

## Two Women, Shared Stories: Contending with the Appropriation of Resistance in the Context of Sexuality

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*This paper explores two authors' experiences navigating the sexualized, heteronormative gaze. The stories told differ to the extent that they derive from different embodiments, but both pertain to resistance against paradigmatic ideas about beauty and sexuality, especially in relation to disability. The first story considers medical and sexual objectification in the context of eating disorder recovery. The second focuses on interpretations of the physically disabled body as unworthy of sexual consumption. Both narratives take up activities of resistance, but given the complexity of how resistance works, the authors seek to complicate what happens to resistance as well as how it is constrained, appropriated, and reframed.*

### Introduction

In this paper we relate our experiences navigating the sexualized, heteronormative gaze. We have different stories to tell given that our experiences are rooted in different embodiments, yet they represent two sides of the same coin insofar as we are both coming to terms with how to resist paradigmatic ideas about beauty and sexuality, all the while seeking to reconcile our respective experiences of disability. To begin, Jen considers what it has meant to have her body objectified, and the strategies she has adopted to lessen the intensity of this violence. Samantha then describes the lengths to which she must go to accentuate her sexuality given that her physically disabled body is not socially understood to be worthy of sexual consumption. Both narratives take up activities of resistance. Given the complexity of how resistance works, we feel it necessary to complicate what happens to resistance, how it is constrained, appropriated, and reframed.

### Jen's Story<sup>1</sup>

*I'm just so exhausted, I sigh.  
Gently, he removes my tear-dewed glasses,  
And his hot breath is in my ear.*

*I'm not sure I can do this, I caution,  
As his hands explore this deadened body,  
And his cologne fills my lungs.*

*We shouldn't, I insist,  
But aggressive, eager lips are on me,  
And the mint and whisky burn my throat.*

*I never said no, I assure him,  
 In the quiet twilight calm thereafter,  
 And the panic in his eyes stays my tears.*

The journey taken to this particular evening was long and turbulent. Years before, my anorectic body was subject to very different treatment, framed as unhealthy, immature, and sexually repulsive. The only objectification I experienced was through a clinical lens, applied with at least genuine concern for my life, though even it had an alienating effect. Writing on the experience of disordered eating, Naomi Wolf critiques the cultural fixation on female thinness as a way of marking female bodies as inferior, as “not an obsession about female beauty, but an obsession about female obedience” (97); and this call for obedience carries over into treatment regimens.

Psychiatrists have abandoned pharmaceutical approaches (though, not entirely; see McAleavey 728; Fassino et al. 423) in favour of cognitive behavioural modification (Kruger and Kennedy 497). Garner, Vitousek, and Pike (94), Wilfley and Rieger (353), and Wilson (439), who advocate for cognitive-behavioural therapy (CBT), argue that behavioural change reduces manifestations of pathology. Reflecting on her study of eating disorder treatment centres, Helen Gremillion is critical of the current standard approach, arguing that it does little to challenge the root causes of disordered eating, but instead re-produces them: “[treatment strategies] all participate in contemporary cultural discourses that help constitute...anorexia’s conditions of possibility” (22). She explains how treatment redirects body management behaviours with the goal of approximating the fit feminine body:

The psychiatric representation of “the anorexic” ... as a pathologized object of therapeutic knowledge and practice re-creates the culturally dominant idea that the female body is an obstacle in the making of fitness/health, and it also reinforces patients’ perceived dependence on others even as they seek self-control. And just as patients exaggerate the terms of feminine fitness, they often exaggerate the terms of treatment when they are asked to incorporate biomedical criteria of health into their identities. (47)

I can remember striving to retain some semblance of self when I was caught up in my diagnosis, but this too has been accounted for in the theory-work. According to Vitousek, Watson and Wilson, resistance may be the result of “anorexics [experiencing] pride in being recognized as markedly discrepant from ‘average’ individuals who struggle ineffectually with weight control” and seeing “their disorder as an accomplishment rather than an affliction” (393). Gremillion (169) notes that staff at the centre she studied encouraged patient resistance to treatment, with the explanation that through resistance patients may assert self-control over their condition and treatment plan. That self-control is only acceptable when applied for the purpose of body management, in this instance weight gain and maintenance.<sup>2</sup> There is a play of tension, then, between obedience and defiance—a contradiction where bodies continue to be managed as long as the ideals of beauty and femininity hold, because these ideals ensure that even through attempts to resist, women continue to engage in self-management.<sup>3</sup>

But treatment is meant to end, eventually, and the diagnosed are meant to come out on the other side with a clean bill of health and re-constituted body.<sup>4</sup> When I found myself in the after, I had a lot of catching up to do, having spent my transformative adolescent years anchored to an anorectic body. I wanted the recovery narrative to fit as well as the clothing my curves could finally fill in. I wanted to believe I was healed and whole, even if my shiny new behaviours did not match the rot that seemed to persist within me. So I clung to validation when I first received it, perhaps because I thought I could will an illusion to be truth as long as I collected enough believers. I remember the first time I received attention from a boy: my confusion, surprise, gratitude, even cautious confidence. He told me I moved lithely, like a dancer, and as I walked away I knew his eyes were still on my undulating hips. How strange it was, how lovely at first, to be understood as beautiful.

