social philosophies, how are these multiple dimensions of difference contained by the state and how is such containment negotiated and resisted by those individuals and communities thus constrained?

This is an ambitious question, and dangers of reductionism and essentialism exist. An intercategorical analysis may provide the way ahead for a more holistic project directed towards the advancement of social justice and more equitable social change. Intercategorical analysis implies a process of conditional exploration, in which dominant modes of thinking are exposed through testing their capacity to work with complex situations. McCall describes an intercategorical approach as one that:

requires that scholars provisionally adopt existing analytical categories to document relationships of inequality among social groups and changing configurations of inequality along multiple and conflicting dimensions (McCall 2005:1772).

Despite advances in feminist theory that critique identity politics (Fraser 1995, Meekosha & Pettman 1991, Woodward 1997) and the popularity of intersectionality approaches (Crenshaw 1989, 1991, Essed 1991), which look at the points of intersection between gender, race and class, an integrated and more holistic theoretical approach that incorporates disability has not occurred within feminist studies. Yet the incorporation of disability into social analysis, rather than marginalizing its presence, can be seen as critical for contemporary mobilization for social change and for articulating a coherent and encompassing social program.

The ideologies of disability within such complex societies illuminate the wider dimensions of power on the axes of ethnicity, race and gender. The frameworks used to interpret disability can point to where race and gender dimensions are unspoken but nevertheless fundamentally involved in structuring knowledge and practices. On the other hand, theories of racialized power and domination rarely include an examination of how disability is inextricably linked in the process of marginalization or elimination of bodies deemed unfit and inferior. The intersection of racism and modern identities systematically examines the way race is gendered, and gender racialized, but usually makes no mention of disability in a racialized context (see, for example, Rattansi & Westwood 1994).

This paper draws on that tradition in the analysis of the topic that understands disability as a social relationship rather than a characteristic of individuals with impairments; the consequences of being in a disability relationship operate at the levels of cultural meanings, social status and power, political citizenship and overarching discourses of exclusion and inclusion (Corker 1999, Fine & Asch 1988, Garland-Thomson 1994, Meekosha & Dowse 1997). This perspective allows differentiated bodies to be included in the analytical dynamics of social exclusion and the strategies necessary to develop a fully inclusive society. Thus, if gendered, racialized and

disabled bodies are all part of a broader process of exclusion (where all bodies are patterned by each of these parameters); strategies for inclusion must similarly be integrated. Such inclusivity necessarily requires an interdisciplinary approach and a discursive analysis of the dynamics of power in postcolonial and polyethnic societies.

Analytical Models of Social Power

A number of dimensions of social power are regularly used in the social sciences, notably class, gender, sexuality, race and, more recently, stages in the life course. Disability studies scholars are aware of the lack of disability as an analytical framework in contemporary social, cultural and political theory (Barnes & Mercer 2003, Davis 1996, Gustavsson, Sandvin, Traustadottir & Tossebro 2005, Thomas 1999). Gordon and Rosenblum argue that the inattention by sociologists “conveys that disability is considered to be *unlike* race, sex, or gender – indeed that it is a field not susceptible to one of the conventional sociological frameworks (i.e. *social constructionism*), as if the subject required a specialization in medical anomalies rather than in discrimination and the functioning of the social institutions” (Gordon & Rosenblum 2001:15). Indeed, the criticism of treating disability as an individual/medicalized problem rather than a social problem has been levelled at the social sciences and related disciplines (Oliver 1996) with overall very little apparent effect except in the specific areas of disability studies itself (where again gender is privileged over race and ethnicity).

Physiognomic characteristics vary between human social groups and within those groups. Genetic patterns may vary by social group where those groups have been separated in different environments over long periods. Even so, genetic variability is as great within racial categories as between them (Brace 2005, Graves 2004). These differences only become markers of race where the socio-cultural situation imbues them with evaluative significance, and an underlying politics of race provides context and delineates power. In simple terms, physical appearance becomes racialized in a social relationship, where particular features of an individual trigger pre-existing frames of interpretation, linked to social hierarchy, privilege and exploitation. Gender and sex are similarly distinguishable – sex is a physiological characteristic of an individual and may include masculine and feminine biological traits. Gender is a relationship where these characteristics are given meaning within a domain of power. Gender is socio-cultural, contested and changeable and always requires others to give meaning to the cultural expressions proffered in specific situations.

In critical disability studies a conceptual distinction has evolved between “impairment” as a functional limitation of the individual actor, and “disability” as a socially generated system of discrimination (Meekosha 2004). Disability is like race and gender, whereas impairment is like physiognomy and sex – impairments become disabilities in specific situations and relationships. A distinction is required between characteristics of a person and the power relationships in situations where those characteristics

have social meaning. Nevertheless, the language used in talking about these issues of disability and impairment can be confusing (Hughes & Paterson 1997).

