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SPECIAL FORUM

Disability, Neurodiversity, and Feminism

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There is a mutually invigorating line connecting feminist thinking with disability and neurodiversity theory, scholarship, and activism. Both fields interrogate established bodily hierarchies, particularly the normalization of certain bodies and minds and the pathologizing of others. Tightly bound margins around the perceived "correctly functioning" body –that of the white, able-bodied male – mean that the female, the queer, and the disabled body have all been branded as deficient or even "deviant" across history, and labelled as requiring disciplinary control or medical intervention. The recent case of Mokgadi Caster Semenya's ban from female track events on the basis of her naturally high testosterone levels offers one troubling example of the on going regulation of both the "natural female" body and of the "medically normal" body today.

Disability and neurodiversity are gendered concerns. Women with autism, for example, are more likely to be diagnosed later in life than men, and thus do not receive appropriate support mechanisms, since the diagnostic criteria for autism are biased toward stereotypically male behavior (Bargiela, Steward, and Mandy 2016). This imbalance is replicated in medical practice more broadly, since the white male body is typically used as the "neutral average" when developing and testing medical models of treatment (Mogil and Chanda 2005; Yoon et al. 2014). Disability and neurodiversity experience and reproductive rights also typically exist in close contingency. For example, in the run-up to the Eighth Amendment referendum on abortion rights in Ireland in 2018, the Catholic Church heavily publicized the reported statistic that 90% of babies diagnosed with Down's Syndrome in Britain are aborted as a central component of their pro-life campaign.[1] Counterbalancing this seeming prioritization of disability rights over women's reproductive rights is the historical (and continuing) practice that has seen many women with mental or physical disabilities deemed "unfit" to bear or raise children, or even to explore their own sexual desires. Indeed, for those of us committed to fostering a feminist classroom, it's worth noting that our female and transgender students are more likely to suffer from anxiety and mood disorders than their male and cisgender counterparts respectively (Cyranowski et al. 2000; Oswalt and Lederer 2016; Remes et al. 2017).

The intersection between feminist and disability concerns, then, offers rich ground for feminist scholars and activists – and indeed, it also affords a particularly broad-spectrum point of solidarity, for how many of us exist in a state of "perfect" bodily and mental health throughout our lives? We exist in an increasingly pressurized neoliberal university system, which often values its workers, and particularly its precarious graduate and early-career workers, almost entirely on the basis of our productivity, presuming a constantly and perfectly functioning body and mind that will tolerate any demanded workload, any degree of mental or physical stress. The graduate student might take comfort in the recognition of alternative models of "correct" bodily functioning, which offer the understanding that our bodies and minds do not always function – *should* not necessarily always function – according to institutional or free-market frameworks of expectation.

Nevertheless, disability recognition and representation are too often pushed to the margins of feminist activity. Indeed, certain ableist elements of feminist ideology – engrained ideas of empowerment, autonomy, and self-reliance as mainstays of the feminist agenda – can run directly counter to intersectional disability/neurodiversity concerns. Following a stroke that left her quadriplegic, feminist filmmaker Bonnie Klein reported feeling "as if my colleagues are ashamed of me because I am no longer the image of strength, competence, and independence that feminists, including myself, are so eager to project" (Klein 2001, 73). Immersed, often unconsciously, in an ableist ideology that still idealizes bodily health and strength as a mark of worth, feminist scholarship and activism has repeatedly dismissed individuals who, by dint of their alternatively functioning bodies and minds, we reject as exemplars of "successful feminism." If we're tempted to think of the liberal academy as a bastion of social progressiveness, it's important to remember that, since multiple social and institutional obstacles still stand between individuals with disabilities and higher education, disability representation in both graduate programs and university faculties tends to sit well below the corresponding population average (Madriaga 2001, 902-03; Evans et al. 2017, 198-99). Many faculty buildings lack well-functioning or sometimes even basic access accommodations; conferences tend to lack audio-loop technology, sign language interpreters, or even printed access copies, and rarely operate according to inclusive "relaxed performance" standards; and demands that early-career scholars be geographically mobile does not allow for domestic or outpatient care requirements. As much as feminist practice stands to benefit from engagement with disability/neurodiversity scholarship and lived experience, we are doing little to enable that engagement.

The increasing popularity of easily abstracted terms like "intersectionality" obscures the stark reality that diversity is *hard work*. Within a graduate-school system already beset by competing claims on our emotional labor, such work can feel like an unfair additional burden. Enabling access and inclusion at all levels of our feminist practice entails questioning our own learned preconceptions and regulating our own rhetoric and responsive behaviour – and many of us may be more accustomed to demanding such labor from other people, rather than from ourselves. (Even those of us who identify as disabled or neurodivergent cannot rest easy, given the broad range of lived experience within the catch-all term "disability;" there is no such thing as the singular "disabled experience," any more than there is a singular "female experience.") It can be easy to dismiss complaints regarding access needs or ableist rhetoric when we perceive ourselves to be "on the right side" of the work in question: our protest march criticized for its wheelchair inaccessibility, the complaint that our hard-won gender theory seminar uses computer technology not adapted for a student with a visual impairment. But if there's one thing that will hinder feminism's progress in today's world, and in today's graduate schools, it is complacency – and that includes complacency about our own work as professedly intersectional feminists.

Notes

1. The "Love Both" campaign in Ireland cited this 90% figure to the "Parliamentary Inquiry into Abortion on the Grounds of Disability" (2013, 15). The exact percentage is contested across medical literature, but even conservative estimates record that more foetuses diagnosed with Down's Syndrome *in utero* are aborted than are carried to term.

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