And, as I eventually came to realize, how diminishing, how dangerous. I had been taught to enact a femininity that, once released into the world, was immediately and aggressively consumed. All the sharp concern I used to receive over my self-starvation gave way to earnest catcalls. Latex-gloved hands on my stomach in sterilized settings were replaced with roaming fingers on my thigh in college dorms that reeked of alcohol. I may have achieved recovery in that my history is no longer read on my body, but it certainly did not take long to feel disquiet over how people came to read me.

I have responded academically, politically, and socially, but for the purpose of this paper I am most interested in sharing the more intimate ways in which I have sought to be present in my body, and, perhaps because I have never felt much love for it, to be anything other than my body. Iris Marion Young (“Throwing Like a Girl” 137) writes on how women are taught to run and throw “like a girl,” and to sit “like a lady”; women’s constrained corporeal phenomenology reduces them and the space they occupy, and inferiorizes them in the same way the cult of thinness has an inferiorizing effect. So, I have framed my body deliberately with sharp angles, big gestures, and slack seated positions. Sandra Lee Bartky writes on the ways in which beauty rituals produce an ideal femininity by engaging in an “art of disguise” (71): routines to cover and change the differences in women that have been associated with ugliness and lack of worth. With that in mind, I have clothed my body in an effort to limit the fetishization of the female curve: high-cut shirts, loose denim, heavily pocketed jackets I could wrap around my frame. My hair still falls wildly about my shoulders, and my face remains unpainted and spectacled.

But can this sort of resistance too be appropriated? Adrienne Rich writes about how “women are controlled by lashing us to our bodies” (64). She holds that the gendered power relations at play have interpretive force, and a sort of final say, when women strive to challenge or transform their conditions and representations. Even when a woman seeks to redefine her body, her identity and acts are translated with tired language and concepts:

Neither the “pure” nor the “lascivious” woman, neither the so-called mistress nor the slave woman, neither the woman praised for reducing herself to a brood animal nor the woman scorned and penalized as an “old maid” or a “dyke,” has had any real autonomy or selfhood to gain from this subversion of the female body (and hence of the female mind). (21)

My history has taught me to be especially concerned by this dilemma. Anorectic behaviours are still not socially understood to be akin to practices taken up in the name of beauty; the control women diagnosed with anorexia exert over their bodies is framed as a glitch rather than common cultural coding. I should want men to want me, for the feminine body is simultaneously the sexually consumable body. So I must remain vigilant over how my corporeal resistance is interpreted, lest I again be found deficient. Baggy clothing is a telltale sign of anorexia, after all, because healthy women supposedly have nothing to hide.

And yet, while I remain aware of this danger of re-diagnosis, a greater urgency compels me to reject the common recovery story. Rejection functions as a survival strategy: I do not wear skirts because I have tired of the all-too-normalized assaults that take place on dance floors; I push through the weariness induced by long work days so clients do not take the liberty of delivering impromptu massages; while the sway of my hips is no longer pronounced, I walk with my head held high because I read somewhere that women with confidence are less likely to become targets. Perhaps resistance is a matter of survival; perhaps we resist in order to live, and to avoid violence. Young characterizes violence as a face of oppression, made manifest in “the knowledge that [members of some groups] must fear random, unprovoked attacks on their persons or property” (*Five Faces of Oppression* 46). She holds that social context renders violence possible, even tolerable. Resistance comes to be a sort of necessity under these conditions. Resistance keeps me from quiet nights with men who smother my refusals. Resistance marks my body as my own.

### Samantha’s Story<sup>5</sup>

As the laughter died down on that loud boozy night with friends he turned to me and asked, *Do you get anything out of sex?*

When I had no reply, he repeated himself, with raised voice and greater precision, *Can you feel anything during sex?*

The woman from across the way made a face signaling disapproval. *That’s not a cool thing to say*, another chimed in.

His face awash in shock and consternation, he countered, *It’s a fair question!*

Unsure of whether this was some sort of flirtation gone awry or a poorly timed question, I produced a subtle topic change, made a bawdy joke, offered another round.