Disability as an Emerging Concept

Western societies have been characterized by the development of industrial capitalism and the assessment of individuals for their value in the labour market. That is, those impairments judged as the most “severe” are those that apparently limit the economic participation of their bearers, or require significant familial, communal or social investment in their survival and sustained quality of life (Abberley 1996, Gleeson 1999). Such an approach also suggests that similar impairments may have very different “disabled” readings in societies with different political economies, cultural priorities, and systems of social support (Ingstad & Whyte 1995). In some societies impaired people may not be subjected to the process of disablement at all (Groce 1985). Acknowledging the diversity of impairment, that is acknowledging that impairment may be a universal phenomenon whose conceptualization varies cross-culturally, but which can nevertheless result in disabling social responses, has constituted a conceptual breakthrough in disability studies (Shuttleworth & Kasnitz 2005)

The impetus to claim a social and analytical space for disability in industrial societies has emerged from the marginalization of disabled people in all areas of social, political, cultural and economic life. Yet, disabled people also want to resist the imposition of disability as an all-encompassing identity, applied to them by others irrespective of geographical location, cultural and political values, or selected themselves as part of a political mobilization. Disability cannot be left as a simple and uncritically accepted category. Many disabled people feel the need to move beyond identity politics in the same manner advocated by feminists in the 1980s (Mollow 2004, Shakespeare 1996, Wilson & Lewiecki-Wilson 2001:11). The issues are both theoretical and practical – ones of comprehension and activity.

A number of writers have suggested a variety of solutions to these conceptual problems. Adrienne Asch has suggested moving from a “minority group” model (more distinctively a US concept) to a “human variation” model because it moves disabled people from a pejorative labelling as special and exceptional to a dimension of human difference (Asch 2001) that allows for a very different political positioning of disabled people. Is disability “like” ethnicity, something that reflects a reality of lived experience, but can only be real in situations of difference – where others who are not of the ethnic group or the disability category are present or represented? Does disability as an experience bring with it a specific set of cultural mores and practices, indeed a culture of its own, if we understand culture to be a system of meanings and orientations to action (Jakubowicz & Meekosha 2003, Peters 2000)?

While the mind/body dichotomy has been a continuing trope in Western social science, this separation limits our capacity to understand the nature of social embodiment, which is the most significant theoretical mantle on which

social analyses of disability rest (Meekosha 1998a). Given that disability is a social relationship, only embodied beings can be social actors – and the body in all its forms has social meaning. As disability is a relationship, the meaning of disability has at least two components – the meanings applied to the individual with impairments by others, and the meanings that the individual assigns to the situations in which she negotiates those relationships. These meanings interact and affect each other. For instance, injured bodies (temporarily wounded but able to recover) have very different meanings to impaired bodies (permanently wounded and unlikely to recover) – not just in the temporality of the condition, but also in the trajectory of the wounds.

As will be demonstrated later, disability has been used as a proxy for other power relations, such as those between the colonizers and the colonized, between nation states and would-be immigrants (Jakubowicz & Meekosha 2002, Mitchell & Snyder 2003). The use of language pertaining to fitness and ability has been used to categorize the population into distinct groupings, thereby acting as a form of social control and population control. Thus the social construction of disability can tell us much about deep power relations within societies and their cultural practices, understandings that extend far beyond simple relations between non-disabled people and disabled people.

Race as a Social Category

Despite 19th and early 20th century thought, race has no scientific validity, but has major social meaning. Race is a socially recognizable formulation about physiognomic difference, and a statement about cultural distinctiveness and recognition of cultural power. Race has national histories rooted in colonial pasts and the way in which racialization of populations emerged in economic power struggles. Therefore race is not a function of the individual's differentiation from others, but is now widely accepted as a consequence of social definitions of group power relations (Balibar 1991, Wallerstein 1991).

Since the very beginning of colonization, stereotypes of feeble-mindedness, poor physique and disease carriers have been part of anti-Indigenous and anti-immigrant sentiment in settler societies from the USA to Canada to Australia. Difference in skin colour and physiognomy became synonymous with impairment. These differences were then medicalized as the language and practices of eugenics gained popularity.

Long after the arrival of the neurasthenic Jew, the criminally minded Italian, the dirty and lousy Mexican or the trachomatous or parasite-infested Asian to American ports and borders, their defective genes would multiply and contaminate and the national body (Markel & Stern 1999:766)

Disability collided with race as part of increasingly exclusive policies leading to immigration restriction seen in the *US Immigration Act* of 1891 and the *Australian Immigration Restriction Act* of 1901. Disability became the rationale for eugenic policies that were destined to become the mechanisms for the exclusion of different races and religious and cultural groups from the immigration process or, in the case of indigenous peoples, bred out. Mitchell

and Snyder argue that, “disability and race (are) a mutual project of human exclusion based upon scientific management systems successfully developed with modernity” (Mitchell & Snyder 2003:844).

