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Seeing and seeing through: negotiating the intersection of feminism and disability

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Abstract

This visual essay merges together the arts-based practice of narrative autobiography and the use of visual images from a three-dimensional piece that is intended to represent the intersectionality of being a woman with invisible disabilities. Through the use of first-person narratives that support my understanding of the renegotiation of my own identity, I investigate how one’s perception of self can be shaped by her perception of others. In this essay, I examine the dichotomy and the reconciliation of the gaze and the stare, particularly in relation to how these two forms of looking can be characterized once discursive and corporeal forms of performativity have been established.

Keywords: intersectionality, disability studies, art education, performativity, feminism
The gaze and the stare are two practices of looking, intended as a method of social oppression, which objectify the individual being observed. Garland-Thomson (1997) differentiates between the stare and the gaze by implying that the gaze sexualizes the female form, whereby the stare is a way of looking at the disabled as a “grotesque spectacle” (p. 285). Furthermore, she addresses the role that the gaze and the stare have on an individual’s social status, noting “feminization prompts the gaze, while disability prompts the stare. Feminization alterations increase a woman’s cultural capital, while disabilities reduce it” (p. 287). The intersection of the gaze and the stare is relevant to my personal experiences as a woman with disabilities because it has, in a way, produced a unique understanding of self.

As a young woman I became accustomed to the male gaze. In many ways, I learned to use the sexualized predisposition of the gaze to my advantage. As soon as I was deemed an adult by most customary standards, I left my home to pursue a career in modeling. I became desensitized to objectification and I began to accept this type of scrutiny as normal. As time went on, I started to reevaluate my perception of reality and the expectations that I was holding for myself. I was getting older and it was starting to show in the way I looked in photos and the way I was looked at by the opposite sex. I wasn’t as thin or as innocent as I once was. I started to question not only my worth as a person, but also why I had to adhere to a certain standard that felt both arbitrary and unrealistic. Eventually I hung up my tape measurer and moved on to academia where I felt I had some control over my own success.
I have always found purpose in being productive, so it seemed natural to bury myself in schoolwork and to continue to give myself a task-oriented direction. The one thing I didn’t consider was how such an intense workload would affect my mental health. As I was racing through my combined undergraduate and graduate degrees, I came upon a massive roadblock. I couldn’t understand what was happening to me, but I was having trouble focusing, I was tired all the time, and eventually I started having panic attacks so frequently that I couldn’t attend many of my classes. I had come to a screeching halt and it seemed as though I didn’t have the control to start back up again. Several medical exams and hundreds of dollars later, I learned that these issues were psychosomatic; physically I was perfectly healthy. These symptoms that I was experiencing were tied directly to mental health disorders that I didn’t know I had. I sensed at an early age that what I thought and the way I felt might not be considered “normal,” but my introspection and subsequent questioning was always met with some patronizing remark about how I was just going through a “phase.” For many years I ignored my disabilities and the tapping on the window of my mind that begged for recognition. The tapping eventually turned into hammering, and after being overlooked for so long, my disabilities began presenting themselves in ways that I could not ignore.
Over the course of three years, I was diagnosed with seven mental health disorders. Some of them made sense—like depression and anxiety, while others—like agoraphobia with concomitant panic disorders, did not. All at once I had to reexamine my own identity among these new diagnoses that I had not anticipated. As the recognition of these new facets of my identity began to sink in, I started to notice a shift in the way that I perceived the world around me. Simultaneously, I also started to notice a shift in the way I believed I was being perceived by others. What I once discerned as the gaze slowly began to shift into something more menacing; I was no longer being looked at; I was being looked through. It felt as though the eyes that observed me were no longer objectifying, but rather inspecting—probing into my mind to examine every anxiety and every fear that had been generated since the moment I sensed a set of eyes upon me. Through obtaining self-awareness over time, I began to recognize how the male gaze had gradually become the stare—leading me to feel like an enfreaked spectacle, constantly being watched. It was in this moment that I recognized how dehumanizing both the gaze and the stare truly were.

There is a nuanced complexity to having numerous intersectional, transitioning identities, specifically in relation to how they are performed. Gloria Anzaldúa (1987) discusses her experiences of intersecting social identities, using the term borderlands to describe existing on the margins of these different identities in a place of hybridity where one cannot be one or the other, but instead a mixture of each. The theory of borderlands is important as a woman with disabilities, as I exist on the social borders of being a “spectacle” in one form or the other, depending on the ways in which I am perceived. During this introspective investigation, I created an artwork that I believe represents these borderlands of intersectionality: a three-dimensional piece that establishes its place within its own shifting environmental context. This artwork, in conjunction with my written narratives, serve as a method of critical arts-based research that challenges the hegemonic tendency to fetishize that which is seen as sexual or deviant. Finley (2011) states, “unique within the broader genre of arts-based research are critical researchers’ goals of using the arts in a project of social and political resistance to achieve social justice” (p. 561). It is my intention for this research to contribute to the discourses of intersectional identities as a means of political resistance, particularly those which are subject to regulatory regimes inherent in a patriarchal, normative society. For this project, I chose to weld together fragments of mirror and glass to show the state of unrest that occurs when one perceives the gaze and the stare both simultaneously and alternately. This is what I believe it means to be both seen and seen through as a woman with disabilities.
My inadvertent acts of femininity and my subsequent acts of passing had defined most of my life. Actions, however, only constitute the corporeal aspects of performativity. The discursive facets of performativity, however, reveal how minority groups can become disenfranchised solely through language (Kuppers, 2013). Judith Butler (1990) states “language gains the power to create ‘the socially real’ through locutionary acts of speaking subjects” (p. 156). This concept is directly related to my own diagnoses, whereby I did not identify as disabled until a specific speech act deemed that I was. How peculiar, then, that I had performed in the interest of the gaze, only to recognize (and later resent) the stare once I had accepted the locutionary acts of my own diagnoses. Writing about my experience with the gaze has led me to understand how discursive methods of performativity play a vital role in the ways in which I perceive myself and others around me.

The combination of both visual and word-based research allows for the exploration of the multiplicity and complexity of the human experience (Guillemin, 2004). Karen Scott-Hoy and Carolyn Ellis (2008) state, “many arts-based researchers combine their art with story. The art part of the project, which creates moods and images, combines with writing, which is better at directing emotion” (p. 12). Through the recognition of having disabilities via the act of being diagnosed, I began to internalize similar forms of looking in different ways; and due to issues of ableism, such as the stigma attached to mental health disorders, I began to perceive the negative connotations of the “stare.” It wasn’t until I started constructing the three-dimensional sculpture that accompanies this narrative that I was able to reinterpret these internalizations as a product of normative expectations that are built upon a medicalized understanding of disability. Although this piece was initially intended to show how the gaze and the stare differ, it still stands as one unified structure. This piece, therefore, represents how the act of the gaze and the stare need not have distinct agendas because both have the same outcome: looking at and looking through.

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