He could sense my discomfort, so he pressed, *It's a fair question, and one I assume you have to answer often. So?*

I have had this conversation often and in many different—all too public—contexts. Every time there is an assumption at play that my bodily experience and the logistics of sex should be a matter of public record, picked apart and scrutinized at will. The interaction exemplifies the production of a sense that the physically disabled body, my body, is open to public inquiry with little thought paid to my dignity or comfort. The disabled body is public space, never cast to the background, ever in tension and interaction and a defensive position. Ever the conversational prop at dinner parties, I am always called to respond, to account for my body on behalf of all physically disabled women everywhere, as though I could possibly speak for them, and as though my inquisitors deserve some justification for my existence or explanation of my daily living.

Eli Clare expands on this experience of the disabled person's body as something to be objectified. Clare argues that "our bodies are seen so often simply and entirely as medical conditions. These textbooks objectify us, not by sexualizing the body, but by medicalizing it" (*Exile and Pride* 110). He goes on to say that "objectification plays many roles in the lives of disabled people, none of which sexualizes us. In fact, medicalization, pity and neglect do exactly the opposite. Consequently, disabled people's relationship to sexual objectification is often complex" (Clare, *Exile and Pride* 111). In my experience, I am all too often understood as little more than a medical condition or biological mistake. "Do you get anything out of sex?" When compounded by the insistence that the question was entirely fair, the question suggests that the interrogator could not imagine my disabled self as having or simultaneously being a sexual self. If I am such as self, it is one understood to be lacking, less than. His demand to know suggests that he understood me on some level as a medical condition, not a valid being who feels, who loves, who fucks, and who is capable of intimacy.

At the time of the exchange I felt irritated. Violated yes, embarrassed surely, but also annoyed that he was correct in one regard: the question is posed often; all the time. And every time it happens, I struggle with how to respond. How is it this can be taken up as a fair question? Why can it be asked? Why is my bodily experience something that is assumed to be public? Is "Do you get anything out of sex?" a question I must answer? Is it a question that must be asked? Perhaps the confrontation, these counter-questions, could suffice as my response and resistance whenever I am so degraded.

But I am caught between my discomfort with the need to openly illustrate my sexuality, to satiate an insensitive stranger's curiosity, and my desire to be read as whole, as sexual, and as worthy of another. I did not want this particular man in this particular bar to have to ask whether I get anything out of sex; I wanted him to assume based on my social performance—my dress, my flamboyant conversation, the movement of my body—that I do. I want to be understood as sexual in a way that goes unsaid, that is ultimately quiet.

This man is not merely vulgar; he is a product of his culture as much as I am. We merely make up the stitches to a vast social fabric. The discussion is a microcosm, a testimony to a social norm. A female body, so says patriarchy, is meant to be sexual, something to be consumed, and yet the introduction of disability complicates the reading, confuses the gazer. The disabled woman is culturally conceptualized as asexual, and thus, not what a woman should and can only be:

Yet disabled people find no trace of our sexualities in that world. We are genderless, asexual undesirables. This is not an exaggeration. Think first about gender and how perceptions of gender are shaped. To be female and disabled is to be seen as not quite a woman; to be male and disabled is to be seen as not quite a man. The mannerisms that help to define gender—the ways in which people walk, swing their hips, gesture with their hands, move their mouths and eyes as they talk, take up space with their bodies—are all based upon how nondisabled people move. (Clare, *Exile and Pride* 112)

We have on our hands what Dorothy Smith calls a “sensation of disquiet,” or a moment of disjointedness and unsettling contradiction (Writing the Social 3). Rosemary Garland-Thomson illustrates the disquiet with an example: “One woman who uses a wheelchair for example, and is also quite beautiful, reports that people often respond to her as if this combination of traits were a remarkable and lamentable contradiction” (*Extraordinary Bodies* 25).

If culture has informed my forward inquisitor, what has it done with me? Debra Gimlin argues: “The body is a medium of culture. It is the surface on which prevailing rules of a culture are written...Cultural rules are not only revealed through the body; they also shape the way the body performs and appears” (3). Cultural rules shape my own performance of gender, as expressed through my attire: the loud, coloured dresses, tight in all the right places; my large and flashy jewelry, used to draw attention to my chest-line. This performance is expressed, as well, in my mannerisms: my obvious flirtations, my ribald humour. I perform my gender to bridge the disconnect between sexuality and the common-sense perception of disability, all the while knowing there are women out there, like Jen, who struggle with the objectification I so often seem to seek. Garland-Thomson reflects on this tension when she says that “while feminism quite legitimately decries the sexual objectification of women, disabled women often encounter...‘asexual objectification,’ the assumption that sexuality is inappropriate in disabled people” (*Extraordinary Bodies* 25).