Race has been used to signify biological inferiority, yet scholars of race and ethnicity have failed to connect these concepts with that of disability. Instead they create a dichotomy (race/disability) in which race has been critiqued as an irrational category (Essed, Goldberg & Kobayashi 2005). It is argued that race, having no scientific basis, cannot be used as a system of classification. This has the effect of unjustly maligning those to whom the label is attached with its implication of biological inferiority. Yet disability has been left uncritically to survive with similarly pejorative overtones. Writing on the eugenics projects that spanned North America and Europe from the end of the 18th century until the conclusion of the Second World War, Mitchell and Snyder describe the situation thus: “. . . our current theories of racial eugenics exclusively reference race as the social locus of ascribed insufficiency, while leaving disability as the default category of ‘real’; human incapacity” (Mitchell & Snyder 2003:851).

Indigenous Australia and Disability

Australia was taken by force of arms and settled as a British colony in the late 18th and 19th centuries. Its past is a history of genocide of the indigenous population. In order to “smooth the pillow of a dying race”, children of “white” fathers and Indigenous mothers were removed from their families. As a eugenicist policy, this removal aimed to breed out the “blackness” (Anderson 2002, Haebich 2000). It was expected that, together with illnesses and diseases such as tuberculosis, small-pox and influenza, the containment of the remaining communities in secure detention camps would eventually lead to the gradual disappearance of the indigenous peoples (McGregor 1997). Such containment would also ensure that the inferior diseased races would not contaminate the settler communities.

The history of European invasion and settlement in Australia contains a sustained search for rationales for Indigenous dispossession. With the rise of Social Darwinism in the mid-19th century, Indigenous people were perceived as lesser, as impaired beings. The social and political reactions to them sought to disable them (render them ever more incapable of resistance and force their sustained acquiescence), thereby increasing the power of the invading peoples (Hollinsworth 1998).

The process of colonization itself is a disabling experience for the survivors in the invasion. Western diseases and foods caused death and major illnesses in indigenous groups. As a result there has been a systemic weakening of populations over generations, with the result that impairments have become a way of life for large numbers of the indigenous population. It is estimated that 50% of Aboriginal and Torres Strait Islander schoolchildren have a hearing loss that will affect their schooling (UsMob 2005).

Chronic health conditions permeate Indigenous populations. Life expectations are very much lower than for other Australians and are on average

20 years lower than non-indigenous Australians (Thomson & Ali 2003:53). Deafness, blindness and trachoma foetal alcohol syndrome, brain damage from petrol sniffing, diabetes, substance abuse, mobility impairment, mental health issues (social and emotional wellbeing), renal failure, work-based disability (musculoskeletal problems), prenatal, perinatal and postnatal risk conditions are but some of the major conditions currently facing the indigenous communities (Thomson 2003).

There are major, sometimes competing, indigenous cultural interpretations of the category of disability – foregrounding the political implications of such labelling for indigenous people – and the instability of categories of both impairment and disability. Firstly, the category of disability is seen as another attempt to erode community solidarity and cultural identity by the dominant society. Thus ability is rendered an individual concept not a communal one. Secondly, disability should include the effects of chronic illness and addictions, which are disabling in environments with poor healthcare and widespread deprivation. Thirdly, loss of land, loss of identity, loss of children and lowered self-esteem as a result of these chronic situations should be seen as disabling conditions (Burns & Thomson 2003).

Many Indigenous children with impairments have been removed from communities to white institutions. However, it could be argued that the removal from family and land were significant causes of the subsequent disability the children experienced. State control of Aboriginal reserves and the separation of “half-caste” children from their indigenous mothers, was also widespread. The National Inquiry and public condemnation of the “Stolen Generation” reflects how deeply Aboriginal peoples and their supporters feel these issues in contemporary Australia. The long-term psychological impairment that the process of removal more widely has caused has been the focus of inquiries and court cases by survivors against the government (as yet unsuccessful) (Human Rights and Equal Opportunity Commission 1997).

Migrant Selection, Settlement and Disability

Race may also be used in Australia to refer to non-Anglo peoples from non-Caucasian genetic stock. For instance, the Chinese were banned from immigration to Australia because it was argued, they were detrimental to the political economy (undercutting wages and employment standards), but also because of their biosocial impairments – they were incapable of understanding ideas of equality and democracy. As the anti-Chinese campaign grew during the late 19th century, race and disability became intertwined, as in the following editorial from *The Bulletin*, a radical nationalist weekly in Sydney:

We claim to be a civilized people; we claim that one of the reasons we should exclude the Chinese is that they belong to an “inferior” race; we claim to be the inheritors of centuries of intellectual and moral culture. . . . Centuries of culture have superimposed the artificial and civilized man upon the bedrock of naturalism, and the civilized man is a stickler for justice; for consideration for the weak and the undefended, the oppressed, the imbecile and incompetent (Anon 1888).

We see in these policies the belief that race was in and of itself impairment, a bio-cultural condition that rendered non-white people unfit for white society and at the same time, an indicator of their inferiority being their incapacity to consider the “imbecile and incompetent”. As though their very presence represented a disease, Chinese people had to be leached from the society, as they are even lesser beings than the white society’s disabled population.

The *Immigration Restriction Act (1901)*, which heralded the introduction of the White Australia Policy, was introduced to control entry into Australia. Restricted persons were defined in terms of “race”, criminal status and disability. Non-desirable immigrants were asked on arrival to “to write out at dictation and sign in the presence of the officer a passage of fifty words in length in an European language directed by the officer” (Commonwealth of Australia 1901). These tests were actually devices to exclude – so that a Sri Lankan might be quizzed in French, or an Egyptian in German (Jayasuriya, Walker & Gothard 2003, Jupp 2002). From the early days of migration race, criminal status and disability were juxtaposed in the language of exclusion in order to safeguard the vision of a white able-bodied Australia.

Currently, the *Disability Discrimination Act (1992)* allows the Immigration Department to exclude disabled people from coming to Australia. The most dramatic occasion concerned Shahrzad Kayani, a refugee granted immigrant status, whose daughter with cerebral palsy was refused entry on health grounds; in frustration he set himself on fire at the door of Parliament House in 2001 and died soon thereafter. The government maintained its ban on his daughter’s immigration, though her mother, his widow, was accepted. This case study of human rights violation requires an examination of the “complexity of relationships among multiple social groups within and across analytic categories” (McCall 2005:1786).

Ethnic Australia today reveals patterns of impairment that reflect this history – exclusion of people identified as impaired, alongside the generation of specific impairments within Australia formed by the class and environmental experience of different immigrant communities. The demand for labour has been a continuing feature of the building of an Australian nation. The largest intake was post Second World War, with immigrant males filling the demand for unskilled labour in the manufacturing, construction and steel and mining industries. These heavy industries have had a high incidence of industrial injuries and associated impairments and migrants have disproportionately experienced the impact of unsafe practices. As a result Australia now has a situation where middle-aged immigrant males are being targeted as unacceptable recipients of the Disability Support Pension and forced to look for work (Meekosha & Dowse 2002).

Stereotypes of malingering have long been associated with immigrant workers – labels such as “Mediterranean Back” being used as terms of racist and ablest abuse. Immigrant women on the other hand working in clothing sweatshops and white good industries have been susceptible to overuse injuries and subsequent impairment and have been stereotyped as “hysterics” (Meekosha & Jakubowicz 1991). The work patterns of immigrants have not been so much a result of their capacity and/or qualification for the job, but

rather have been a result of the demands of the labour market, the vagaries of the immigration program and racial discrimination which confines many immigrants to the more dangerous jobs.

The false imprisonment of Cornelia Rau, an Australian citizen with a mental illness, in 2004 for 44 weeks in an immigration detention centre raises questions beyond treatment of mentally ill people and/or the treatment of refugees. The case of another mentally ill Australian citizen, Vivian Alvarez Solon, disabled in a car accident, who was deported to a Hospice for the Dying in the Philippines in 2001 and “discovered” by authorities in 2005, when she was brought back to Australia, suggests race, gender and disability together can be a very potent locus for extreme exclusion. These cases go to the heart of the rights of citizenship and who is deemed to be part of the nation. Here again, gender, race and disability collide in an abuse of human rights. The questions that need to be asked are why an individual who occupies multiple categories, can be at such a great risk of exclusion from their society and what are the processes that lead to such exclusion?

An Intercategorical Analysis

The point is not to deny the importance – both material and discursive – of categories but to focus on the process by which they are produced, experienced, reproduced and resisted in everyday life (McCall 2005:1863).

Contemporary writing on gender has identified the necessity of dealing with both complex subjectivities and multiple layered social structures. Race is necessarily both a gendered and an embodied concept (Essed, Goldberg & Kobayashi 2005, Hooks 1989, Lewis 2000, Pettman 1992) – all people who are identified as members of races are also identified as male or female, and it is their bodies that often “give away” their race.

Gender interacts with race in many ways, from issues of sexual exploitation, through to issues of group reproduction and economic differentiation. Disability can work in similar ways, and is also affected by differences of gender. Race and disability both speak to physical and cultural reproduction; they both speak to individual identity and social participation in a gendered world. Women are viewed as biological reproducers of the race and as carriers of the domestic culture of the society.

Gender roles are embedded in the racialization of societies. Sexual exploitation in racially hierarchical societies remains commonplace. Furthermore the violation of women in war can serve as an act of domination over a race. In settler societies, the invading males often “took” the indigenous women in order to establish their hegemony over the space they had entered (Hollinsworth 1998).

Disability is also a gendered concept. People with impairments operate in worlds where gendered roles apply and gendered expectations abound. Disability modifies the way in which gender may be read and affects life opportunities (Meekosha 1998b, Meekosha 2005). Disabled women have their sexuality and their reproductive rights interrogated and their fitness to

reproduce questioned (Dowse & Frohmader 2001). Gendered analysis of disability has been particularly valuable in demonstrating the web of social and biological factors that affect all disabled people, not just women. Disabled men similarly face questioning of their masculinity and often experience constraints imposed on their sexual access and wider social participation (Shuttleworth 2001). Disabled people have often been represented as without gender, as asexual creatures, as freaks of nature, monstrous, the “Other” to the social norm (Garland-Thomson 1996, Pointon & Davies 1997). In this way it is sometimes assumed that gender has little bearing for disabled people.