I feel as though I am in the same conundrum as those disabled people of the historical freak show who forewent dignity in exchange for access to power and resources.<sup>6</sup> I want access to social interactions, I want those men who ask pointed questions in bars to see me as sexual, and I want to be understood as whole. Loree Erickson,<sup>7</sup> a disabled erotica star says, “I want it all.” Clare admits, when discussing a lust for gendered clothing, that he “want[s] girls to notice, boys to flirt” (*The Marrow’s Telling* 51). I, of the metaphorical freak show, am exploiting myself, showcasing myself, staging it

all so meticulously in order to gain the resources, the attention, the recognition that sexual power affords women. This is my resistance, however much it seems to fly in the face of the feminist critique of sexual objectification.

### Where the Roads Meet

Our narratives are different, but not in conflict, for both contend with our struggles to reconcile female bodies—bodies that have deep histories of disability—to the regulating mechanisms of beauty ideals. Garland-Thomson has written on the ways in which female bodies are read, using the metaphor (though these activities can happen quite literally) of the Foucaultian gaze versus the withering stare: “Feminization prompts the gaze, while disability prompts the stare. Feminization alterations increase a woman’s cultural capital, while disabilities reduce it” (*Extraordinary Bodies* 28). Both activities stem from an overarching social mandate to normalize bodies, to force bodies into binary roles: beautiful and ugly, whole and broken, ideal and anomaly.

If the body truly is a cultural medium as indicated in Samantha’s story as well as Gimlin’s work quoted above, we might understand patriarchy as having the effect of inscribing social rules upon women’s bodies. Meaningful rituals associated with the female body include weight management, make-up application, careful attention to clothing and hair care, and so on (Bartky 71). By enacting these rituals, women submit to processes of objectification, a separating out of their subjectivities from their bodies as objects. Within patriarchal relations, their value is attached to their bodies, specifically their beauty, and beauty signifies success at approximating the idealized standard of femininity. This standard is understood to be what the heteronormative man would prefer or find desirable (Wolf 12). Women’s objectification occurs through the internalization of patriarchal narratives of gender. This is not to say that women are vulnerable or susceptible to social pressures, for even when we recognize internalized oppression we are still affected by it, constituted through it, no more free than a fish would be to walk on land when it recognizes it moves through water (Smith, *Institutional Ethnography* 105).

With all this said, we mean to be careful about how to frame resistance, but not by being defeatist. In sharing stories that span a continuum we hope to raise a consciousness that allows for not only resistance, but alternative ways of understanding the female social position. We are honest about our continued struggles with feminine ideals as our reference points. How women choose to take up their sexuality is not in itself problematic; the trouble is that we cannot seem to win the interpretation game regardless of the approach we choose. We share our stories, finding solidarity despite our divergent experiences, because together we take an interest in shifting the dominant gaze.



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## Notes

1. Trigger warning: in this section I begin with an account of sexual violence, and throughout examine examples of sexual objectification. I also consider my experiences as a person formerly diagnosed with an eating disorder and currently read as recovered.
2. Gremillion (184) discusses at length how clinical reactions to resistance fall along racial fault lines, illustrating in examples how resistant racialized patients were framed differently than resistant white patients, the former understood to be non-compliant, even diagnosed with personality disorders, the latter praised for asserting their autonomy. When telling stories, I find it is important to remember that I can only tell my own, that there is no single story but many, compounded by identity and history and perspective.
3. Reflected throughout my work here are Foucault's thoughts on the regulating force of the clinical gaze. I and Samantha both draw from Foucaultian feminist scholars, one of whom notes that the philosopher's work on docile bodies could be, and should have been, applied to the category of woman: "Foucault treats the body throughout as if it were one, as if the bodily experiences of men and women did not differ...Where is the account of the disciplinary practices that engender the 'docile bodies' of women, bodies more docile than the bodies of men?" (Bartky 65). For more on the theoretical origins of our work, see Foucault's work in *Discipline and Punish* and *The Birth of the Clinic*.
4. "Meant to," surely, though the diagnosis of anorexia nervosa is "associated with a significant mortality rate" (McAleavey 728).
5. Trigger warning: this section includes examples of sexual violation, as well as my feelings of debasement as a disabled woman.
6. For more on the history of freak shows and how disabled people navigated being a part of freak show culture, see Garland-Thomson's work *Freakery*.



7. Erickson, a self-described porn star academic and queer femmegimp, is also a committed theorist, activist, and filmmaker. In Erickson's film *Want*, she explores disability as part of a complicated and intersecting interaction of identities including but not limited to: disability, gender identity, queerness, race, and taken-for-granted privilege.

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