Yet the image of disability may be intensified by gender – for women a sense of intensified passivity and helplessness, for men a corrupted masculinity generated by enforced dependence. Moreover, these images have real consequences in terms of lack of access to education, employment, the nature of living arrangements and personal relationships, and the experience of victimization and abuse. These then in turn reinforce the images in the public sphere. The gendered experience of disability also reveals sustained patterns of difference between men and women. In westernized industrial nations women fare worse than men on the main indicators of socio-economic status, such as education, employment/unemployment level and income and salary (Meekosha 2005).

Disability, gender and race become intertwined in patterns of dominance and subordination. Issues of disability may be present when the sexual division of labour and the racial division of labour overlap. Racial domination relegates the “other” women to low paid or unpaid domestic labour and menial factory work. Similarly the experience of disabled women in employment is one of low pay and menial work as in sheltered workshops and institutions, where occupational health and safety issues often go unchecked.

When we examine the experience of a gendered, racialized and disabled individual, we arrive at a complex web of cultural interpretation. Gender, race and impairment have been medically pathologized throughout the 20th century. Women’s bodies, racialized bodies and impaired bodies have been rendered anomalous and grotesque. Yet, we know that for racialized groups as well as for disabled people, gender may appear to be of less relevance in the process of “othering”, where failure to live up to the white able-bodied norm is sufficient grounds for exclusion. Yet, at other times gender is of intense significance in the way that bodies are inscribed with meaning (Garland-Thomson 1997, Wendell 1996).

The examination of many social situations might reveal an understanding of what needs to be done to build an effective analysis – we could take, for instance, poverty or violence. Here I limit the examination to two areas – reproduction and work, as they typify the private/public divide that women are continually required to negotiate. Women are seen as out of control when they reproduce against the wishes of the dominant order – indigenous women and disabled women are both seen as targets for reproductive and fertility control with the use of sterilization and

Depo-Provera. Sterilization of disabled women and girls has been the subject of law reform and a focus for human rights bodies in the UK, Canada and Australia (Jones & Basser Marks 1997). Neither indigeneity nor impairment provides a medical reason for such interventions – the reproductive capacity of disabled and indigenous women is seen as “dangerous fertility”, essentially a question of social power.

During the population boom in the Australian economy post-war, the labour market was structured to exclude Indigenous and disabled people, focusing on healthy Caucasian and Asian locally born and immigrants. While a hierarchy of rewards tendered to mirror the race/class power structure, the employment sector was also heavily gendered, with most women more poorly paid and working in industries where most other workers were also women.

People with impairments were more disabled due to these patterns of exclusion, a situation that was markedly worse for women. However in recent years the rhetoric of government responses to these issues has changed. In the face of two significant trends – an ageing population with a falling proportion of taxpayers and a rising roll of people on the disability support pension, the emphasis has shifted to pushing people with impairments into the labour market (McClure 2000).

One critical move taken in the May 2005 Australian Budget was to reduce the benchmark for disability support from capacity to work 30 hours per week, to work 15 hours. Anyone deemed able to work longer than these 15 hours would be moved into the severe environment of income support – with its intensive surveillance and systematic demands for active job search. For women and indigenous or ethnic minority people with impairments, who have to negotiate structures of sexism and racism to secure employment, these new constraints sharply focus the options – exploitation in poorly paid, dangerous and insecure jobs, or the threat of being cast adrift with no income support and a dependence on charitable organizations for survival.

Wherever social stratification exists – and it is evident in all complex societies – gender, race and disability are mutually inflected and carried in the broader class structure. No one dimension takes precedence in this array – rather the interwoven social relationships that people experience and manage are held by multiple dualities – enabled/disabled; male/female; age privileged/age oppressed; culturally powerful/culturally powerless; visibly majority/visibly minority. These conceptual dualities in practice generate seamless webs of difference and relative power. The situations call up specific power resources, or disable those with fewer resources. Where multiple dimensions of power are enabling, the scope for action is wide and the outcomes more positive; where the dimensions are limiting and multiply reinforced, the outcomes are highly constrained.

Towards a Framework for Social Action and Change

Social analysis and action for social change are challenged to integrate the various factors that contribute to a disabling society and to suggest directions

for moving towards an enabling society. While gender, race, class and disability constitute discrete areas for analysis, and are powerful markers of identity; they are also inextricable aspects of the foundations of societies and nation states. As this paper has argued, the boundaries between gender, race, ethnicity, class and disability are permeable, especially as the concepts are often used in a derogatory, discriminatory and can be used in an overlapping and interchangeable manner. They are all social constructions of exclusion and processes of naming and classifying who does and who does not constitute a full citizen. However, a new framework for analysis should not be reduced to a universalising of experience. This in itself would constitute exclusionary politics. Lack of recognition [or misrecognition] of our identity by the dominant culture can be a damaging experience.

The concept of Deleuze and Guattari's transversal politics, as expanded by Yuval-Davis (1997) can be very useful to disability studies. Yuval-Davis argues that transversalism be thought of as both a descriptive concept referring to political activities and organizing, and as a normative concept – "a model of political activism which is worth following" (Yuval-Davis 2004:15). Further, she argues that transversalism:

- is based on dialogical standpoint epistemology;
- follows the principles of encompassment of difference by notions of equality;
- differentiates between positioning, identity and values.

A dialogical standpoint epistemology requires us to move beyond our boundaries into dialogue with women's groups, ethnic groups, indigenous groups, and so on. It calls for different methodologies to be brought to bear; otherwise our knowledge is only partial. It calls for methodologies, which incorporate the complexity of the lived experience. "The subject is multi-group, and the method is systematically comparative" (McCall 2005:1786). We need to acknowledge our differences, not in a hierarchical way, but by being cognizant of differential social, economic and political power. We need to interrogate the process of boundary-making. So, for example, disabled people may have different positions, identity and values depending on variables such as class, gender, sexuality, religion, personal politics, stage in the life course and so on.

For disability scholars and activists there are a number of practice implications of transversal politics. Firstly, as disabled people, we need to be reflective and conscious of our multiple positionings. For example we would need to be reflective on the differing situation of First World, Third World and Fourth World disabled people or the difference between disabled people who are literate and numerate and those who are not. At this point we would need to think *intracategorically*, that is questioning the "finer intersections of categories" (McCall 2005:1775–1784) and the differences within the category of disability and impairment. In adopting this perspective care needs to be taken that we note the imagining of others' positions is not a fluid and unproblematic path, though empathetic understanding can offer a

way forward once the complexity of the parameters framing peoples' lives are recognized. Secondly, advocates for disability rights do not have to be disabled people; they become allies in the struggle. We may need to choose our allies carefully – as in all social movements allies are crucial as part of the social change project. Finally, we need to engage in the “values debate”, which, left unchecked, may have the effect of widening inequalities between the “haves” and the “have-nots”. The situations called up in the “values debate” are always gendered, racialized and affected by other power relations – of class, religious belief and practice, and generation.

The “values debate”, has flourished in Australia as in North America (Maddox 2003). It has mainly focused on a “decline” in moral values and a call to a return to “family values”. Neo-conservative governments and lobby groups are threatening broader tolerance of a complex and diverse society (Lakoff 2004). The challenge for disability activism is to redraw the values at stake to be inclusive of questions of equity. These must be considered in relation to the complex of disadvantage that constrains the freedom to realize human potential. For disability studies this means integrating analytical models of power to address key points of social distress, through including different embodiments and cultural orientations to the world as part of the analytical process, not as occasionally remembered footnotes.

Acknowledgements

The author thanks Andrew Jakubowicz, David Hollinsworth and Leanne Dowse for helpful comments during the preparation of this paper.

References

- Abberley, P. (1996) Work, utopia and impairment, in: L. Barton (Ed.), *Disability and society: emerging issues and insights* (Harlow: Longman).
- Anderson, W. (2002) *The cultivation of whiteness: science, health and racial destiny in Australia* (Melbourne: Melbourne University Press).
- Anon (1888) The premier and the pariah (editorial) *The Bulletin*, Sydney, 26 May 1888. Available at: www.multiculturalaustralia.edu.au/historytimeline.phpmyOption=Before+the+Australian+Nation¤tRecord=6 (accessed 27 May 2006).
- Asch, A. (2001) Critical race theory, feminism, and disability: reflections on social justice and personal identity, *Ohio State Law Journal*, 62(1), pp. 391–423.
- Australia.com (2006) Australia – So where the bloody hell are you? Available at: www.wherethebloody-hellareyou.com/tvc/index.html?intcmp=www:australia:com (accessed 13 May 2006).
- Balibar, E. (1991) Racism and crisis, in: E. Balibar & I. Wallerstein (Eds), *Race, nation, class: ambiguous identities* (London: Verso).
- Barnes, C. & Mercer, G. (2003) *Disability* (Cambridge: Polity).
- Brace, C. L. (2005) *Race is a four-letter word: the genesis of the concept* (New York: Oxford University Press).
- Burns, J. & Thomson, N. (2003) Disability, in: N. Thomson (Ed.), *The health of indigenous Australians* (South Melbourne: Oxford University Press).
- Commonwealth of Australia. (1901) Immigration Restriction Act. Available at: www.foundingdocs.gov.au/item.asp?dID=16 (accessed 27 May 2006).
- Corker, M. (1999) Differences, conflation and foundations: the limits to ‘accurate’, theoretical representation of disabled people’s experience? *Disability and Society*, 14(5), pp. 627–642.

- Crenshaw, K. (1989) Demarginalizing the Intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics, *University of Chicago Legal Forum*, 139(3), pp. 139–167.
- Crenshaw, K. (1991) Mapping the margins: intersectionality, identity politics, and violence against women of color, *Stanford Law Review*, 43(6), pp. 1241–1279.
- Davis, L. (1996) *Enforcing normalcy: disability, deafness and the body* (London: Verso).
- Dowse, L. & Frohmader, C. (2001) *Moving forward: sterilisation and reproductive health of women and girls with disabilities* (Rosny Park, Tasmania: Women with Disabilities Australia).
- Essed, P. (1991) *Understanding everyday racism: an interdisciplinary theory* (Newbury Park: Sage).
- Essed, P., Goldberg, D. & Kobayashi, A. (Eds) (2005) *A companion to gender studies* (Oxford: Blackwell).
- Fine, M. & Asch, A. (1988) Disability beyond stigma: social interaction, discrimination, and activism, *Journal of Social Issues*, 44(1), pp. 3–21.
- Fraser, N. (1995) From redistribution to recognition? Dilemmas of justice in a ‘post-socialist’ age, *New Left Review*, 212, pp. 68–93.
- Garland-Thomson, R. (1994) Redrawing the boundaries of feminist disability studies, *Feminist Studies*, 20(3,4), pp. 583–595.
- Garland-Thomson, R. (1996) *Freakery: cultural spectacles of the extraordinary body* (New York: New York University Press).
- Garland-Thomson, R. (1997) *Extraordinary bodies: figuring physical disability in American culture and literature* (New York: Columbia University Press).
- Gleeson, B. (1999) *Geographies of disability* (London: Routledge).
- Gordon, B. O. & Rosenblum, K. E. (2001) Bringing disability into the sociological frame: a comparison of disability with race, sex, and sexual orientation statuses, *Disability & Society*, 16(1), pp. 5–19.
- Graves, J. (2004) *The race myth: why we pretend race exists in America* (New York: Dutton).
- Groce, N. (1985) *Everyone here spoke sign language: hereditary deafness on Martha’s Vineyard* (Cambridge: Harvard University Press).
- Gustavsson, A., Sandvin, J., Traustadottir, R. & Tossebro, J. (Eds) (2005) *Resistance, reflection and change: Nordic disability research* (Lund: Studetnliterature).
- Haebich, A. (2000) *Broken circles: fragmenting indigenous families 1800–2000* (Fremantle: Fremantle Arts Centre Press).
- Hollinsworth, D. (1998) *Race and racism in Australia (2nd edn)* (Katoomba: Social Science Press).
- hooks, b. (1989) *Thinking feminist, thinking black* (Boston: South End Press).
- Hughes, B. & Paterson, K. (1997) The social model of disability and the disappearing body: towards a sociology of impairment, *Disability & Society*, 12(3), pp. 325–340.
- Human Rights and Equal Opportunity Commission (1997) *Bringing them home* (Canberra: Commonwealth of Australia).
- Ingstad, B. & Whyte, S. (Eds) (1995) *Disability and culture* (Berkeley: University of California Press).
- Jakubowicz, A. & Meekosha, H. (2002) Bodies in motion: critical issues between disability studies and multicultural studies, *Journal of Intercultural Studies*, 23(3), pp. 237–252.
- Jakubowicz, A. & Meekosha, H. (2003) Can multiculturalism encompass disability?, in: S. Riddell & N. Watson (Eds), *Disability, culture and identity* (Harlow: Pearson).
- Jayasuriya, L., Walker, D. & Gothard, J. (Eds) (2003) *Legacies of white Australia: race, culture and nation* (Crawley: University of Western Australia Press).
- Jones, M. & Bassar Marks, L. (1997) Female and disabled: a human rights perspective on law and medicine, in: K. Petersen (Ed.), *Intersections: women on law, medicine and technology* (Aldershot: Dartmouth).
- Jupp, J. (2002) *From white Australia to Woomera: the story of Australian immigration* (Cambridge: Cambridge University Press).
- Lakoff, G. (2004) *Don’t think of an elephant: know your values and frame the debate (a progressive guide to action)* (White River Junction: Chelsea Green Publishing Company).
- Lewis, G. (2000) *‘Race’, gender, social welfare: encounters in a postcolonial society* (Cambridge: Polity Press).
- Maddox, M. (2003) Religion in the public square: what, exactly, do liberals want to quarantine, and why doesn’t it work? Available at: <http://hdl.handle.net/1885/41730> (accessed 3 May 2005).

- Markel, H. & Stern, A. (1999) Which face? Whose nation?: immigration, public health, and the construction of disease at America's ports and borders, 1891–1928, *American Behavioural Scientist*, 42(9), pp. 1314–1331.
- McCall, L. (2005) The complexity of intersectionality, *Signs*, 30(3), pp. 1171–1800.
- McClure, P. (2000) *Participation support for a more equitable society: final report of the reference group on welfare reform* (Canberra: Department of Family and Community Services).
- McGregor, R. (1997) *Imagined destinies: aboriginal Australians and the doomed race theory, 1880–1939* (Melbourne: Melbourne University Press).
- Meekosha, H. (1998a) Body battles: bodies, gender and disability, in: T. Shakespeare (Ed.), *The disability reader: social science perspectives* (London: Cassell).
- Meekosha, H. (1998b) Feminism and disability, in: B. Caine (Ed.), *Oxford companion to Australian feminism* (Oxford: Oxford University Press).
- Meekosha, H. (2004) Drifting down the Gulf Stream: navigating the cultures of disability studies. *Disability & Society*, 19(7), pp. 721–733.
- Meekosha, H. (2005) Gender, international, in: G. Albrecht (Ed.), *Encyclopedia of disability* (vol. 2, pp. 764–769) (Thousand Oaks: Sage).
- Meekosha, H. & Dowse, L. (1997) Enabling citizenship: gender, disability and citizenship. *Feminist Review*, (Autumn), pp. 49–72.
- Meekosha, H. & Dowse, L. (2002) *Disability surveillance and governmentality: an analysis of disability policies and services in Australia*. Paper presented at the Disability, difference, and tolerance – crossing boundaries and taking risks, Oakland, CA 5–9 June.
- Meekosha, H. & Jakubowicz, A. (1991) RSI: the rise and fall of an Australian disease, *Critical Social Policy*, 11(1), pp. 18–37.
- Meekosha, H. & Pettman, J. (1991) Beyond category politics, *Hecate*, 17(2), pp. 75–92.
- Mitchell, D. & Snyder, S. (2003) The eugenic Atlantic: race, disability, and the making of an international eugenic science, 1800–1945, *Disability & Society*, 18(7), pp. 843–864.
- Mollow, A. (2004) Identity politics and disability studies: a critique of recent theory, *Michigan Quarterly Review*, 43(2), pp. 269–296.
- Oliver, M. (1996) A sociology of disability or a disabilist sociology? in: L. Barton (Ed.), *Disability and society: emerging issues and insights* (London: Longman).
- Peters, S. (2000) Is there a disability culture? A syncretisation of three possible world views, *Disability and Society*, 15(4), pp. 583–601.
- Pettman, J. (1992) *Living in the margins* (Sydney: Allen and Unwin).
- Pointon, A. & Davies, C. (1997) *Framed: interrogating disability in the media* (London: British Film Institute).
- Rattansi, A. & Westwood, S. (Eds) (1994) *Racism, modernity and identity on the Western front* (Cambridge: Polity).
- Shakespeare, T. (1996) Power and prejudice: issues of gender, sexuality and disability, in: L. Barton (Ed.), *Disability and society: emerging issues and insights* (Harlow: Longmans).
- Shuttleworth, R. (2001) Symbolic contexts, embodied sensitivities and the lived experience of sexually relevant, interpersonal encounters for a man with severe cerebral palsy, in: B. Swadener & L. Rogers (Eds), *Semiotics and disability: interrogating categories of difference* (New York: SUNY Press).
- Shuttleworth, R. & Kasnitz, D. (2005) The cultural context of disability, in: G. Albrecht (Ed.), *Encyclopedia of disability* (vol. 1, pp. 330–336) (Thousand Oaks: Sage).
- Thomas, C. (1999) *Female forms: experiencing and understanding disability* (Buckingham: Open University Press).
- Thomson, N. (Ed.) (2003) *The health of indigenous Australians* (South Melbourne: Oxford University Press).
- Thomson, N. & Ali, M. (2003) Births, deaths and hospitalisations, in: N. Thomson (Ed.), *The health of indigenous Australians* (South Melbourne: Oxford University Press).
- UsMob (2005) Deafness in indigenous communities fact sheet 4.1. Available at: <http://usmob.com.au> (accessed 10 May 2005).
- Wallerstein, I. (1991) The ideological tensions of capitalism: universalism versus racism and sexism, in: E. Balibar & I. Wallerstein (Eds), *Race, nation, class: ambiguous identities* (London: Verso).
- Wendell, S. (1996) *The rejected body: feminist philosophical reflections on disability* (Routledge: London).

- Wilson, J. & Lewiecki-Wilson, C. (2001) Disability, rhetoric and the body, in: J. Wilson & C. Lewiecki-Wilson (Eds), *Embodied rhetorics: disability in language and culture* (Carbonvale and Edwardsville: Southern Illinois Press).
- Woodward, K. (1997) *Identity and difference* (London: Sage).
- Yuval-Davis, N. (1997) *Gender and nation* (London: Sage Publications).
- Yuval-Davis, N. (2004) Human/women's rights and feminist transversal politics, Lecture 2 in the Bristol Lecture Series on the Politics of Belonging. Available at: www.bristol.ac.uk/sociology/ethnicitycitizenship/nyd2.pdf (accessed 9 May 2005).